FEATURES

The voice of child welfare in Ontario

Miranda is the daughter of Hsiang Fei Lu, OACAS Supervisor of Training and Administration.

MESSAGE FROM THE EXECUTIVE DIRECTOR

As many of us stay inside to keep warm on cold winter nights, it is a good time to reflect on certain accomplishments, challenges and opportunities over the past year. Among many, the Ontario Association of Children's Aid Societies (OACAS) and its member agencies welcomed new service opportunities presented by the Transformation Agenda, supported the establishment of an independent Child Advocate and assisted agencies in implementing the recommendations of the Auditor General of Ontario.

Ontario's Children's Aid Societies are pleased with Auditor General Jim McCarter's follow-up assessment and recognition of the progress agencies have made in implementing the recommendations of the 2006 Report. Our member agencies have taken the recommendations very seriously and have moved swiftly to respond to each one.

The winter season of snow and ice came with a new public holiday on February 18. Premier Dalton McGuinty promised Ontarians a winter statutory holiday and in naming it recognized that, "there is nothing more valuable to families than time together." On the first-ever Family Day, Ontario's Children's Aid Societies recognized those foster families who share their love, their homes and themselves with our most vulnerable children and youth in care.

The Children's Aid Society of Algoma organized a promotion to build more than 230 snowmen in Sault Ste. Marie and 12 Children's Aid Societies in Eastern Ontario hosted a snow angel event on Parliament Hill to bring attention to the number of children and youth in care all over the province who need families.

Last year, Ontario's Children's Aid Societies provided care and support to more than 29,000 children who had suffered the effects of abuse, neglect, poverty or violence. As child welfare continues to evolve, member agencies are committed to securing safe, happy and healthy futures for vulnerable children, families and communities.

The winter edition of the Journal offers articles about practice and research in child welfare on parental visitation, the transition to adulthood for youth in care, the resilience of aboriginal youth in care and the health of youth living on the streets of Toronto.

I hope these articles help the Journal's readers better understand the Children's Aid Societies in their communities and our efforts to make life better for Ontario's children and youth.

Jeanette Lewis
Executive Director

Recognizing Excellence in Child Welfare Research and Practice

By Marie Lauren Gregoire

Three outstanding individuals were recently recognized for their work in advancing the field of child welfare.

"We really need to celebrate those individuals who inspire others within the social work community and outside the community as well," said Joan MacKenzie Davies, the Executive Director, Ontario Association of Social Workers.

Michael Hardy

Michael Hardy, Executive Director of Tikinagan Child and Family Services and Cindy Blackstock, Executive Director of First Nations Child and Family Caring Society of Canada (FNCFCS), were recognized by the OASW as "Leaders in the Social Work Community" in celebration of Social Work Week, March 3-9. Dr. Deborah Goodman, Manager of Research and Program Evaluation, Child Welfare Institute was recognized by the Child Welfare League of Canada (CWLC) with the 2007 Achievement Award in Research and Evaluation last fall.

Michael Hardy has committed his time, talents and energies over the past 16 years to improving the lives and situations of children and youth and their families. "In the last two decades, Michael has accomplished so much in relation to First Nations children and families. He personifies strong professional leadership, possesses boundless energy and innovative ideas and serves as a true source of inspiration," wrote Gillian McCloskey, Associate Executive Director, OASW. Hardy has demonstrated passionate leadership and outstanding service to First Nations children and families and also received "The Sparrow" award from the Sparrow Lake Alliance in 2007.

Cindy Blackstock

Cindy Blackstock, a member of the Gitksan First Nation, has worked in the field of child and family services for more than 20 years and will be a plenary speaker at the 2008 OASW Social Work Conference, *Human Rights in a Diverse Community*, in May.

"The work that Cindy's organization has done under her leadership in spearheading Jordan's Principal and garnering support not only with the federal government but with broader stakeholders is really very impressive," said MacKenzie Davies. "The work we've done around Jordan's Principle is the work of many people doing everything they can to make a positive change for children," said Blackstock.

Dr Deborah Goodman

For over 20 years, Dr. Deborah Goodman's research has emphasized evidence-based practice, she said of the award, "it really reflects the importance of research in practice and how far we have come in a short time in embracing practice in research."

Goodman's work has had tremendous impact on service providers dealing with the core issues facing children. Debbie Schatia, Director of the Child Welfare Institute, said, "she really exemplifies advancing research in child welfare not just at the Children's Aid Society of Toronto but for the field."

Dr. Goodman's work is changing the landscape of child welfare by creating research capacity and designing research that produces meaningful results. "Deb really does bridge the gap in understanding between practice in the field and research," said Peter Dudding, Executive Director, CWLC.

About the Author

Marie Lauren Gregoire is the Communications Coordinator for the Ontario Association of Children's Aid Society.

Resilience in Aboriginal Youth in Out-of-Home Care
By Katharine M. Filbert

The study of resilience (i.e., positive adaptation during or following adversity or serious threats to development) represents an important area of inquiry for youth in out-of-home care (e.g., foster care), both Aboriginal and non-Aboriginal. Although they make up less than 5% of the general youth population, data suggest Aboriginal children and adolescents comprise 30-40% of young people in foster care in Canada, (Gough, Trocmé, Brown, Knoke and Blackstock, 2005). Almost all out-of-home care research to date has been conducted with non-Aboriginal populations. These studies point to a heightened risk of poor outcomes (e.g., school failure; involvement with criminal justice; homelessness; or physical, developmental and mental health problems) for youth in out-of-home care, deriving from their maltreatment history. Such risks tend to be amplified among Aboriginal young people in out-of-home care (Lalonde, 2006). Evidence also suggests a substantial proportion of young people in out-of-home care experience resilience, both while in care and later, in early adulthood. The understanding and promotion of resilience in out-of-home care populations (Flynn, Dudding and Barber, 2006a) is thus crucial for the development of strengths and competence, particularly in those of Aboriginal heritage.

Resilience

There is a remarkable consistency in resilience research regarding key predictors of good outcomes for youth across diverse situations. The replication of these findings enables the formulation of a list of widely observed predictors of good adaptation or development. This list includes individual, family and community qualities shown to predict or accompany good adaptation under hazardous conditions (Masten, 2006). For example, many researchers agree that a close relationship with a caring and competent adult is the most important and general protective factor for development (Luthar, Cicchetti and Becker, 2000; Masten, 2006; Masten et al, 1999; Masten, Best and Garmezy, 1990).

A higher level of intellectual functioning is also commonly reported as a protective factor in relation to positive adaptation. Other important variables related to resilience include: socioeconomic status (SES), cognitive and self-regulation skills, positive self-perceptions, motivation to be effective in the environment and having an area of competence and perceived efficacy (Masten 2001; Masten et al, 1990; Stein, 2006). Little evidence exists to support any significant effects of severe adversity on adaptive behaviour, unless important adaptive systems, such as parenting are compromised prior to or as a result of adversity (Masten, 2001).

Resilience in Out-of-Home Care

Youth in foster care represent a prime example of individuals whose parenting system has been compromised due to adversity (i.e., maltreatment). Extant literature provides compelling support for the relationship between maltreatment and risk across many major childhood develop-

mental tasks, such as the formation of attachment relationships and transition to school. Research indicates that some maltreated children exhibit relatively positive adjustment and competent functioning (Haskett, Nears, Sabourin Ward and McPherson, 2006). Research has demonstrated, for example, the importance of structured voluntary activities (SVAs), after-school activities such as sports, arts, music, hobbies and participation in organizations, for young people in-care (Flynn, Beaulac and Vinograd, 2006b). The positive effect of involvement in SVAs is believed to derive from three key elements: intrinsic motivation, concerted attention and evaluation and adjustment of one's strategies over time to reach a goal. Flynn and colleagues (2006b) found that more frequent participation in SVAs positively and significantly (although modestly) predicted better outcomes on self-esteem, pro-social behaviour and happiness/optimism.

Due to definitional differences in resilience, wide variability exists in resilience rates among maltreated youth both within and across studies. For example one study (Cicchetti, Rogosch, Lynch and Holt, 1993) found an equal representation of maltreated children and non-maltreated children in a high-functioning (resilient) group; although more maltreated children (43%) than non-maltreated children (26%) were in the low-functioning group. Other studies have found significantly higher proportions of maltreated than non-maltreated children in low-functioning groups, with the reverse found for high-functioning groups (Flores, Cicchetti and Rogosch, 2005; Cicchetti and Rogosch, 1997).

Research has also examined resilience in maltreated youth longitudinally, with rates of resilient adaptation ranging from 13-21% (Bolger and Patterson, 2003; Herrenkohl, Herrenkohl and Egolf, 1994). A recent longitudinal investigation of 52 children and adolescents in long-term foster care found a large number (60%) of maltreated youth experienced resilience (Schofield and Beek, 2005). Although the percentage of youth identified as resilient varies widely within and across studies, a small to moderate number of maltreated youth are often competent in one or more developmental tasks within at least one point in time. In general, resilient functioning is less common in maltreated children than those who have experienced other familial adversities, possibly because abuse or neglect often occurs with other risk factors, such as poverty or parental substance abuse (Legault, Anawati and Flynn, 2006).

Resilience in Aboriginal Youth

Research on resilience in Aboriginal youth is scarce. Many studies of resilience mention a small percentage of minority participants within their samples, but do not list specific ethnicities, making it impossible to determine whether Aboriginal participants are included in this small percentage. At least one researcher, however has emphasized the importance of addressing resilience at a cultural rather than individual level. By examining the association between rates of children in care and youth suicide, Lalonde (2006) illustrated how the promotion of culture is related to increased resilience. In this study, suicide rates within 196 First Nations communities located in British Columbia were monitored during 1987-2000, revealing two trends: (One) suicide rates for First Nations youth were much higher (5-20 times) than for non-Native youth and (two) large variability in suicide rates at the community level surfaced,

with more than half of the communities having no youth suicides. Lalonde (2006) hypothesized that these differences in suicide rates arose from community differences in the maintenance of cultural identity. For example, Aboriginal communities with restored self-government had an 85% lower relative risk of youth suicide than those communities without. Similarly, the youth suicide rate was 25% lower in communities that controlled and implemented plans for youth in care, than in those that did not exert this control. It is through the power of whole communities, rather than the individual that the strength of Aboriginal culture as a protective factor is demonstrated (Lalonde, 2006).

In sum, the study of resilience is an important, but often neglected area of inquiry for Aboriginal youth in out-of-home care. Despite research that suggests an increased risk of poor outcomes, there is also evidence that a significant proportion of young people in out-of-home care experience resilience, both while in-care and during the transition to early adulthood. Although research has shed light on some key predictors (e.g., a close relationship with a caring and competent adult [Luthar et al., 2000; Masten, 2006; Masten et al., 1999; Masten et al., 1990], a high level of intellectual functioning [Masten, 2001], participation in structured voluntary activities [Flynn et al., 2006b]) of good outcomes for youth across many developmental domains, an understanding of culture is of paramount importance in the investigation of resilience for young people in out-of-home care, particularly for Aboriginal youth. As indicated by Lalonde's (2006) research, the promotion of culture strengthens the power of resilience as a protective factor within this diverse

population and should thus constitute a primary focus in the study of resilience.

About the Author

Katharine M. Filbert is a PhD Candidate at the University of Ottawa, Centre for Research on Educational and Community Services (CRECS).

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These Children

By Stephen Gill

These children
have yet to learn
to deal with the muddy pellets of abuse
or the ice of neglect
while maturing into the oaks
of exceptional might.
Almighty
protect these seedlings
in the sheltered bay
of your tender care
with apprehensive solicitude.

They have
yet to use their coins.

Gardner
nurture the growth of these roots
with rare delicacies of concerns
watch these rainbows of the millennium.
The feverish excitements of today
need them for their rest
in the castle of the comfort
of tomorrow.
The voyage
of the meaningful explorations
for the inner self
they have yet to embark.

They are the top deck
where human expectations
for the warmth of the spring
bask in the adulation of love.

Captain
sail the steamer of these children
to a safer island.
Riding even the ruthless currents
of domestic violence
let these angels savour
the ambrosia of peace.

Creator
bathe these blissful gems
with the softness of unstained holiness.

©Stephen Gill

Stephen Gill is on the Board of Directors of the
CAS of the United Counties of Stormont,
Dundas and Glengarry

*DECEMBER 20 WAS THE
UNIVERSAL DAY DEDICATED TO
CHILDREN. THIS POEM IS MY
FERVENT PRAYER TO THE
ALMIGHTY TO GUARD CHILDREN
OF EVERY NATION…*

Aging Out of Child Protective Services System:
The Transition from Child Welfare to Independence

By Abby L. Goldstein and Christine Wekerle

A minority of youth who come to the attention of the Children's Aid Society (CAS) enter into permanent alternate care, with parental rights terminated. For these individuals, the CAS support system is integral in nurturing and caring for the child, with involvement from foster care parents, group home staff and caseworkers, as well as family and peer networks, education supports and alternate services. The transition to adulthood for these youth may be particularly difficult due to the termination of CAS services after a certain age. The present paper outlines some of the issues facing these youth, highlighting the apparent lack of evidence-based programs available for youth transitioning out of care.

Background for the Province of Ontario Children's Aid Societies (CAS)

In 2005, approximately 19,000 children were in the care of the CAS in Ontario. Many of these children (i.e., 7,500) were aged 13-17 years, meaning that they were nearing the age of transition to emancipation from legislated care. Moreover, 1,500 were over 18 years old and already in the process of transitioning (OACAS, 2006). In Toronto alone, approximately 600 youth aged 16 and older are discharged from care each year (Leslie and Hare, 2000). Despite the significant number of youth who transition out of care annually, there is little research on best practices for youth making this transition. Among those studies that have been conducted, qualitative assessments of youth and caregiver experiences have provided important information regarding transition needs. The following represents a summary of some of the work that has been done to date, with an emphasis on best practice recommendations.

What it Means to Be Independent

In the past, 18 years of age marked the beginning of a life without parental constraints. Today, more teens are staying at home beyond age 18. In 2001, 57% of Canadians aged 20-24 were living at home with their parents compared to 51% in 1991 (Statistics Canada, 2001). Youth are staying at home longer to pursue post-secondary studies and find job stability. Many young adults continue to rely on parents for room and board, as well as emotional and financial support. For youth involved with the CAS, the option of returning home may be nonexistent. With some exceptions (see below) youth involved with the CAS are ineligible for services past age 18, resulting in the loss of dependable supports and mentoring.

Unfortunately, youth involved with the CAS are often ill-prepared to handle this level of independence. Adolescents exiting systems of care are less likely to graduate from high school and more likely to become a parent at an early age, require social assistance, be unemployed, have contact with the criminal justice system, face poverty and homelessness and experience psychological difficulties including substance abuse (Martin, 1996; Reid and Dudding, 2006).

In addition, researchers have found that a disproportionate number of youth living on the street or accessing street youth services have been involved in CAS (Leslie and Hare, 2000). A Canadian workforce study of CAS graduates in young to middle adulthood (Power, Manor and Matthews, 1999) found that nearly half were unemployed and only 32% were employed full-time. Among the employed, most had low incomes (77% made under $20,000/year) and housing outcomes reflected these earnings: most lived in apartment rentals (43%) and only 19% owned their own homes. The majority of these CAS graduates had children (60%) and their families were living in poverty. Given the difficulties associated with the transition from care, there is a dire need for programs to establish a better process by which youth make this shift.

Extended Care and Maintenance

As noted above, there are some exceptions to the 18-year-old cut off. Youth who are Ontario Crown wards and are working towards independence are eligible for Extended Care and Maintenance (ECM) up to age 21. In 2005/2006, nine percent of youth receiving care from Ontario CAS were on ECM. Research shows that remaining in care beyond age 18 is associated with greater educational attainment, more stable housing, less criminal involvement and greater access to mental and physical health services (Courtney et al, 2005). Still, many argue that better outcomes would be possible if ECM continued to 24 or 25 years (Tweddle, 2005). Developmentally, there is little support for establishing a cut-off age for service eligibility. Leslie (in preparation) argues that the inflexibility of this approach is un

supportive of normal developmental transitions from adolescence to adulthood.

Best Practices for Youth Transitioning Out of Care

Although most recognize that further support is needed to ensure positive outcomes for the transition out of care, there are no systematic research studies on best practices for this transition (Tweddle, 2005). Instead, as discussed below, several authors have identified a number of key focus areas to help with the transition from care to independence.

Assessment

A good transition plan should start with a comprehensive skills assessment (e.g., Ansell-Casey Life Skills Assessment). Target areas should include activities of daily living, money management, self-care, social development, work skills and education (Propp, Ortega and Newheart, 2003). Beyond assessment, action plans should be individualized to interests and strengths and should be explored in advance of youth transition ages. For example, goal-setting around resume writing and interview skills can be established early (e.g., preparation beginning at age 14 to 15, for entry into the workforce at age 16).

One comprehensive assessment tool, Looking After Children (LAC), can be used to assess, document and plan the transition process. Specifically, the Assessment and Action Records (AAR) allows longitudinal monitoring of progress in areas that are relevant for youth transitioning out of care (self-care, health, education, identity,

family and social relationships, social presentation, emotional and behavioural development).

The AAR encourages collaboration between workers and youth to identify strengths and weaknesses and establish a plan for improving outcomes (Kufeldt, Simard and Vachon, 2000).

Areas in Need of Attention

(See Building a Future Together: Issues and Outcomes for Transition-Aged Youth, 2006)

Relationships: A sustained, supportive adult relationship is critical for youth who are aging out of care. Many youth in care have been deprived of early attachment relationships and may again feel abandoned if released from the system with little support.

Establishing connections early is important; research demonstrates a positive relationship between stable placements and positive outcomes after the transition out of the system. Interestingly, research shows that many youth return to living with their parents after they leave the system (Courtney et al, 2005). Where appropriate, youth and parents who lost caregiver status may benefit from support for managing family contact prior to the transition out of care. Personal safety skills (and safety of any dependents) should be part of the goal-setting for government care youth.

Fostering relationships with cultural and local communities (e.g., cultural and church/faith-based centres, community-based groups, such as sports, camps) and ensuring continuity of positive relationship-based experiences enables a consistent social support network. Youth can return to camps as counselors, to schools as teacher aides and to sports as referees and assistant coaches.

One under-attended area among youth is dating relationships. The majority of youth (mean age = 15) report dating involvement (90% of females, 80% of males). Unfortunately, CAS youth seem to select into violent partnerships. For example, CAS youth report rates of physical assault by a dating partner at nearly triple the level of US high school youth (Wekerle, 2006) and 20% of transitioning age youth (ages 18-21 years) report such violence. Dating violence prevention programming should be a priority for the CAS involved youth. The Youth Relationships Project (YRP) demonstrates a best-practice approach for dating violence prevention among at-risk youth and has shown to be effective in reducing dating violence over a two-year follow-up period (see Wolfe et al,1996; 1997; 2003).

Education: Youth who have a stable school environment are more likely to be successful when they leave care (see Ontario Bill 133: An Act to Amend the Education Act to Provide Stability for Students in Transition Housing). Research shows that positive school experiences are associated with increased resilience among youth in care (Stein, 2006) and that remaining in care past 18 years old can facilitate further educational attainment (Courtney et al, 2005). Increasing awareness of resources may facilitate greater involvement in post-secondary studies. For example, The University of Toronto has a program that provides support for youth who are seeking a post-secondary education, but did not have the opportunity to finish high school (The Transitional Year Program at U of T). In addition, youth in

care should be provided with direction to gain financial support (i.e., bursaries, scholarships) to pursue post-secondary studies.

Employment: Completed education and vocational training are essential for improving employment outcomes. Youth can work with their support team to identify natural skills and abilities. Vocational testing can identify areas of interest and skill. Federally-funded employment services should include assistance with job searches and training (Sherman, 2004). Other approaches for improving employment outcomes include partnering with private corporations to establish training programs and then connecting youth with job opportunities. For example, the UPS School-to-Career Partnership established in Baltimore, Maryland, consisted of a partnership between the Maryland Department of Human Resources, the state independent living program, UPS, a local youth development agency and the Annie E. Casey Foundation to provide skills training for foster care youth ages 16 to 24. After training youth are connected with employers and provided with tuition reimbursements (Sherman, 2005).

Current research on youth transitioning out of care (females only) indicates that 80% of funds come directly via the CAS agency. Only 10% of these youth have a part-time job and none of these youth obtained income from illegal activity or family and friends. In contrast, youth who were already living primarily on the street had income from many source points, including casual work, illegal activity, family and friends and social welfare; these youth, though, remain under the poverty line (Wekerle, 2006).

Housing: If their basic need for shelter is not met, it is virtually impossible for youth to focus on any other aspect of their lives. Prior to leaving care, youth need to have their housing needs assessed and proper housing must be secured for a minimum of one year. Support across this transition year in finance management may be a prudent investment. At the very least, youth need to be provided with information concerning available housing resources, including fallback options in case of homelessness. Research indicates that the housing issue must be addressed prior to the transition process. Homelessness is common among youth who are currently on the active caseload of the CAS. For example, 13% of CAS involved female youth report experiencing some degree of homelessness, possibly during episodes of running away. Among street youth, 43% identified some involvement with the CAS (Wekerle, 2006). While street youth identified their living arrangements as unsafe about 20% of the time, active CAS youth also identified perceived unsafe living conditions (7%). Thus, housing needs should be assessed and interventions implemented both prior to the transition and at opportune times (e.g., reinitiating contact after AWOL status) to secure safe, sustainable housing.

Life skills: Training in practical skills (e.g., cooking, balancing funds, hygiene, time management) has been identified as one of the most important aspects of the transition to independence and most agree that teaching life skills in the classroom is ineffective (Collins, 2004; Freundlich and Avery, 2006). Through access to role models and mentors youth should have opportunities to practice these skills before becoming self-sufficient.

For example, starting with a semi-independent living situation before moving to full independence would ensure a staged approach to implementing important life skills. Transitional apartments should be considered part of best practice in the aging-out process.

Identity: When youth feel positively about themselves they are more likely to believe they can achieve their goals. Unfortunately, due to disconnections from family, child maltreatment histories and a lack of stability, many youth in care feel stigmatized or lack a sense of identity and belonging.

Educating youth about their cultural backgrounds and encouraging youth to establish connections within their communities can have a significant impact on their sense of self. A strong sense of identity can increase resilience and psychological well-being. The Looking After Children Approach (Kufeldt et al, 2000) promotes the use of life books for recording childhood histories. Through pictures and narratives, youth have an opportunity to reflect and develop a deeper understanding of their backgrounds, including the circumstances that led to their CAS involvement. This allows for better integration and organization of experiences, which can improve physical health and academic outcomes (for reviews see Pennebaker (1997) Pennebaker and Seagal (1999). Nettles and Mason (2004) note that identity formation in adolescence provides the cognitive background for integrating events and establishing a coherent life story, at a time when identity is a key developmental task. These authors also emphasize safety as a key element for selecting environments in which stories can be shared without fear of harm.

Emotional and Physical Well Being: All adults need to have their emotional and physical needs addressed, but those with a history of maltreatment are especially vulnerable to physical and mental health problems, which can significantly impact the transition to independence process. For example, untreated depression can hinder any well-crafted education, employment, self-care and independent-living plan. Information abstracted from casefile reports of a psychiatrist, physician or psychologist (on 21% of eligible Ontario Crown wards) showed that most youth (68%) had no diagnosis. Of those youth with a psychiatric disorder, over a third had two or more diagnoses. Lifespan learning diagnoses were most prevalent. Psychotropic medications had been prescribed for 28% of children (Burge, 2007).

While medication is a primary intervention for Attention Deficit Hyperactivity Disorder, interventions for mood and substance use disorders are often psychological in nature. For example, with depression, pharmacotherapy (for reviews and recommendations see Cheung, Emslie and Mayes, 2006; Emslie, Ryan and Wanger, 2005) and/or cognitive behavioural or interpersonal psychotherapy (for reviews see Asarnow, Jaycox and Tompson, 2001; Compton et al, 2004; Lewinsohn and Clarke, 1999) have been well-studied. CAS staff and youth should be involved in tracking appointments, symptoms and interventions over time, as most adult mental health disorders are evidenced in childhood or adolescence. In addition, with long waiting lists for mental health services, creative options for quicker time-to-treat need to be considered (e.g., contracting for priority of CAS involved children; CAS mental health screening).

What Youth in Ontario Say

In 2005, OACAS conducted a study in which they surveyed over 300 youth in care and asked them to make recommendations regarding best practices for themselves and for other youth transitioning out of care (OACAS, 2006). Youth responses emphasized relationships and emotional support. Youth wanted the opportunity to call someone when needed and to turn to someone for advice or assistance in taking care of their daily living tasks. Youth were most worried about having no one to turn to if they needed help and feeling alone or isolated as a result.

A Collaborative Process

The transition to adulthood for youth in care must be seen as just that, a transition. This implies that there is a process involved (i.e., preparation for adulthood). Most adults work up to independent living; youth transitioning out of care need the opportunity to learn skills and take risks in the context of stable housing and adult support. CAS workers agree that the transition must be gradual, graduated and flexible to individual case needs. For example, the transition could exist along a continuum from semi-independence to supported independence and then to independence with continued access to supportive relationships (OACAS, 2006). Setting youth up for success is an attainable goal. Research at all stages of the transition period needs to occur to provide the breadth and depth of understanding needed to support this critical developmental stage.

In addition, Youth need to be involved in the decision making around their transition so that they may be empowered to make their own decisions. By respecting their right to be heard, care providers can help empower youth to achieve their goals. The transition to independent living should be seen as a collaborative process with youth, caseworker, foster parents, relatives, treatment providers.

Sample Programs

(See The National Resource Center for Foster Care and Permanency Planning Information Packet: Transition to Independent Living for additional model programs)

L.I.F.T. – Living Independently for Tomorrow – CAS of Haldimand and Norfolk

- LIFT emphasizes development of practical skills for independence
- Administered to youth in care, youth leaving care or community youth 16 or older
- Group and individual skills development for independent living
- Voluntary 30-week collaboration between youth, Child Protection Worker and Youth Services Worker
- Group skills training in money and household management, assertiveness, job search skills
- One on one support from youth worker assisting with finding a place to live, budgeting funds, life skills, vocational connections if not in school, accessing community resources to ease transition

United Friends of the Children – Bridges to Independence, California

- Independent living model program
- 237 beds in apartment units in L.A. county reserved for 18-20 year olds who are recently emancipated from foster care
- Target population is youth who can function without direct supervision, but are at high risk of homelessness and require support before being fully self-sufficient
- Youth move into fully furnished apartments and are assigned a caseworker
- Youth receive $200 a month for groceries, are provided with support around job search, transportation, health and dental information and child care
- 25% of their earnings are paid like rent and held in a trust until they graduate from the program when it is usually applied to first month's rent in an apartment

Lighthouse Youth Services – Cincinnati Ohio

- Each youth completes a 13-unit life skills training curriculum
- Youth move into apartments and Lighthouse provides a security deposit, rent, utilities, phone bills and furniture as well as $60/month living allowance
- All youth are provided with counseling sessions (at least once per week), support in finding employment, earning a GED, applying for college
- Participants stay an average of 11 months

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About the Authors

Abby L. Goldstein, Ph.D., is currently a postdoctoral fellow in the Department of Psychology at York University .

Christine, M., Wekerle, Ph.D., has been a senior scientist in the Faculty of Education at the University of Western Ontario and formerly in Centre for Addiction and Mental Health (CAMH) for many years.

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Visitation Practices in Child Welfare Organizations

By Stephen Ellenbogen and Christine Wekerle

The current state of research prevents clear recommendations about the quantity or kinds of visitation strategies. Many cross-sectional studies have found associations between visiting and positive outcomes, but because no research project actually tracked progress during visits, we can hardly conclude that the visits are contributing to the positive outcomes. It could be that frequent visiting causes better outcomes, or it could be that factors related to frequent visiting (e.g., child functioning prior to placement or less severe abuse) are associated with better outcomes. The lack of available evidence is quite regrettable, because these are fundamental issues to social workers in child welfare organizations. Moreover, there is stark absence of longitudinal studies comparing the effect of different visiting/permanency planning strategies on developmental outcomes. Also sparse are longitudinal examinations of how visitation variables (quantity, quality, consistency, location) affect the caregiver, child and parent-child relationship. The larger literature on parent-child behavioural observations may provide some guiding parameters. After reviewing the literature, the best practice regarding parent visitation with a therapeutic (and not evidence gathering) goal is to be more concerned with the quality rather than the quantity of the visits.

It might also be useful to take stock of the programs and interventions already taking place in child welfare and affiliated organizations (please see: National Resource Center for Family-Centred practices and Permanency Planning[1], at Hunter College in New York; permancy planning program by Dr. Fraser[2] at University of North Carolina at Chapel Hill). The Family Ties program at Batshaw Youth and Family services in Montreal[3] (Calame and Parker, 2003) is a multi-family intervention based on the principles of Aggression Replacement Training; parents and youth in care work together to resolve youth aggression and related problems. It also serves as a structured visitation program and much of the intervention involves opening the lines of communication in the family and getting the participants to trust and then collaborate with one another.

Visitation may serve numerous purposes. It is advisable to determine beforehand the objectives of the visitation on a case-by-case basis. Case-workers are in the best position to assess whether visit objectives should be therapeutic (e.g., geared towards resolving intra or interpersonal problems), evaluative (e.g., assess parental bonding), or proactive (e.g., enhancing skills).

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[1] For more information:
http:/www.hunter.cuny.edu/socwork/nrcfcpp/about-us.html

[2] See following review, Appendix A-15:
 http://aspe.hhs.gov/hsp/cyp/fpprogs.htm
Lead author: mfraser@email.unc.edu

[3] Family Ties program is described at
http://www.mcgill.ca/crcf/projects/art/
Program coordinator:Robert_Calame@ssss.gouv.qc.ca

Goals may vary over time and in the case whether on-going parental contact or reunification are deemed to be goals consistent with (one) the child's best interests and (two) doing no further harm, a therapeutic approach targeting the parental personal needs, the child developmental level and the parent-child relationship may prove most useful.

Parent-child fit and child developmental level

Research on visits has not taken into account the context of the developmental stage of the child. The schedule and parameters that might work for a young child may not work for that same child when he/she is a young teen. Maltreated children may show a fear-based "compulsive compliance" towards the parent as toddlers, but have a risk for emotional over-involvement as teens. The child's temperament as an infant may be a poor fit with the parent's personality (e.g., a high activity child with a depressive parent; a slow-to-warm child with a hyperactive, sensation-seeking parent). Research with reported child welfare cases indicate that primary parent vulnerability factors are predictive of substantiated maltreatment suggesting that the parent's mental health, social support and socioeconomic disadvantage issues need to be directly targeted if maltreatment recidivism is to be prevented (Wekerle et al, 2006).

Despite differences in the parent-child fit, the parental ability to provide consistency and an overall positive quality of interaction (reinforcing to both the child and parent) will be critical across time. Over time, visits will accumulate to contribute to a child's on-going formulation of what a loving, available parent is and whether the child is a love-worthy person. Children are quite

concrete and are doers such that a "visiting" status parent may well need to focus on engaging, safe activities to re-forge a quick activation of a positive attachment relationship. The "visiting" parent likely needs early assistance with scaffolding, planning and reflection on interactions with their child as their child moves through development. Taping a visit and reviewing the tape with the parent, focusing on as many things that went well, with one new learning target for change per visit may be a useful approach. A consistent point of planning will be appropriate and unambiguous affectionate parent-to-child displays with words, cards, mementos and physical gestures. This is part of the necessary psychological key messaging that needs to counter the emotional abuse that underlies all types of maltreatment. Any maltreatment is a relationship insult and the parent is in a continuous effort towards relationship repair. Importantly, the parent needs to be trained explicitly and *in-vivo* on the "what to do," not just the "what not to do." Visitation program developers might want to investigate whether developmentally appropriate activities can be organized for these visits. This would include reviewing the parental plan and preferences that can match to the child's interests. Also, allowing for opportunities for the child to "lead" the interaction is a key component of developing accurate child behavior observation skills, to allow for specific reinforcement of child activity ("You put that puzzle together so fast." "I like the way you coloured that tree!"), as well as constructive correction ("You really like this doll! Maybe this doll could help us clean up the blocks if you are finished with those. Let's tidy up the blocks together."). Activities that are new to both parent and child give opportunities for joint attention. Joint attention can develop towards parallel play

(both creating play-dough doughnuts, cupcakes or animals), which can proceed towards interactional play with structure (like card games or passing a ball) to unstructured play (Girolametto et al, 1994, Asencio, 2003; Alexander, 1994).

What we do know is that visitation between the biological parent and the youth in care is strongly associated with a subsequent reunification (Leathers 2002; Farmer, 1996; Proch and Howard, 1986; Davis et al, 1996; Cantos, 1997; Mech, 1985). This is not surprising, given that the frequency and consistency of parent visits during the out-of-home placement are two important considerations in permanency planning and reunification that undoubtedly influence the caseworker's recommendations and the judge's decision-making. In cases where an eventual reunification is sought, visits are important intervention opportunities for the parent and child. From a theoretical perspective, it has been argued that this contact may be important for nurturing healthy attachment patterns in early childhood and identity development in older youth (Palmer, 1995). There is conflicting findings, though, on whether visits hinder or assist adaptation (e.g., Cantos, 1997; Leathers, 2002) or under what child developmental circumstances.

Every child needs to develop a coherent narrative about his family and what his parents mean to him and revise this over time. The maltreated child has more complex pieces to weave together into a logical story that portrays his parents reasonably and maintains consistently his self-worth. In developing his own story, the child needs to be certain that he is not to blame for family violence, that he never provoked anything harmful to come upon himself or his siblings, that harm

is not what parents are supposed to do and there are laws that are meant to keep children safe. The caseworker can monitor such issues as feelings and thoughts about what happened before and how he now think about his parents in the debriefing with the child after the visit. Ultimately, the child needs to learn self-care and safety skills in approaching parental limits. The child needs to be able to realistically appraise people and situations and have a level of self-reliance that appreciates the value of proactive resource and support seeking. The goal in any family is to support the child towards autonomy, where child health and safety remains in the forefront.

In cases where an eventual reunification is unlikely, there is less agreement over the value of visitation. Some caseworkers and theorists think that it is in the best interest of the child to make a clean break from the past (Jivangee, 1999). Increasingly, researchers question this attitude (Davis et al, 1996). They assert that such strategies may result in the separated child developing an idealized vision of their birth parent, increasing stress and anxiety during the transition period and a greater sense of loss/abandonment. Parental involvement subsequent to the removal of the child (which can take many forms) may help the child understand the changes taking place and help the child form a reasonable, reality-based mental representation of his birth mother (Leathers, 2002; Palmer, 1996). Of course, birth parent involvement in these cases depends on whether they accept the decision and want to be involved in the transition to foster care and whether constructive birth parent-caseworker-foster parent collaborations can be achieved. Given the large number of considerations, a flexible policy towards parent involvement and

specialized training of the caseworker and foster parent is suggested.

Regarding the central question of frequency of visitation, it may be valuable to consider the range of communication options. For some parents, a short, positive phone call regularly occurring in time may be a better preface to frequent in-person contact. For some children, maintaining a safe distance, as with a parent's taped reading of a short story may be better tolerated initially. Given the lack of research, it may be best to not have a preset policy, but to develop visitation schedules on a case-by-case basis. Access visits may be viewed as therapeutic opportunities to promote learning a vocabulary for engaging and describing interactions, learning play activities, as well as coordination and collaboration abilities. For every parent, every interaction is a chance to learn about her child and herself as a parent. It is an opportunity for thinking ahead about what kind of parent she wants to be and reflecting on how she is progressing towards her goals as a parent. A visit is a time-limited opportunity to bolster parenting satisfaction and relationship skills. It would also make sense to prepare mothers for these visitations. Through interviews, Haight et al(2001) exposed some of the difficulties experienced by birth mothers in relation to supervised visits, notably complex grief reactions and feelings of separation. The parent are also clients in need of support services and creating their own coherent narrative about their family and themselves as parents.

Parent visitations are used as an evidence gathering opportunity for the purposes of permanency planning. If they are evidence gathering, caseworkers may choose to remain neutral in discus-

sions with the parent about visitation. Rather than encourage frequent visitation, they may simply ask the parent what they would prefer. After a review of case studies, Proch and Howard (1986) concluded: "Just as the agency staff seldom overtly encouraged visiting, they seldom overtly discouraged it." Visitation program developers may be best advised to juggle the two roles of helping and evaluating the parent to take a research approach in terms of observation of key parameters (number of child spontaneous approaches to parent, number of child gaze aversions with parent, parent direct affection/ approval to child). Charting these (e.g., number/ minutes of observation) over time may be helpful in objectively tracking parent and child responses to each other.

Some recurring issues from the literature are:

Where to visit? Most visits took place in the caseworker's office or fast food restaurants, both sterile and non-natural environments, as compared to playgrounds or community recreational centres (Davis et al, 1996; Davies et al, 2002). The locale needs to balance safety, monitoring, and privacy protection, with the comfort level for talking about feelings, making observations about the child and promoting loving expressions.

There may be obstacles to supporting interactions in natural parent-child environments. For example, community organizations may resist such collaboration, because they are apprehensive about having to adopt procedures (i.e. non-voluntary intervention) that run counter to their philosophy and established identity. A formal understanding between child welfare institutions and community organizations must be estab-

lished prior to such collaboration and fit the organization's mission.

In one experimental study evaluating different visitation strategies, Haight et al, (2005) gave mothers a brief intervention designed to better prepare them for the visit and the leave-taking (i.e., how to end the visit). They found that mothers in the experimental group were better at applying leave taking strategies, but the intervention caused them to appear less natural and less engaged during the leave taking.

Who to include in visits? The relationship between the birth parent and visit supervisor will largely determine the quality of the visits (Jivangee, 2002; Haight et al, 2001). Parent involvement and flexibility during the placement of the child (i.e., the mother feels she has some say in the matter) would encourage more positive working relationships during visitation. Jivangee noted that caseworkers are more favorable to the idea of parental involvement, compared to foster parents. Visits to the foster parents' homes (especially if the foster parent is a kinship relation to the birth parent) are predictive of successful reunification and favourable outcomes. Foster parents may be better suited to helping the birth parent with everyday parenting issues and the child's specific challenges. Interestingly, Jivangee concluded that it is the life experiences and not the training of the foster parent that determines their openness to parent visitation. Attention to cultural and diversity fits between parent and visit supervisor is also an issue.

What activities to consider? A number of researchers measured the quality of parent involvement by the kinds of activities they engaged in and the nature of the visit. Participation in school functions, clothes shopping and such everyday life activities were generally considered the highest level of involvement. Visitation policies that encourage involvement in these everyday parenting activities merit attention.

Level of contact? Palmer (1996) reported the following percentages for families: 20% had no contact; 56% had contact one to two times a month; 24% had weekly contact, concluding that frequent visiting was atypical. McWey and Mullis (2004) reported similar frequencies. These numbers may be considered promising compared to the Leathers study, in which only 48% of children had visited with their mother at all in the six months of the study. US state policies recommend a higher frequency of visiting than the seemingly typical bimonthly rate when permanency is the goal (Hess, 2003).

A final consideration is to include permanency planning and reunification studies, as these may provide valuable help in preparing visitation policy. Fraser and colleagues (1996) report on one particularly interesting study. Comparing the outcomes of parents participating in an intensive 90-day reunification program to a comparison group receiving routine reunification services, the authors reported that almost all of the experimental group were reunited, compared to about half of the control group. About one quarter of reunited children went back to out-of-home care. The percentage of unsuccessful reunifications was the same for both groups. Nevertheless, this does represent a significant overall gain, with 70.2% of the experimental cases remaining home, as opposed to 47.2% of the control cases. The main components of the experimental program were:

(a) supportive workers who held advanced degrees and were experienced practitioners; (b) early and consistent contact between parent and child; (c) focus on building strong worker-parent relationships; (d) skills training that builds upon the parents' strengths; and (e) concrete assistance and support for physical, health and safety needs.

Themes that come forward from the research to date include the importance of support, the relationship and child development context, building on the positives for both child and parent and the need for objective measurement of behaviours over time.

About the Authors

Stephen Ellenbogen is a PhD student at the McGill University School of Social Work. He specializes in adolescence and youth issues and is a member of McGill University's Center for Research on Children and Families .

Christine, M., Wekerle, Ph.D., is a senior scientist in the Faculty of Education at the University of Western Ontario and formerly in Centre for Addiction and Mental Health (CAMH) for many years.

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The Youth Pathways Project (YPP): Childhood Maltreatment and Health Outcomes among Toronto Street-involved Youth

By Tara Fidler, Christine Wekerle and Patricia Erickson

"Maltreatment may be felt with each developmental step: finding a best friend, developing supportive social networks, entering dating, having a romantic partner, believing in yourself enough to take on challenging career and educational opportunities and confronting any mental health issues directly" (Wekerle et al, 2006: 44)

According to the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) conducted by the Public Health Agency of Canada (Trocmé et al, 2003), approximately four children per 1,000 in the general population experienced substantiated physical abuse at the hands of one of their primary caregivers. Less frequent, though no less important, substantiated sexual abuse occurs in less than one child per 1,000 children in the general population. This rate does not capture child sexual assaults where there is no caregiver protection concern. While population based studies such as the CIS are important for understanding the scope of the problem, it is important to note that this incidence study is based only on those children whose cases have been formally reported to authorities.

The level of maltreatment experienced by Canadian children and teenagers represents a substantial issue for Canadian society to deal with. Indeed, adolescent females are a high-risk group for physical abuse victimization (CIS). This may reflect the conflict that can accompany teen independence and self-determination efforts, includ-

ing assaultive behaviour, threats of violence and being locked out or kicked out of the home. Thus, official rates from Canadian population studies like the CIS, reflect the ability to substantiate with evidence, new reports to agencies. The reality is that many more Canadian teens are being maltreated and are at substantial risk for maltreatment. Given Ontario child protection laws and a clear social contract to protect minors, our mandate to protect children and teens cannot be fully realized when detection in some formal system is the main route to intervention and assistance. These system opportunities may come in the form of child protective services from Ontario's Children's Aid Societies, or they may be entry points via family practice, mental health, justice and street services. The Youth Pathways Project (YPP) seeks to disseminate emergent knowledge on Toronto's maltreated teens and young adults, some of whom experience street involvement and homelessness. Maltreated youth are a population of our youth that demands our support and our efforts to stand up for their rights to live safe, healthy and productive lives, with options for crafting a life of their own, a life worthy of living.

The Youth Pathways Project (YPP)

The YPP is a collaborative knowledge dissemination project among youth participants, community mentors, youth service agency, Children's Aid Society representatives and university-based

researchers. Based on a data collection phase (Youth in Transitions Project; YIT), male and female teens participated in an initial interview and a follow-up at four months. Consenting females were further followed at eight and 12 months post initial interview. The project interviewed 150 youth (50% female) who ranged in age from 16 to 20 years (average age=19.2 years). The majority of youth were born in Canada. The knowledge dissemination arm of the YIT and innovative creative writing/art workshop learning is known as the YPP.
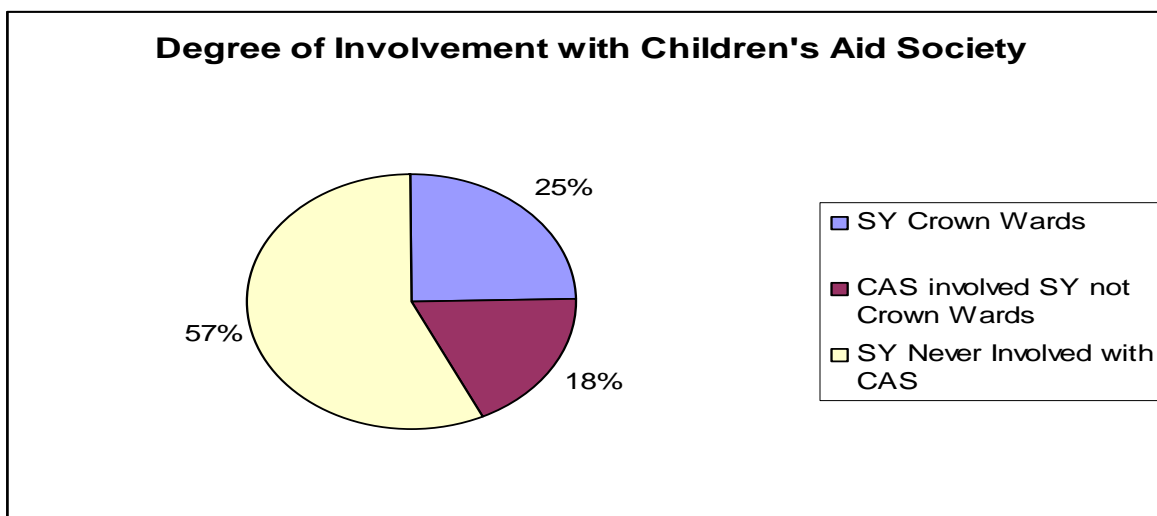

Figure 1: Street Youth (SY) who were involved with Children's Aid Society (CAS) by CAS Status (Crown Ward = Parental rights terminated and youth was made ward of the state).

According to the findings of the Youth Pathways Project [YPP] conducted in Toronto, it is evident that a substantial proportion of street youth have experienced some form of abuse in their childhood. In several cases, youth living on the street have been involved with the Children's Aid Society at some point while growing up. In fact, a quarter of the street youth in the study were Crown Wards prior to living on the street, while an additional 18 percent of the youth had been involved with Children's Aid Society to some extent, but not designated as Crown Wards. This indicates that for a significant proportion of youth, the government-as-parent model has not prevented them from homelessness. This points to the need to bolster our efforts at residential planning, affordable housing and step-by-step assistance and encouragement for youth who are street-involved and at-risk for street involvement. Persistence in the presentation of easily accessible options and the development of close relationships with support workers are areas identified by some youth as critical to their successful transition to independent, healthy living.

This project highlights the violent family background of many youth. Almost half (46.5%) of all YIT street youth experienced some form of harm caused by a caregiver. Such maltreatment has been at times severe, where the youth may have

felt their lives were in danger in their own home: 34% experienced being kicked, bitten, or punched by an adult and 31.9% experienced being choked, burnt, or physically attacked by an adult. For a substantial number of youth, sexual abuse was experienced. Almost one quarter (23%) of the youth reported being sexually molested or forced to touch another person's private parts when they did not want to, while 17.3% of

the youth reported being forced to have sex with someone with whom they did not want to have sex. Overall, severe physical or sexual abuse or both was experienced by one third of the street youth. Compared to the population estimates given at the beginning of this report, evidently there is a much higher prevalence of abuse occurring during childhood for these youth who eventually ended up on the street.
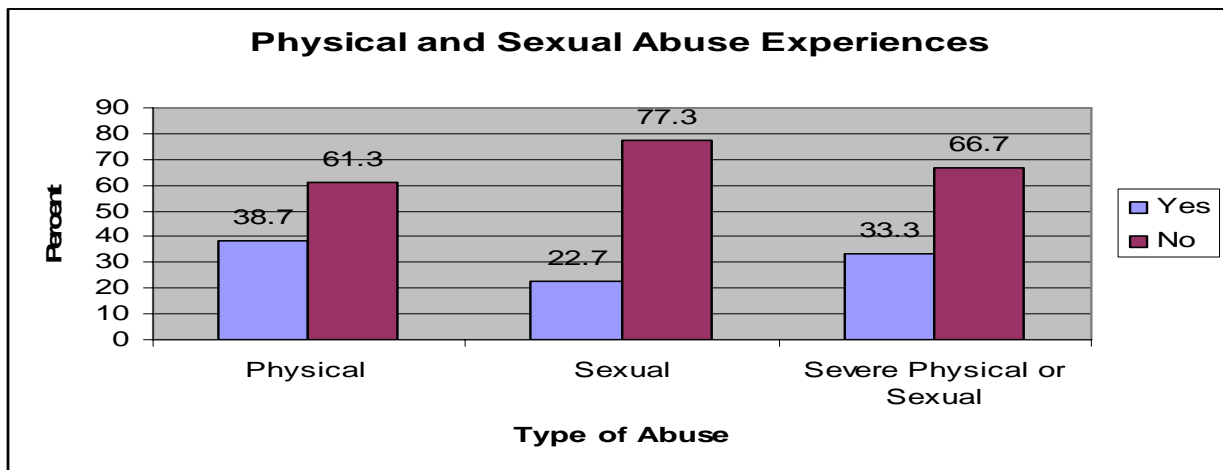

Figure 2: YIT street youth self-reported maltreatment experiences by an adult before age 16.

Living on the street poses its own risks for victimization (Hagan and McCarthy, 1994; Whitbeck and Simons, 1990). Having been exposed to a family context where youth were not protected from harm and indeed were harmed, may lead to expectations of victimization or challenges in proactive prevention action. Further, the relationship betrayal implicated in familial maltreatment creates substantial issues with interpersonal closeness and trust in relationships. Such trust issues may play out in creating delayed youth uptake of available services. Thus, youth living on the street with a history of maltreatment are at significant risk for a multitude of negative outcomes. Drawing on both research conducted by others and the

data derived from the Youth Pathways Project, the remainder of this summary will focus on some of the specific issues faced by homeless youth and their association with childhood maltreatment.

Mental Health: Suicide and Other Internalized Problems

Yoder and colleagues (1998) conducted a study of homeless and runaway youth living in four Midwestern States in America and found that being sexually abused by a family member and depression are strong predictors of both suicidal ideation and a suicide attempt. The researchers con-

clude that a history of negative familial relationships (particularly sexually abusive parents) and subsequently living in a high-risk environment, with its concomitant high degrees of exposure to violence and access to dangerous activities (e.g., substances, sex trade), combine to contribute to the strong relationship between suicide risk, sexual abuse and depression. In a comparative cross-sectional study of New York City and Toronto homeless youth, Kidd (2006) found that physical abuse, neglect and sexual abuse were all significantly related to suicide attempts while youth were living at home; however, while living on the street, only sexual abuse history remained a significant predictor of suicide attempts. Suicide ideation and attempts are areas for preventative action among maltreated street youth.

Depression is a specific internal state linked not only to suicide, but also to experiences of maltreatment. Whitbeck and colleagues (1999) found that there was a significantly different effect of abuse histories for young men versus young women when considering depressive symptoms. Specifically, young women leave home because of the abuse they are experiencing; however, the street culture and the behaviours in which they engage increase their depressive state. For young men, on the other hand, the effect of childhood abuse remains direct: street culture does not increase the depressive symptoms experienced by young men. One limitation of Whitbeck et al's (1999) study is the failure to distinguish between physical and sexual abuse. These findings do point the need to look at gender-specific pathways in the outcomes of maltreated youth.

The findings from the Youth Pathways Project argue for the importance of detailing types of maltreatment when examining the current mental health of street youth. In particular, sexual abuse history plays an important role in understanding suicide risk, depression and anxiety. Physical abuse was not significantly related to any of the mental health measures discussed here. Those who experienced sexual abuse of any form have significantly higher suicide risk and experience higher depression and anxiety on average when compared to youth who never experienced sexual abuse. Additionally, the results indicate that more severe sexual abuse histories are related to higher self-reported depression and anxiety symptoms among street youth.

Substance Use

In addition to mental health issues, street youth are at high-risk for developing substance abuse problems. In fact, a study conducted by Johnson and colleagues (2005) revealed an extremely high prevalence of comorbidity between mental health disorders and substance use disorder. In fact, 90% of the youth who reported a substance abuse disorder also reported experiencing a mental disorder. Moreover, youth who experienced childhood physical or sexual abuse were more likely to have substance abuse problems. Previous research suggests that high rates of substance abuse among homeless youth can be explained, in part, by the street culture in which the youth is embedded (Hagan and McCarthy, 1997). Comorbidity arguments and maltreatment literature suggests, high rates of substance use can be understood as coping mechanisms. Street youth are a particularly vulnerable group, facing not only the

struggles inherent in street culture, but also mental health issues combined with substance abuse problems and histories of abuse. The following preliminary results from the Youth Pathways Project do not examine the combination of mental health and substance abuse disorders among homeless youth who experienced child maltreatment. Instead, only the relationships between substance abuse and maltreatment are considered.

The Youth Pathways Project included numerous measures of drug use among street youth. In terms of the relationship between childhood maltreatment and drug use, key findings indicate there is a significant association not only between drug use in general and maltreatment, but also between frequency of use and types of drug used. Experiences of physical abuse remained insignificant in all drug analyses. Sexual abuse of all forms was significantly related to heavy use of at least one hard drug (excluding marijuana and alcohol) over the last twelve months. More severe abuse was significantly related to heavy use of at least one hard drug (excluding marijuana and alcohol) over the last twelve months. A closer examination revealed that both hallucinogen and injection drug use over the past twelve months was significantly related to experiences of sexual abuse, with more severe abuse histories being connected to hallucinogen and injection drug use. Finally, the results indicate that sexual abuse generally and more severe sexual abuse particularly, are significantly related to using three or more hard drugs in the past twelve months. This raises issues for supporting street-involved youth around targeting mental health and trauma issues directly, the promotion of safe drug use (from a harm reduction perspective), maltreatment-sensitive addiction treatment, as well as support-ing youth to develop stress coping alternatives supported by research (e.g., deep breathing, meditation, yoga, walking, jogging). Learning to effectively cope with stress is a critical element in a successful transition to an independent, safe and healthy living situation.

Delinquency and Sexual Risk-Taking

According to Hagan and McCarthy's (1997) study of runaway adolescents living in Toronto and Vancouver, many youth end up on the street as a result of escaping abusive homes. Life on the street introduces and often forces adolescents to turn to crime and delinquency as a means of survival on the streets. Whitbeck and Simons (1990) indicate that runaways are more prone to delinquency *and* victimization. More recently, Kaufman and Widom (1999) used data from a prospective cohort design study to test whether or not running away from an abusive home increased the likelihood that an individual would engage in delinquency. The results of their study indicated that running away from home and the experiences of maltreatment are both related to delinquency. Running away and maltreatment do not combine to create a greater likelihood of engaging in delinquency. Instead, running away because of one's abusive home leads to a decrease in the likelihood that one will become involved in delinquency. Those who ran away from home, but did not experience abuse were more likely to engage in delinquency.

Findings from the Youth Pathways Project similarly suggest that delinquency is not directly related to all maltreatment experiences. Street youth who experienced abuse in childhood do not engage in significantly more crime or delin-

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quency when compared to those youth who never experienced abuse. The only exception to this finding was based on the severity of the abuse.

Street youth who experienced severe physical or sexual abuse engaged in significantly more delinquent acts when compared to street youth who reported no severe physical or sexual abuse. Thus, preliminary comparisons suggest that the difference between those who experience maltreatment and those who do not and whether or not they will engage in more delinquency, depends upon the severity of the abuse endured.

In addition to more frequent involvement in delinquency, homeless youth also engage in risky sexual behaviours (Whitbeck, Hoyt and Yoder, 1999). Contracting sexually transmitted-diseases at higher rates, engaging in survival sex and higher rates of pregnancies are prevalent in street youth populations (Tyler et al, 2000). Clearly, there is a need for sexual disease prevention, as well as pregnancy prevention among street youth who may not have sufficient parenting capacity. In their 1999 Montreal study of homeless youth, Haley and colleagues (2004) reported a pregnancy rate of 44%. They further assert that the homeless youth in their study who experienced being pregnant were also more likely to have a history of sexual abuse.

The Youth Pathways Project did not address the full spectrum of sexual risk taking behaviours; however, pregnancy histories and current rates were explored. A comparison of the young men and young women revealed that the histories of getting a woman pregnant were just as relevant as being pregnant. Two-thirds of ever pregnant/

fathered youth had histories of physical abuse, while over half (57%) of the never pregnant/fathered youth never experienced physical abuse. The sexual abuse histories tell a similar story: over two-thirds (68%) of ever pregnant/fathered youth experienced some form of sexual abuse, while just over half (53%) of the never pregnant/fathered youth had never experienced sexual abuse of any kind.

When taking into account the severity of abuse, the type of abuse and whether or not the youth had experienced pregnancy, these results indicate that the more severe the abuse history, the higher the rate of pregnancy. Youth who experienced both severe physical and sexual abuse had the highest percentage of ever pregnant/fathered youth (72%), followed by those who experienced either severe physical or sexual abuse (69%) and finally those who had never experienced abuse reporting the lowest percentage of pregnancies/fathering (43%).

In sum, YPP research has revealed the importance of child maltreatment and particularly a history of sexual abuse, in shaping the most destructive pathways of street involved youth. While early prevention and intervention are clearly important, it is also vital to address the needs of those youth who become street involved and who are at higher-than-average risk of experiencing problems with drug abuse, mental health and early pregnancy. Street-involved youth are a high priority group for treatment of mental health, addiction and violence, as they transition towards adulthood. Maltreated youth similarly represent a high priority group for drug use prevention and mental health promotion, particularly those with severe sexual or physical abuse histo-

ries. Further, homelessness prevention is a critical planning point for services for maltreated youth. More involved, persistent support for youth to young adulthood may be one key response for maltreated youth that seeks to consistently support resilience across domains of functioning (e.g., education, housing, career, physical and mental well-being). The YPP study data and dissemination experience would strongly support resource allocation directed at these vulnerable youth who are negotiating their developmental milestones in adolescence and adulthood while living on the street, often with no family support or contact. Intervention in this transition-to-adulthood period may be transformative in terms of improving their coping skills, life goals and health promotion. These youth need consistent care and support in crafting safe, healthful and engaged lives where they feel empowered and encouraged the right into adulthood.

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About the Authors

Tara Fidler is a PhD candidate in a collaborative program in sociology and addiction studies at the University of Toronto. For the past three years she has worked with Dr. Patricia Erickson as a research analyst for the Youth Pathways Project, a study examining high-risk youth with a special emphasis on child maltreatment.

Christine, M., Wekerle, Ph.D., is a senior scientist in the Faculty of Education at the University of Western Ontario and formerly in Centre for Addiction and Mental Health (CAMH) for many years.

Patricia Erickson is a Senior Scientist with the Centre for Addiction and Mental Health. She is also Adjunct Professor of Sociology and Criminology and former Director of the Collaborative Program in Addiction Studies, at the University of Toronto.

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