



Message from the Executive Director



Children are our future and their well-being must be a priority for everyone in Ontario. Children's Aid Societies (CASs) play an important role in the community, providing child protection, guidance, care and prevention services to vulnerable families to ensure children are not affected by economic conditions.

CASs also have a responsibility to educate the public about the needs of vulnerable children across Ontario and to engage everyone to help protect and care for our most precious citizens. As first responders in Ontario communities, CASs are needed more than ever as families are losing jobs, losing their homes and parents are unable to provide for their kids.

On behalf of its member agencies across Ontario, the Ontario Association of Children's Aid Societies (OACAS) is launching a public education campaign to educate Ontarians about the role of the local CAS in their community and ways they can get involved in protecting children and building strong families.

Through this public education campaign, OACAS and its member agencies will advocate for and raise awareness around the well-being of children and engage Ontarians in this important conversation.

OACAS and its member agencies continue to educate the public through various education campaigns. The Child Abuse Prevention Campaign, during October, was aimed at educating the public about everyone's duty to report suspected or actual child abuse and neglect to their local Children's Aid Society. Foster Family Week (October 18—24) and Adoption Awareness month in November highlighted the need for more caring foster and adoptive parents for children in care and Crown wards, because every child deserves a family.

This edition of the Journal focuses on safe sleeping practices for babies; good foster parenting techniques; openness in adoption; the link between mainstream child welfare and First Nations and developmental supervision.

Jeanette Lewis
Executive Director

Sudden Unexpected Deaths in Infancy (SUDI). Can Child Welfare Make a Difference?

By Karen Bridgman-Acker, MSW, RSW

Every parent's worst nightmare and the worst case scenario for a child protection worker providing service to families, is the death of a child. One death from any cause is one too many; deaths which are potentially preventable leave many unanswered questions and unresolved feelings for the involved caregivers and professionals.

The following case scenarios were created as compilations of non-identifying information gleaned from sample cases of infant deaths; the details are representative of real cases, but are not exact replications of actual events.

Case #1: A father was sleeping on the parental bed with his 3 month old daughter beside him, on his arm; the mother slept against the wall. Around 5:00 a.m. the father got up to use the washroom and noticed the baby was cold to the touch. The mother tried to resuscitate her and could not. There was no phone in the apartment. The mother and father admitted to drinking beer and smoking some marijuana during the evening. Both parents have histories of child welfare involvement and known problems with substance abuse, although they reported making efforts in the recent past to reduce their use. The death was classified as:

Cause of Death: No definitive anatomic or toxicological cause of death identified. Sudden Unexpected Death in Infancy (SUDI) in the presence of bed-sharing with both parents in an unsafe sleeping environment (adult bed)

Manner of Death: Undetermined

Case #2: A 2-month-old boy was found in bed with his mother, who had fallen asleep while breast-feeding, around 7:30 am one morning not breathing. CPR was attempted and he was taken to the hospital; he was pronounced dead at the hospital. There was no evidence of alcohol, tobacco or other substance use in the home. There was no crib in the home. The Children's Aid Society had recently closed the file after a brief investigation which did not verify reported concerns of inadequate supervision. This death was classified as:

Cause of Death: No definitive anatomic or toxicological cause of death identified. Sudden Unexpected Death in Infancy (SUDI) in the presence of bed sharing with the mother

Manner of Death: Undetermined

Sudden Unexpected Deaths in Infancy (SUDI) with no

identified anatomic or toxicological cause of death, but where an unsafe sleeping environment is found to be a contributing factor, are potentially preventable. With information, education and planning, parents and professionals can create safer sleeping environments for infants and thereby prevent future deaths of otherwise healthy babies from this risky practice. We can make a difference.

Data compiled by the Office of the Chief Coroner of Ontario, shows that each year in this province 25-30 babies less than 1 year of age die while sharing a sleep surface with an adult (see chart below which includes deaths classified as accidental asphyxia due to "overlay"). All deaths due to natural disease in the presence of bed-sharing have been excluded. These numbers do not include other "unsafe sleeping" environments (cluttered cribs, couches, adult beds etc.). Annually, several more infants do not survive in such unsafe sleeping environments.

OCCO DATA on Sudden Unexpected Deaths in Infancy (SUDI) With Bed-sharing as a Significant Contributing Factor* 2004-2007

* No anatomic or cause of infant sleep an adult(s).

** 2007 preliminary.

YEAR:	#
2004	20
2005	21
2006	31
2007**	26

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statistics are

Case #3: One morning, after the father left for work, the mother checked on their 5 month old baby and found him unresponsive. While the baby's crib was new with a firm mattress, it contained blankets, clothing, stuffed toys and several used baby bottles. There were cats in the home, which was described, as dirty and untidy. This death was classified as:

Cause of Death: No definitive anatomic or toxicologic cause of death identified. Sudden Unexpected Death in Infancy (SUDI) in an unsafe sleeping environment (cluttered crib – blankets, sleeper and baby bottles).

Manner of Death: Undetermined

The file was an open protection file at a Children's Aid Society at the time of death due to ongoing concerns related to neglect.

The Paediatric Death Review Committee (PDRC) of the Office of the Chief Coroner for Ontario (OCCO) reviews the deaths of children between the ages of 0 and 18. The Deaths Under Five Committee (DU5C) reviews the deaths of children under the age of five. A main purpose of these Committees is to make recommendations to prevent future deaths of children in similar circumstances.

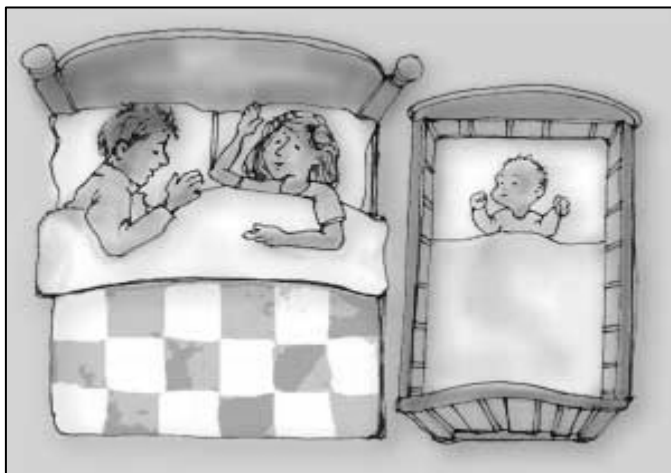
The OCCO, through the comprehensive review process of the DU5C, has identified trends over recent years which feature bed-sharing as a significant factor in Sudden Unexpected Death in Infancy (SUDI).

In many jurisdictions, including Ontario, the terms SUD (Sudden Unexpected Death) or SUDI (Sudden Unexpected Death in Infancy) are used in deaths previously considered to be SIDS. SIDS, which is a diagnosis of exclusion, is reserved for deaths of infants where there are no positive findings after a complete investigation has been conducted. Increasingly, the findings of "unsafe sleeping environment" and "bed-sharing" are being recognized as positive findings in the investigation leading to the manner of death being classified as 'undetermined'. This change is causing a shift in the mortality data globally, which can cause confusion.

In Ontario, the DU5C considers the sleep environment in all deaths of children, particularly those under the age of one year. Unsafe sleeping environments include surfaces not designed for infant sleep, such as adult beds, couches, armchairs and infant swings. However any sleep surface that is cluttered with pillows, blankets, toys, duvets and other objects is deemed to be an unsafe sleeping environment.

The terms "co-sleeping" and "bed-sharing" are often used interchangeable by professionals and in the literature. The Office of the Chief Coroner's death review committees have committed to using "bed-sharing" to mean an infant sharing the same sleep surface with someone else (usually an adult, but occasionally a sibling). The term "co-sleeping" is used to describe an infant sharing the same room with the caregiver(s). Room-sharing but not bed-sharing is the preferred arrangement for safe sleeping.

Example of safe room-sharing/sleeping environment



(Graphic courtesy of the Canadian Foundation for the Study of Infant Deaths)

The number of infant deaths reviewed by the committees where unsafe sleeping practices, including bed-sharing, were factors, is a growing concern. While there is no precise way of knowing how many parents share a bed with their infants without incident, the frequency with which death occurs can be considered a public safety issue.

As part of the 2006 Joint Directive for Reporting and Reviewing Child Deaths between the Ministry of Children and Youth Services and the Office of the Chief Coroner, the PDRC tracks and analyzes the deaths of all children who were being serviced by a Children's Aid Society within the 12 months preceding the death. While unsafe sleeping related deaths occur across the province regardless of child welfare involvement, the committee notes that 40 percent of the 42 cases reviewed last year were deaths of infants in unsafe sleeping and bed-sharing situations. This suggests an important potential point of intervention for the prevention of future deaths for the child welfare field.

In June 2009, the PDRC and DU5C released its most

recent annual report; some of the SUDI data presented included:

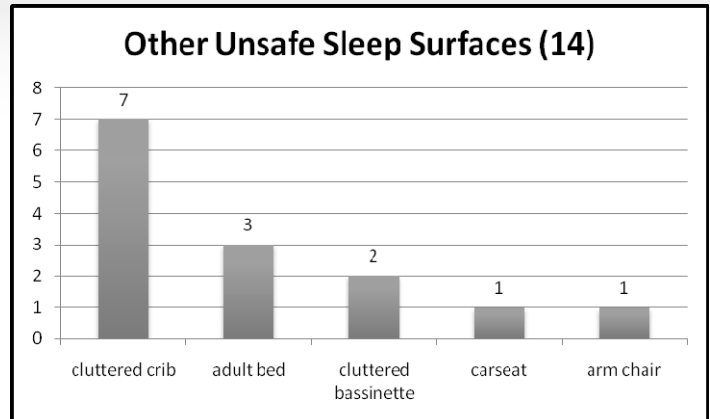
A total of 96 cases were reviewed by the DU5C last year

- 40 of 96 deaths were classified as Undetermined
- 33 (75%) of the Undetermined cases involved unsafe sleeping environments
- 19 (58%) of these unsafe sleeping related cases involved bed-sharing
- 11 of the infants were female; 22 were male
- 31 of the infants were 7 months of age or younger and 2 were 10 months old, stressing the increased risk of sharing a sleep surface with very young babies.

In the 19 unsafe sleeping related deaths with bed-sharing, all involved one or two adults and in one case another child was also in the bed. Fourteen babies died on unsafe sleep surfaces not involving bed-sharing (see graphs below showing sleep surfaces in these cases).

Comprehensive post-mortem examination, investigation and review did not identify anatomic or toxicologic causes of death. These deaths may have resulted from respiratory interference due to airway obstruction and/or compression of the torso.

The OCCO has been involved in several initiatives where the goal has been to bring appropriate stakeholders to the table to facilitate agreement on, and hopefully delivery of, a clear and consistent message to parents, as well as service and health care providers, about the risks of unsafe sleeping and bed-



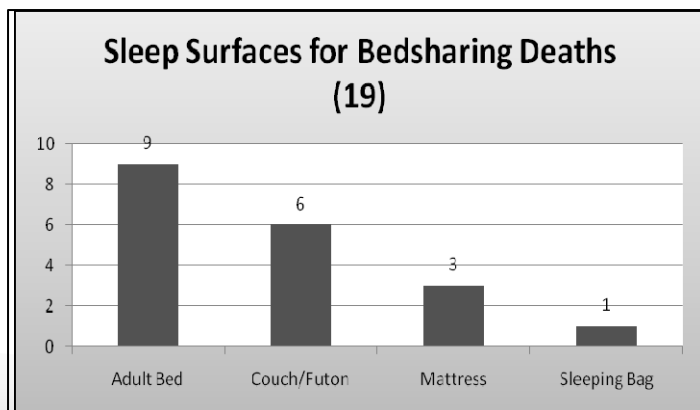
sharing. Due to acknowledged controversy in this area, further research is warranted and is ongoing.

Parents and caregivers are consistently being given conflicting information and advice by friends, family and even health care providers regarding safe sleeping practices at a very vulnerable and often stressful time in their lives. Child protection workers are in a position to help clarify the messages for parents with whom they are working. Children's Aid Society staff have the opportunity to educate and inform parents directly and early on about the risks of unsafe sleeping environments for infants. It is imperative that accurate and consistent messages be provided to new mothers regarding safe sleeping practices during pregnancy, while in hospital, when being discharged home and when being visited in their homes by social workers, family home visitors and public health nurses.

With increasing frequency, Children's Aid Societies are developing policies and practices which support a consistent message for parents of infants about safe sleeping. The challenge is to obtain the same measure of commitment from the health care professions to do the same.

Earlier this year, suggestions were made by the OCCO to the Canadian Paediatric Society for changes to its position on Safe Sleeping Practices. The suggested changes are as follows:

- Sleeping with an infant is dangerous.
- The sharing of a bed with an infant by an adult or another child may lead to the accidental death of the infant due to airway obstruction.
- Letting the infant sleep alone on any type of couch, recliner or cushioned chair is dangerous.



- These situations place infants at substantial risk of accidental death due to airway obstruction.
- Any makeshift bed is dangerous.
- All infants should only be placed for sleep on appropriately approved surfaces such as in cribs.

In October 2008, Ms. Karen Bridgman-Acker participated in a round table discussion co-hosted by the Public Health Agency of Canada and the Canadian Foundation for the Study of Infant Deaths. Numerous people with expertise in the areas of Sudden Infant Death Syndrome (SIDS), Sudden Infant Death of Infants (SUDI) and paediatrics joined together to revise the 1999 "Back to Sleep" brochure distributed by the Public Health Agency of Canada. Evidence-based information is being used to update this brochure entitled "Safe Sleep for Your Baby" which should be released in March 2010. The report of this Roundtable Session is available at: <http://www.phac-aspc.gc.ca>

A document entitled: "The Practice of Bed-sharing: A Systemic Literature Review and Policy Review" by Wendy Trifunov (2009) recommends further research, but concludes that while "bed-sharing has been known to increase the duration and frequency of breast feeding and augment the opportunity for bonding...these benefits are outweighed by the risk attributed to bed-sharing".

In summary, the safest and most effective way to reduce risk and prevent harm to a newborn is to place the infant in the parents' room in an approved crib. This proximity likely facilitates breastfeeding and bonding. Bed-sharing with an infant, however, carries a risk of death and this outweighs any benefit. Sharing a soft sleep surface on an inappropriate sleep environment such as an adult bed, couch, futon, air mattress or armchair is dangerous and carries an even higher risk.

Working together to provide clear and consistent messages to caregivers about the importance of safe sleeping environments for babies is one way to prevent the unnecessary deaths of vulnerable infants. We just might be able to save the lives of at least 25 babies each year; now that would make a difference. How can child protection workers make a difference?

"DO's and DON'Ts"

To reduce the chances that a baby will die from SUDI (Sudden Unexpected Death in Infancy)

DO inform parents of the following:

- DO place babies down for sleep only on their backs until they are one year of age.
- DO put them on a firm mattress in an uncluttered crib.
- DO have babies sleep in the same room with the parent(s) but NOT on the same sleep surface!
- DO keep the baby's room temperature cool (about 65 degrees) when he or she is sleeping.
- DO feed, hold and cuddle the baby to enhance bonding and breast feeding, while awake.
- DO use only cribs, playpens, bassinets and other baby equipment that meet Health Canada Standards.
- DO tell other caregivers of the baby (parents, aunts, uncles, babysitters, etc.) to follow these simple rules, too!
- DON'T smoke around babies or let anyone else smoke around them.
- DON'T let babies share a sleep surface with another child or with an adult.
- DON'T put babies in an adult bed or on a sofa to sleep!
- DON'T leave babies sleeping for extended periods of time in car seats.
- DON'T use baby equipment not designed for infant sleep for permanent sleeping arrangements (i.e. car seats, playpens, swings etc.)
- DON'T use pillows, bumper pads, blankets, duvets, or quilts (especially adult bedcovers) over or under babies.
- DON'T overdress or overheat the baby, especially if he or she is ill.

DO the following in your professional role:

- DO encourage the baby's mother not to smoke while she is pregnant or afterward around her baby and not to take the baby into smoke-filled environments.
- DO encourage the baby's mother to breast-feed the child. If mother is a heavy smoker and breastfeeds, please ask her to talk with her doctor. If the mother is tired, as many are, encourage her to breast feed and hold the baby where she is least likely to fall asleep.
- DO encourage the baby's parents to seek medical care for the baby when he or she becomes ill.
- DO check the baby's sleep environment whenever visiting the home.
- DO develop policies, practices and materials on Safe Sleep Practices for Infants.
- DO participate in training for high risk infants.
- DO share these messages with parents, colleagues and community partners.

welfare specialist who works at the Office of Chief Coroner for Ontario. She is seconded from the Catholic Children's Aid Society of Hamilton and co-ordinates the child welfare case reviews for the Paediatric Death Review Committee and acts as the liaison for child welfare agencies and the coroner's office. She is a member of the Paediatric Death Review Committee, the Deaths Under Five Committee and the Domestic Violence Death Review Committee at the OCCO.

She would like to acknowledge the contributions of Ms. Doris Hildebrandt and Dr. Bert Lauwers of the OCCO to this paper and to the ongoing study of this issue.

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About the Author

Karen Bridgman-Acker is a social worker and child

ONE DAY, EVERY CHILD IN ONTARIO WILL HAVE A FAMILY

During November, the Ontario Association of Children's Aid Societies (OACAS) and the Adoption Council of Ontario (ACO) are partnering to promote Adoption Awareness Month to advance "one day, every child in Ontario will have a family."

The campaign aims to raise awareness of adoption and increase the number of children adopted and features a public service announcement, brochure and on-line resources.

For more information visit www.oacas.org/adopt or www.adoption.on.ca.



**ADOPTION
AWARENESS MONTH**
ONE DAY, EVERY CHILD IN ONTARIO WILL HAVE A FAMILY

Submit an article for the Winter 2010 edition of the OACAS Journal

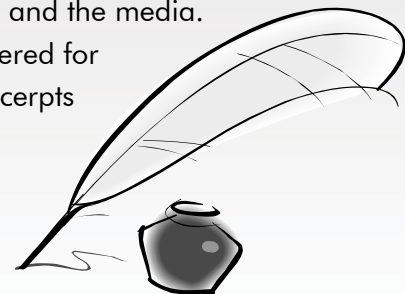
Writers Needed!

Articles on programs, projects and initiatives to improve the lives of youth in care and Crown wards are welcomed for the Winter edition by **December 15, 2009**. The Journal – print and electronic – is distributed to 4,200 readers including child welfare practitioners, researchers, foster parents, volunteers, government representatives, community partners and the media.

Personal accounts, opinions and news articles will be considered for publication. OACAS also welcomes executive summaries, excerpts and abstracts from researchers and academics. Visit www.oacas.org for information about submission guidelines.

Inquiries can also be e-mailed to dberger@oacas.org

Winter Edition Submissions Deadline: December 15, 2009



Developmental Supervision

By Joe DaRocha

Introduction

Supervision of front line child protection staff needs to be an evolutionary process that should not be permitted to stagnate. Ideally, it is a process that mirrors the worker's own growth; that will lead towards increasing levels of learning and competency. In essence, supervision is developmental, being the key learning opportunity for workers at every stage of skill acquisition.

There are three distinct stages in promoting worker growth through Developmental Supervision; Directional, Transitional and Consultative.

Directional Supervision

Directional Supervision is entirely driven by the supervisor. It is the "shopping list" approach to instructing and directing workers. Simply put, the Supervisor gives clear and concise directions based on the information workers have presented. In this process the supervisor must ensure that workers gather as much information as possible in order to form an assessment.

The supervisor, at this stage, must be cognizant of the fact that workers may lack either the necessary information required, or be unaware as to what information is pertinent for case assessment.

Therefore, the supervisor engages in a high degree of questioning, in an attempt to seek out all the information the worker has or lacks. This Supervisory questioning when conducted in an intrusive and authoritative manner defeats the goal of information gathering and hampers worker growth.

It is important for the supervisor to explain to workers the supervisory process that is being utilized. Workers must be informed that the questioning is not a fault finding process, but an information gathering and assessment exercise. What is important is that workers pay close attention to the questions the supervisor is asking and why these questions are being asked.

Once the necessary information has been collected, the Supervisor undertakes the second step in Directional Supervision; which is to issue task centered directions to the workers. These directions

outline exactly what workers are to accomplish. Directions given to workers must contain the following elements;

Clarity and Comprehension

Workers must understand exactly what to do. They must declare that they understood the directions given and the reason for pursuing the stated directions.

Time Reference

Workers must be given a time line to complete the stated instructions.

Concise

The instruction list must be short and not overwhelming.

Rationale

The Supervisor needs to provide workers with an explanation for the instructions given. This is a learning opportunity where the supervisor provides child protection workers reasons for the direction being pursued. The reasons are framed in the context of the child protection mandate and the agency's vision of service.

Consent

Although not always necessary, it is crucial that workers consent to what they are being directed to do. The workers' consent brings them closer to understanding the agency's mandate and enhances their learning to a greater degree.

Reporting

The worker needs to be informed as to when to return to the supervisor for further direction, clarification or presentation of new information. The Supervisor should not assume that once the workers complete the instructions given they would, by nature, return to the Supervisor.

The directions given to the worker are that similar to a "shopping list" – obtain the following and then report back.

This type of supervision is designed to give those not skilled or experienced in Child Welfare a starting point for practice. It is linear learning; a hands on approach to conducting child welfare practice within a narrow, externally driven context.

Worker growth matched with the supervisor's assessment of worker capacity will determine when Directional Supervision needs to be discarded. In general terms, however, most workers should be ready to move away from Directional Supervision by the end of the first year of practice.

Transitional Supervision

As the supervisor assesses that the child protection worker has obtained a level of knowledge and skill which enables a greater degree of autonomy, Transitional Supervision is adopted as the supervisory practice.

Transitional Supervision provides workers with the first opportunity towards professional self reliance and worker centered learning. It allows the worker greater autonomy in the formulation of case solutions (i.e. service plans, interventions, goals) while heavily relying on the skills and knowledge workers have acquired thus far.

In Transitional Supervision, the Supervisor retains a component of Directional Supervision but increasingly incorporates the workers knowledge and experience in each supervisory exchange. The defining component of Transitional Supervision is the supervisor's question to the worker of "What do you think we should do?"

The supervisor regularly asks that workers reflect on their knowledge and experience in a search for solutions to the presenting situation.

The emphasis is not that workers "get it right" on every occasion but that they are able to apply training, acquired skill, experience and their knowledge to date to make an attempt at, or present a solution. In essence workers are being asked to transfer their learning to the current situation.

Transitional Supervision is not an exclusive exercise in asking workers to attempt solutions based on their experience but seeking and incorporating opportunities to engage in learning. On several occasions, in this phase of Developmental Supervision, the supervisor will need to revert to Directional Supervision as there will likely be situations not previ-

ously encountered or that do not fit into any previous learning framework.

As the worker's knowledge grows, the supervisor increases the frequency of requests to formulate solutions. Ideally, the supervisor begins to transition workers to more independent, self reliant skill sets.

Consultative Supervision

At this stage of the child protection workers' development, the supervisor takes on the role of consultant. Here, the supervisor's main responsibility is to augment worker solutions or decisions.

At this level, it is expected that child protection workers can either (in some select cases) make decisions independent of the supervisor or (in most cases) provide the supervisor with a "recommended" service plan, intervention or case direction.

Workers have attained a level of skill where they can make routine decisions on cases without supervisory input. It is essential, however, that the supervisor emphasize the difference between independent decision making and those decisions that require supervisory input as dictated by provincial standards or agency policy.

To provide workers with the illusion that the supervisor is purely a consultant would be dangerous. It would allow them to become too narrowly focused on their solutions and not expose them to the wider issues that the supervisor, being more experienced and objective, can provide; however, the supervisor, must also respect and acknowledge the workers' expertise. In so doing, supervision becomes largely an interdependent exercise, where both supervisor and worker rely on each other for information and ideas.

Nonetheless, the supervisor aims at providing the worker with ownership of the case and the decisions associated with them. The supervisor creates in supervision an expectation that the worker will provide recommendations for service direction or intervention; and even if worker recommendations are not implemented, workers are validated for contributing nonetheless.

The operative question for the worker in consultative supervision is; "What do you recommend we do?" The workers' recommendations need to be supported by the worker's own assessment, service goal and interpretation of obstacles, dynamics and re-

sources that may help or hinder the intervention.

The supervisor reviews the workers' assessments and corresponding solutions and when needed, provides a wider vision for workers to incorporate or consider in their recommended plan; "That's a good plan, but have you thought about this....." or "What will happen if the plan doesn't work?"

The supervisor, as a consultant, challenges the workers to think more globally and include other perspectives or ideas not previously thought of; integrating differing interpretations, research, theories, training and past learning. The supervisor also assists that workers view the case from differing perspectives and ensures that their recommendations or solutions are consistent with the agency's mandate and current practice. Ultimately, the supervisor works towards improving the quality of the worker's own solutions to case questions.

Developmental Supervision - Issues and Obstacles

Stagnation

One danger in supervising child protection workers is allowing them to remain at the Directional or Transitional stage of supervision. When this occurs the worker's development stagnates. The result is a worker who may have years of experience but unable to formulate an independent decision or recommendation on a case.

In the absence of any work performance issue or external obstacles, a worker with two or more years of experience who is unable to provide a service recommendation on a file, may have been prevented from growth and learning through stagnant supervision.

The supervisor holds the primary responsibility for maintaining the professional growth of workers. Training, learning and skill development must be supported by Developmental Supervision, if not, the worker's ability to provide service suffers significantly.

Developmental Supervision and Worker Performance

When a learning deficit related to knowledge or skill has been identified; the supervisor can use Development Supervision as part of a work performance plan. The Work Performance plan may indicate the need to return workers to an earlier stage of supervision, with a set timeline for progression. This allows the supervisor to re-start the worker's learning and move them

forward in a more planned and defined fashion.

Developmental Supervision and Stage Transition

Transition from one stage of supervision to another should be a clear and defined process for workers. Supervision transitions need to be identified as goals and reflected in the worker's performance evaluation.

Some Supervisors may not consciously want their workers to evolve towards a more independent, self directed stage of supervision. They may view this as threatening and may even prefer to have workers dependent on Directional Supervision.

A supervisor who believes this holds on to a misguided idea of "control", subscribing to the belief that by "knowing" (controlling) all that workers do prevents them from making any clinical errors. In fact the opposite may be true.

Workers highly dependent on their own supervisor's direction are not given the opportunity to professionally develop, be exposed to different approaches and benefit from the variety of experience inherent in the field. Such Workers become prone to error as their ability to problem solve and engage is not their own but rigidly instilled by a superior. This becomes a significant threat to service when the "controlling" supervisor leaves his/her position abandoning to the agency a team of automatons incapable of independent assessment and stunted in their learning.

Conclusion

Developmental Supervision is a method in which a child protection worker moves progressively through three distinct stages of supervisory consultation towards knowledge acquisition and skill development. In each stage, Directional, Transitional and Consultative the supervisor conducts a careful assessment of the progress of each worker and determines the timing for a transition to a more clinical, assessment-based interaction with the supervisor.

As a general guideline, the stages of Developmental Supervision may be viewed as;

Directional

For staff 0 – 1 year experience in child welfare

Transitional

For staff 1 – 3 years experience in child welfare

Consultative

For staff 3 years + experience in child welfare

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About the Author

Joe DaRocha, MSW, is a Children's Services Supervisor at the Niagara Family and Children's Services.

There are currently approximately three times more Aboriginal children in care in Canada than at the height of the residential school system in the 1940's. While Aboriginal children represent only five percent of the children in Canada, they constitute about 40 per cent of the children in care in this country. The incapacities created within First Nations, Inuit and Métis communities by the Indian Residential Schools

How to Foster a Sense of Belonging for Foster Children

By Theresa Fraser

The biggest issue that we struggle with in our role as foster parents is how to create a milieu that fosters attachment and a sense of belonging. We attempt to do this while also being reminded that we can love these children placed in our care but they aren't our children. Additionally, we try to honour a child's cultural and spiritual identity as well as their biological family while sharing or modeling our own. So here are a few ideas that may help you in your foster family role.

Take pictures

Take pictures and lots of them. Take pictures of the Popsicle stick bridge that you helped to build for homework. Take pictures of first days of school, lessons, special events etc. Then take pictures of family activities, your home and the child's room. If the child has visitation with biological family sharing these photos can go a long way in helping the child feel that all the adults in his life are working for him/her. Hopefully



such "joining" gestures can help decrease the child's ambivalence about having feelings both for biological and foster family members. We often give our kids the message you are increasing your family connections, not replacing them.

We know that Lifebooks are important but it is hard to put all of these pictures in the Lifebook. Therefore, keep the special ones like birthday and school photos for the Lifebook and put all the rest on a DVD. Create a yearly one so each child has their own photos but also a yearly one that has all family members on it. (This way if a child goes home you are not breaching another foster child's confidentiality. These DVD's can then be watched on your computer as a slide show. We recently were able to purchase a digital media player for about \$100. This hooks up directly to our television. You can then attach a USB memory stick or hard drive directly to the media player. If you know how to add music to your USB hard drive you are set. This technology becomes really wonderful as the kids love to watch themselves. After a few complaints of we don't do anything, without drawing any connections to the state-

ments, put on the picture show. Without you even reinforcing the message verbally, you are reinforcing the wonderful times that have happened over the last year. The kids will start to recognize the family traditions that they have experienced.

It is also clear in my role, as both a foster parent and a Therapist, that often the kids who have experienced trauma and neglect especially during early development (when their brain is organizing) often depend on visual sensory input more often than auditory input. Hence what you are saying does not compute as quickly as what is visualized. So when you say, please wash your hands for dinner with dinner plates and cutlery in hand, these kids likely just come and sit at the table instead of following through on what was asked.

This is because



language is processed by the neo-cortex, top and front part of the brain, whereas, the occipital lobe (located at the back of the brain) controls processing of visual stimuli. Additionally the occipital lobe

matches the sensory output of visual processing with previously gained cognitive associations and/or memories. "During development, these children often spend so much time in a low-level state of fear mediated by brainstem and diencephalic areas, they consistently are focusing on non-verbal instead of verbal cues (Perry, 2000.p.1)". This means that visual input often computes more quickly for our foster kids because this part of their brain has developed. Therefore, you can use this knowledge to help your foster kids create new cognitive associations and memories.

Family photos

Make sure you take a family portrait at least once yearly and proudly display it in your home. The old adage that a picture is worth a thousand words is at work here. Kids are then getting a daily reminder that they are part of this family by their very presence in the family. When this photo is honored by those who visit your home, the message is being reinforced time and time again.

A place for everything

Anything labeled with the child's name speaks to

permanency. His/her shoe shelf, coat hook, special drawer etc. will communicate the important message that not only are you important but your things are also valued here too! The same rule applies to bedroom signs and toothbrushes. We name our special items and spaces and keep them in places that are safe. So having household rules around respecting each other's privacy and belongings is especially important modeling for kids who may struggle with enjoying the moment instead of focusing on what will be purchased for them next.

Take a car trip

Nothing creates bonding like a car trip. Our best and worst comes out with getting lost, finding bathrooms and a place to eat. I don't suggest it to newly created families unless both adults are really comfortable with noise and small spaces. However, after you have been a family for a while, give a two hour trip a try and so on. Then come prepared with car games, some kid music and perhaps a DVD player. The kids will never forget it. After you do it once you may say, "never again" and then another year rolls around and you are already planning your next one. These experiences help the child to see that this family likes to have fun and spend time together. The repetition of these events reinforces the family culture and creates an expectation that vacations are shared family times.

Our foster kids over the years have enjoyed crossing the border which all workers and foster parents know involves getting a CAS Director's letter and now a Passport.

We have, however, experienced many rude border guards who inquire why our kids have different last names to which I have responded (to our kid's amusement) because they all have different fathers! One guard asked why I would want to foster when everyone knows the kids are trouble and move anyway to which we responded that we love children and these kids are our family not visitors. The kids are always watching and listening and seeing their foster parents both love and advocate on their behalf does not go unnoticed.

Pet Names

They will say that they hate it but they don't have the skills to ask for it. So make a point of calling the child something positive (not in front of their friends) but a cute name once in a while like angel, cutie, smarty pants, oh funny one. Build on their successes with positive affirmations. They often are accus-

tomed to hearing derogatory names so positive affirming names provide a corrective experience.

Affection

They will make faces and complain with what often turns into a smile later. Kids who have an abuse history (both physical, sexual and neglect) may be triggered so know their history and discuss with the treatment team what is appropriate. Also: "be attuned to their responses to your nurturing and act accordingly. In many ways you are providing replacement experiences that should have taken place during their infancy – but you are doing this when their brains are harder to modify and change. Therefore they will need even more bonding experiences to help develop attachments (Perry, B. 2001).

Please remember that it is important to be affectionate in common rooms with others in the room, demonstrating that affection in our home is not a secret. A "Hollywood" hug is good, (which in our house is a hug given when we are standing side by side with the child). Kids who struggle with attachment and touch need both a corrective experience and appropriate and safe modeling and practice with affection.

Referential conversations

Our kids are often hypervigilant with their environments. They are accustomed to meeting their own needs which means that they don't trust adults to meet their needs or share communication. This means that they often listen in, or put their ear to the floor vents. So make a point of talking to your partner when they are in ear shot about how proud you are of them. Even better, tell someone on the phone. It also doesn't hurt to encourage the child to call their worker with good news. Bad news travels fast, make the good news travel faster. Also, if the child has visitation with biological family, (with your CAS worker's permission) create a communication log listing all the things you are proud of that the child is trying. Our kids often are unable to begin conversations and share important information so helping biological families know

what questions to ask provides your foster child with the opportunity to have a meaningful interaction with family members.

One to one time

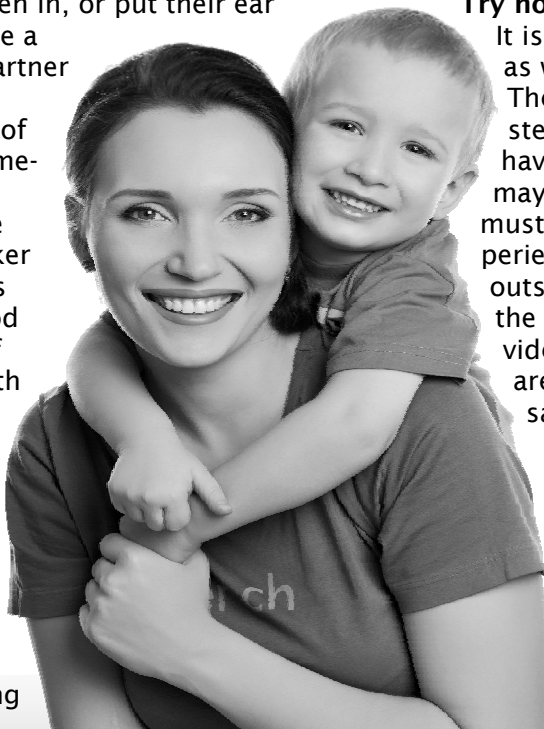
Every child in your home deserves even ten minutes of your undivided attention when you are not giving them direction. Sit, look into their eyes, and truly listen to what is being said without criticism. Take an interest in their interests, hopes and dreams. When you know they are looking forward to a new movie coming out, take them. If time is limited make a point of inviting kids with you while you do errands. Car talks can be meaningful and memorable. They need to know that you spend time with them because you want to. One of our foster sons would be invited for errands and he would always ask what are you going to buy me? To which we answered nothing, we just wanted to spend time with you. His response reflected his internal working model of relationships which was they are only worth what you get out of them. However, after five years of placement he actually asked if he could go with foster dad to buy ice cream for the planned make your own sundaes activity, knowing that there was no additional material gain he was going to get from the experience. Both my husband and I almost cried.

Fostering belonging and attachment can be a slow process involving many baby steps.

Try not to take rejection personally

It is so easy to feel rejected and hurt as well as wonder is it worth all of the effort it takes. The answer is of course it is worth it but the steps are baby ones. So it is important to have good peer support. Family members may start out commenting how patient you must be and then inquire why you would experience all that you do at what can appear to outsiders to be at such a high cost. 'Despite the important service that foster parents provide, they are not always well supported and are sometimes scorned and labeled as saints or martyrs (Molin. 1994).

Ongoing training is important, especially training that focuses on the understanding of early neglect and trauma on the child's development and ability to attach. Peer support with other foster parents is key as well as a relationship with the Children's Aid Society that is the guardian of your foster children. Let the worker know how the child reacts to



visits, plan of care meetings and OnLAC (Looking After Children in care) surveys. My experience is that for many children these necessary and Ministry mandated processes affect the child which can be observed in their behaviour immediately following these interviews. Workers want to support you but sometimes need you to be clear about what the issues and possible solutions are. Last but not least, talk in the future.

If your home is supposed to be a long term placement for this child, then talk about the future. Make comments like next summer I hope we go to the Drive-in again, but we will have to remember to bring lawn chairs next time. Or, the high school has the same course that your older brothers loved. I am sure that you will too. Or when I am old, I expect all of you to bring your children (and maybe even biological parents) around for holidays. Christmas or Ramadan or summer picnics will be that much more fun with all of the little ones running around. Try hard to mention these things matter of factly but also periodically so the child gets the message that you expect that he/she will be around for a long time or at least until they are able to return to their biological parents.

Before you know it, you too will look at some of the early family pictures created and wonder where has the time gone? Baby steps can be over oh too quickly.

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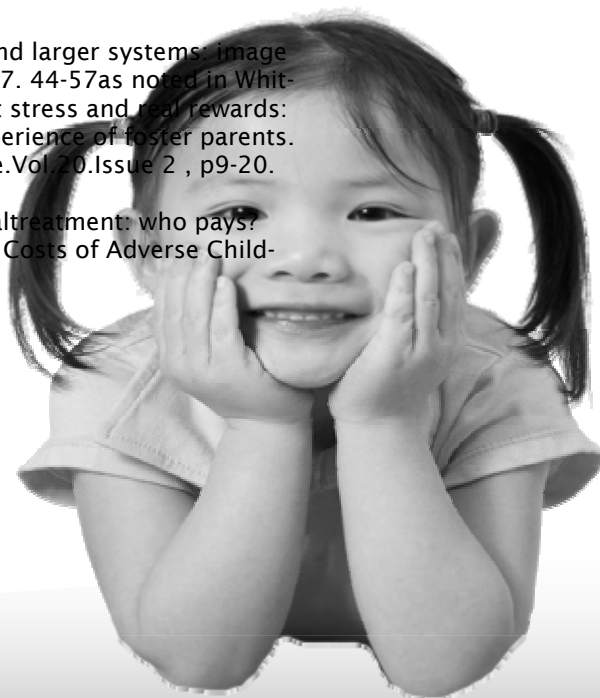
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About the Author

Theresa Fraser and her husband have fostered for over 20 years. They are currently the parents of six bio/adopted and long-term foster boys. She is also a Practicing Play Therapist with a program known as Branching Out that provides Therapy, foster/adoptive/kinship parent training, Trauma Assessments as well as Parent Capacity Assessments. Theresa facilitates a monthly group entitled 'Loving Our Attachment Challenged Kids' and has published a book entitled, *Billy Had to Move*, available at Amazon.ca. She is a regular contributor to Playground, the national magazine published by the Canadian Association for Child and Play Therapists.

Theresa is also a part time professor at Mohawk College in the Child and Youth Worker Program. Theresa can be contacted at theresafraser@rogers.com or you can find more information at www.theresafraser.com, www.branchingout1.com



Reconciliation in Child Welfare: Relations Between Non-Aboriginal Child Welfare Agencies and the First Nations, Inuit and Métis

By Tracy Engelking

policy, and other colonial practices, have led to the current reality. It is time that those of us in child welfare acknowledge the uncomfortable truth that, notwithstanding the existence of legislative prescriptions in Ontario since at least 1984, we have essentially continued to play the same role as did the residential schools, that is to remove First Nations, Inuit and Métis children from their families and communities. And in many cases, again notwithstanding those prescriptions to the contrary, we are still not giving them back.

That is not to say that we should not have in the past, or should not continue, where necessary, to remove First Nations, Inuit or Métis children who are suffering harm or are at demonstrable risk of suffering harm. It is our mandate to protect children from harm. Removing them, at least temporarily, may not be avoidable and, unfortunately, until the human capacity that the Indian Residential Schools policy destroyed can be rebuilt, we will likely not be in a position to stop.

What I do mean to say, however, is that it is time to recognize and understand, without judgement, the tremendous intergenerational harm occasioned by the policies and practices which were meant to, and did, incapacitate whole communities, particularly as it related to the ability of those communities to healthily care for and raise their children. In the cycle of reconciliation described by Blackstock et al, in the "Touchstones of Hope", it is time for truth telling and acknowledging, so that we can, in fact, actually move on to restoring and relating.

Dan George, a Board Member of the Aboriginal Healing Foundation, and a member of the Wet'suwet'en of British Columbia, has written that one of the greatest impediments to reconciliation in Canada is the "memory of convenience that permeates Canadian Society". I had occasion to ponder on this "memory" or history "of convenience" awhile back when I attended a presentation by the Chief Justice of the Supreme Court of Canada, the Right Honorable Beverly McLaughlin, regarding the development of human rights law in Canada. Chief Justice McLaughlin delivered a beautiful speech on the chronological evolution and enactment of various human rights instruments in Canada, including both provincial and fed-

eral Human Rights Codes, up to and including the Canadian Charter of Rights and Freedoms. She spoke eloquently about the involvement of Canada in first, the League of Nations, and later the United Nations, as well as about our not insignificant contribution to the development, indeed authorship, of the Universal Declaration of Human Rights, and our enthusiastic ratification of the Convention on the Rights of the Child.

While our Chief Justice was speaking, I was thinking, also largely chronologically. I was thinking about the Chinese Head Tax, the prohibition of the Potlatch, the Sundance and the Powwow, the internment of Japanese Canadians, the internment of Ukrainian Canadians, the internment of German Canadians, the dislocations and perpetual internment of Aboriginal peoples, the disenfranchisement of women, the disenfranchisement of "Indians" as defined in the Indian Act, and about the Indian Residential Schools policy. Chief Justice McLaughlin's speech was about our memory or history "of convenience". I was thinking about our history.

This is our truth. This should be our real memory. And in order to move beyond it, in order to partner with First Nations, Inuit and Métis communities to work towards rebuilding the capacities that were purposely destroyed, and to move towards restoring and relating, we have to acknowledge that truth. We will also have to learn to acknowledge other truths, truths about the resilience and true capacities of Indigenous societies, long anchored in inestimable knowledge in science, astrology, agriculture, spirituality, physics, philosophy, the arts and yes, child rearing.

We will have to acknowledge and accept that there is much about which we simply don't know.

In April of 2009, I attended the Gathering of Nations Powwow in Albuquerque, N. M., noted to be the largest gathering of its kind in North America. There were 3,000 dancers involved in the Powwow, and 15 drum groups with eight or more members each. There were dance judges, drum judges and singing judges. There were hosts and MC's and administrators. The participants were not homogeneous; rather they were from virtually every Indigenous nation in

North America. Yet - and I was also struck by this - every person at that event, but for me, understood exactly what was going on at all times, exactly what was the proper protocol, exactly who to pay attention to, and exactly what level of deference to accord to whom - everyone, exactly. This is not something that happens overnight. This is something that happens over centuries, and it is but one example of something about which we know nothing.

Other examples of things about which we may know little relate to how First Nations, Inuit and Métis peoples raise their children, what values they may respectively place on inquisitiveness, non-interference, discovery and freedom, as well as what limits they may place on authoritarianism, regulation and supervision. They may also relate to what constitutes neglect, what constitutes family and what constitutes permanence. We in non-Aboriginal child welfare agencies have no experience in these matters in the context of the history that has been lived by First Nations, Inuit and Métis peoples in Canada, and we have no method by which to accurately measure our non-experiential judgment. But judge we do.

We, in the "dominant" society, have made such concerted efforts to incapacitate Aboriginal peoples, and we have then judged those very same peoples for their lack of capacity to succeed. We have instead to acknowledge that anybody who was subjected to the relentless onslaught to which Aboriginal peoples were subjected would equally fail, and we have to concentrate our current and future efforts on two things: one, supporting the restoration of the capacity which was destroyed, and two, ensuring that the children are returned from whence they came.

To do either we will need to transition from judgment to trust. We will have to not only be willing to learn, but also be prepared to believe. We will have to actually, finally apply the principles contained in the Child and Family Services Act, R.S.O. 1990. C.c.11. Subsection 2(2), paragraph 5 of the Child and Family Services Act, provides that one of the purposes of the Act additional to the paramount purpose, and so long as it is consistent with the paramount purpose, is: "to recognize that Indian and native people should be entitled to provide, wherever possible, their own child and family services and that all services to Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family". In order to provide services in a manner that recognizes their culture, heritage and

traditions, and their concept of extended family, non-Aboriginal child welfare service providers have to learn about and understand those things. In order to learn about and understand those things, we will need to listen to those in the know.

To this end, in the early winter of 2007, the Children's Aid Society of Ottawa engaged in a full day consultation with the First Nations, Inuit and Métis service providers in Ottawa to receive feedback about how they experienced the involvement of the CAS in the lives of our shared clientele. What those service providers told us was that our staff required training on communication differences and sensitivity, that the availability of Aboriginal staff, kin and caregivers were key issues, that many cases required inter-agency consultation and case planning, that recognition of the adjunct Aboriginal services was crucial to effective interaction with the client, that our materials needed to be available in an accessible and culturally relevant manner, and that we needed to demonstrate a commitment to improving service through sustainable change and better outcomes for First Nations, Inuit and Métis children and families.

We followed this consultation with another full day wherein we heard from those who were on the receiving end of our services, Inuit, Métis and First Nations clients. What those clients told us was that we were punitive, judgmental, insensitive, and had little knowledge or understanding of history or culture. We were told that the clients' experience of our involvement with them was one of pain and powerlessness, filled with on-going cultural loss, and that our (then) current protection practices had devastating impacts on children, parents, extended families and communities. Having attended both consultations, I would suggest that the overwhelming sentiment exhibited at the first was anger, and the equally overwhelming sentiment exhibited at the second was absolutely palpable pain.

These consultations were followed by the establishment of two committees - an internal Forum, comprised of CAS Ottawa employees whose responsibility it was to learn as much as possible about history, practices and culture, and to share what they learned with their fellow employees, and a Liaison Group, which was comprised of representatives of all of the Inuit, Métis and First Nations service provider organizations in Ottawa and representatives of the Ottawa CAS. The Liaison Group also struck a working group to work on the development of an ADR program derived from traditional practices. Together, through

the Liaison Group, we have created a Resource Toolkit with a Lifecycle Service Chart to inform staff of community resources and programs, collaborated on building family care resources for children and youth, including to the extent of our foster care/adoption recruitment officer being welcome with his booth at local Aboriginal functions, and created the "Circle of Care" ADR program.

Indeed, we are about to hire a Circle of Care Implementation Consultant, and CAS and First Nations, Inuit and Métis Liaison Group members will jointly conduct the interviews for the position. Additionally, we at the CAS of Ottawa have purchased cultural specific resources for staff and care providers, placed Aboriginal art and cultural artefacts throughout the building to render it more welcoming, translated our welcome sign and brochures into various Indigenous languages, and identified specific informed teams to which we will assign First Nations, Inuit or Métis cases. Attached is a chart of the CASO Inuit, Métis and First Nations Forum and Liaison Group's "Overview of Achievements to Date".

In March of 2009, we held another full day consultation with the very same service providers we met with in January of 2007 and, while much is yet to be done and our efforts continue to very much be a "work in progress", it was clear from this most recent consultation that relations between us have vastly improved, as have opportunities for better outcomes for children and families. Indeed, in the Liaison Group we committed from very early on to endeavour to tell at least one "good news story" at every meeting and, as we have gained trust and confidence in one another, such stories have been progressively easier to come by.

All of this is in the context of an agency, the CAS of Ottawa, which neither has a reserve(s) within its territorial jurisdiction, nor is attempting to devolve services and/or resources to either an Aboriginal child protection agency designated under Section 15 (2) of the Child and Family Services Act or to an "Indian or native child and family services authority" as referred to in Section 211. This is another kettle of fish entirely, as those of you from Sudbury or Algoma or Belleville or Brantford or Timmins or Cornwall already know. Or is it?

Notwithstanding the statistics referred to at the beginning of this paper, and their implications, there are only six Section 15 (2) designated First Nations child welfare agencies in the Province of Ontario. The

ultimate goal, as identified previously, is to have First Nations child welfare agencies providing child welfare services to First Nations children. Not only is this contemplated in the Child and Family Services Act, it is an emerging expectation from First Nation communities as they seek greater self-governance and oversight with respect to financial and social service planning. There are at least four Section 211 First Nation agencies currently seeking designation and several others who have identified an intention to do so. One of our greatest obligations over the next several years, if not decades, will be to ensure an appropriate transition of the mandate we currently carry, historically much to the recipient's detriment, to the evolving First Nations child and family services authorities. That leaves, however, a great many non-Aboriginal agencies currently and for the foreseeable future providing services to Aboriginal children and families.

From a practical perspective, this means that lawyers acting for child protection agencies have an even more heightened responsibility to ensure that our clients are cognizant of and adhering to all of their obligations contained in the Child and Family Services Act as they pertain to "Indian and native children", which include but are not limited to: notice to and band participation in Part III proceedings, Section 141.2 notice regarding a Society's intention to plan for adoption, band participation in Section 144 CFSRB reviews, band consultation pursuant to Sections 213 and 213.1, and the use of Part X Customary Care placements. But we are now beyond all of that. The issue today is about more than that we fulfill our statutory obligations; it is also about how we fulfill them.

How do we in non-Aboriginal child welfare agencies overall ensure that we provide services "in a manner that recognizes the culture, heritage and traditions and the concept of the extended family" of Indian and native children and families, and that we engage in an appropriate transition, wherever possible, of the mandate we currently carry to the evolving First Nations child and family services? We start by truth telling - we tell the truth about our own history, and we learn the truth about the history of others. We continue by acknowledging - we acknowledge the harm we have occasioned upon children, families, extended families and communities, and we acknowledge that there are many things about which we may know very little. We proceed to restoring - we participate in the restoration of what has been lost by learning about each other and understanding our

differing perspectives on such things as neglect, family and permanency, and by planning future steps together. And, finally, we relate - we build mutual trust and we learn to believe that we are all equally capable of fulfilling the mandate that we share, not only as child welfare practitioners, but as human beings, to promote the best interests, protection and well-being of children.

CASO/Inuit, Metis and First Nation Liaison Group

2.

Chronology of Activities	Results
1. Members identified milestones in the Society's ongoing commitment to improve services to Aboriginal communities (including protocols, CASO staff development and relationship building)	Strengths-based approach to create a solid foundation for the change process.
2. Conflict resolution in an Aboriginal context presentation to members by Aboriginal Consultant.	Prepared members for participation in the community consultation and Circle Teachings day as experiential learning opportunities.
3. Members participated in a 1-day 'Circle Teachings' cultural education session with Elder Jim Albert and Inuk Educator Reepa Evis-Carleton.	Talking Stick created by members as a visible reminder of commitment to effective communications; Inuksuk gift to members as a guide to further work.
4. Attendance at Community Consultation	Some forum members as well as senior management attended community consultation to hear the experiences and views of the communities regarding contacts with CASO.
5. Powwow 101 cultural education workshop facilitated by Aboriginal Consultant.	Information/bridging of CAS staff to annual Odawa Powwow.
6. Creation of internal Aboriginal Forum Logo	Developed in collaboration with Liaison Group - to be used on all Forum communications
7. Human Resource processes	Manager of HR Val Flynn spoke with Forum as focus group for interviewing process and competencies that are being reviewed and modified to become more culturally competent. Moreover, Val met with the Liaison Group for the same purposes, as well as meeting with the Aboriginal consultant to further refine recommendations from the Liaison Group meeting.
8. Matrix Group Identification	With organizational design process, child protection workers have self-identified to become involved with the Aboriginal Forum in January. There is now membership in almost all pods/teams within the organization to develop specialized knowledge base for working with Inuit, Métis and First Nation communities and to disseminate information with co-workers.

9. Inuit, Métis and First Nation Forum Information and Resource Launch	Forum members hosted launch of an "Information and Referral Resource Toolkit" on March 28, 2008, including the Lifecycle Chart, logo, bibliography and kiosks of our 7 Inuit, Métis and First Nation service partners. Forum members promote the use of these toolkits within their teams.
10. Cultural Teachings Day for new Forum Members	May 12, 2008 all Forum Members participated in a one-day 'Circle Teachings' cultural education session with Elder Jim Albert and Inuk Educator Reepa Evic-Carleton.
11. Inuit, Métis and First Nation art and materials	Aboriginal art and materials purchased to reflect Inuit, Métis and First Nation culture in agency environment.
12. Anti-oppressive Training Pilot	July, Oct. '08 and Jan. '09 – Forum members attended Anti-oppressive training pilots and provided feedback to determine how to use this tool for training CASO staff on significance of Aboriginal history with child welfare.
13. Presence at community and cultural training events	Forum members attending community and cultural training events for their ongoing learning and passing information on to team colleagues.
14. CASO 'Welcome' sign	Welcome sign in reception area now translated into Inuktitut and Algonquin.
15. Special team assignment	Francophone team continues to build relations with Inuit specific service providers. Another child protection team has been assigned to respond to Métis and First Nation referrals to improve referral and interagency case management.

Activities	Results
1. Service provider consultation session for Aboriginal agencies January 19/07 to update staff re changes under the <i>Child and Family Services Act</i> and for feedback re priorities in CASO cultural competency.	<p>Priorities identified:</p> <ul style="list-style-type: none"> • Aboriginal cultural competency training for all CASO staff • hire Aboriginal-Inuit staff • improved referral and interagency case management • recognition of Aboriginal-Inuit service provider expertise • Inuit language adaptation for CASO information materials (This has been done)

2. Community consultation for February 17/07 as a forum for Inuit, Métis and First Nation community members to voice their child protection experiences as the basis for recommendations to move forward.	Key Issue: Parents experience CAS as authoritative and punitive and the process as revictimizing due to lack of information, insensitivity of staff and lengthy procedures.
3. Terms of Reference for Liaison Group developed	Approved by CASO Board of Directors Work Group
4. Agency Contact List produced	Staff at Aboriginal-Inuit agencies identified as first level contact for communications.
5. Lifecycle Services Chart produced and available on-line as an ongoing CASO and community resource; fall 2007	Information/referral tool prevention and intervention services available at all Aboriginal-Inuit agencies.
6. Bibliography of Resources	Bibliography of cultural education resources developed to provide CASO staff with culture specific resources; resources from the list purchased for CASO library.
7. Evaluation of Liaison Group; Dec. 2007	Conducted participatory self-assessment Nov. 2007 and produced/distributed summary report.
8. Human Resource consultation	CASO HR manager attended Liaison meeting to present interview process and competencies and met with Aboriginal consultant to further refine recommendations from the Liaison Group meeting.
9. Culture-Based Alternative Dispute Resolution:	Reviewed existing models: <ul style="list-style-type: none"> • Proposal/workplan submitted • Aboriginal Consultant attended CAS ADR training pilot. • CFSA Mediation Work Group • Produced Briefing Note for above • 2-day service provider ADR consultation • Developed 'Circle of Care' framework for collaborative practice in planning and decision-making • Used informal practice of collaborative planning and decision-making as an alternative to court in partnership with Liaison Group • Developed PowerPoint as an educational tool re: progress to date

10. Developed Training and Professional Development in collaboration with CASO Training Coordinator.	<ul style="list-style-type: none"> • Implemented Lunch'n Learn program (including brochure) • Participated in Anti-oppressive training pilots • Lunch and Learn opportunities to increase awareness and allow for networking with Aboriginal partner agencies • Purchased print and A/V resources for CASO resource library
11. Partnership with Family Recruitment Coordinator for child-specific recruitment of foster/adoption caregivers and general recruitment for Inuit, Métis and First Nation foster families.	<ul style="list-style-type: none"> • Facilitate CAS kiosk set-up at Powwows and/or other important cultural events. • Work with service partners to develop child-specific profiles and outreach strategies for targeted community recruitment.
12. Mutual sharing of case problem solving approaches	<ul style="list-style-type: none"> • Service partners have facilitated 6 circle processes and participated in case consultation meetings to resolve culture-specific issues on a case by case basis.

References

"Strategies to Address Child Welfare", Native Women's Association of Canada, Issue Paper prepared for the National Aboriginal Women's Summit, June 20-22, 2007. Ditto

"Reconciliation in Child Welfare: Touchstones of Hope for Indigenous Children, Youth and Families", Cindy Blackstock, Terry Cross, John George, Ivan Brown and Jocelyn Formsma, 2006.

"From Truth to Reconciliation - Transforming the Legacy of Residential Schools", Aboriginal Healing Foundation, p. 50 In his "Statement of Apology to the Former Students of Indian Residential Schools", delivered on June 11, 2008, the Prime Minister of Canada, Stephen Harper, cited the infamous phrase: "to kill the Indian in the child" to describe the objective of the policy of the Governments of the day.

This may be hugely significant as research has shown that Aboriginal children are less likely to be reported to a child welfare authority for abuse and more likely to be reported for neglect. Factors which tend to explain over-representation of First Nations children in child welfare are poverty, poor housing and caregiver substance misuse.

We were assisted in organizing both consultations, and in many other ways, by a consultant, Deborah Chansonneuve, who had been chosen by the Aboriginal service providers and engaged by the CAS of Ottawa.

Interestingly, the Law Commission of Ontario, in its' January 2009 Consultation Paper entitled "Family Law Project Options" noted at page 10 that: "Roundtable participants pointed out that both Aboriginal women and men were disproportionately involved in the family and criminal justice systems. Participants pointed out that not enough has been done in terms of developing dispute resolution mechanisms that are acceptable amongst Aboriginal communities. Some discussed the possibility of developing a specific and distinct dispute resolution system for these communities".

For the information and discussion following in this paragraph, and for some of the thinking elsewhere in the paper, I wish to acknowledge the input, insight and work of Jennifer Wilson, Director of Service for the Children's Aid Society for the Districts of Sudbury and Manitoulin, and Adit Sommer-Waisglass, Legal Services Supervisor for Native Child and Family Services of Toronto, my fellow workgroup members on the OACAS Legislative and Policy Committee's 2010 review of "Services to Indian and native persons".

I do not venture to comment upon the propriety of "designation" of an Aboriginal agency by a non-Aboriginal entity ("the Minister"), nor do I presume it to be the most appropriate route. Ultimately, First Nations communities will have to decide that for themselves.

In Ottawa, the CASO also provides services to the largest Inuit population outside of the North, and will presumably

continue to do so, as Inuit do not fall within the definitions of either "Indian" or "native person" in the CFSA. "Formal" Customary Care placements are currently done via a Band Council Resolution (BCR), and must be

consistent with the Ontario Permanency Funding Guidelines.

Section 1, subsection (1) of the Child and Family Services Act: "The paramount purpose of this Act is to promote the best interests, protection and well being of children."

About the Author

Tracy Engelking was called to the Bar in 1992, joined the Children's Aid Society of Ottawa as in-house counsel in 1998. Tracy has been its' Senior Counsel since 2000, and is currently a co-chair of the CASO/ Inuit, Métis and First Nations Liaison Group.

Practice Notes - Fire Safety

This practice note is to assist practitioners in providing information to the families they work with, to share with colleagues and other community professionals and to support the work they do to keep children and families safe. Residential fire is the leading cause of unintentional death for young children at home and the fifth leading cause of unintentional injury-related death overall.



Below are the recommendations from the research study on Paediatric Accidental Residential Fire Deaths in Ontario, included in the Report of the Paediatric Death Review Committee and Deaths Under Five Committee, June 2009, written by the Office of the Chief Coroner, Province of Ontario. The recommendations are as follows:

- Working smoke alarms should be installed on every floor of the house and in every room used for sleeping.
- Smoke alarms should be tested every month and cleaned every 3 months, with batteries changed once per year.
- CAS and other agency staff who make home visits to check-up on vulnerable children should pay attention to the presence, location, and functionality of smoke detectors. Any non-compliance should be reported to the Fire Marshal's Office for further investigation and subsequent resolution.
- School programs should continue to emphasize the importance of fire escape plans.
- Level-appropriate education should be

offered to all children with history of fire-playing behavior. Concurrent education should be available to caregivers, who should not play with fire in front of children nor leave lighters/matches in places accessible by the children.

Additional Resources Available

There are numerous resources available to the public on fire safety. Below is a list of some of these resources related to smoke alarms and fire prevention.

National Fire Protection Association (NFPA). This website provides a smoke alarm installation guide and an information sheet on safety tips for smoke alarms all downloadable for free in PDF format. www.nfpa.org


The Fire Marshal's Public Fire Safety Council. This website provides information on the differences between smoke alarms, smoke alarms facts and other additional information regarding fire safety. <http://www.firesafetycouncil.com/english/pubsafe.htm>

The Arson Prevention Program for Children (TAPP-C) This is a partnership program offered by local fire departments and children's mental health professionals in the community. This website provides links to local community fire departments across Ontario. <http://www.tapp-c.ca>.

An Update on Education Services

By Bernadette Gallagher, PhD. RSW

Education Services Update



The following are some of the many projects that are keeping the department busy. Each undertaking is driven by the goal of transforming knowledge into skills to provide the necessary competencies for child welfare professionals, managers and resource families to make critical decisions about child safety and simultaneously working alongside families towards better outcomes for children.

Research and Development

Curricula Pilots

OACAS has developed a new approach to writing, testing and engaging the field in course development, which is designed to maximize learning potential and relevancy. Two examples of this are the adoption and children's service worker courses. Both of these courses have been offered to the field and very specific feedback was sought in terms of content, flow and relevancy to the field. Through the valuable evaluations of the participants, we are now enhancing the original structure. OACAS would like to thank those who were involved in the projects and anticipate the passion for this specialized work is transparent. OACAS anticipates offering these courses in coming months.

New Staff

It is with great pleasure that I am announcing Marlon Merraro as the new Manager of Agency Based Training Support in Education Services. In Marlon's previous position, he was the Director of Education and Community Development at Learning Matters Consulting Group, an organization that works with non-profit and private sector organizations. Marlon has over 20 years experience working with diverse communities and organizations across Toronto in regards to training, strategic planning processes, advocacy, program development/evaluation, best practices, staff and organizational training, establishing effective partnerships and policy development. He has worked within the child welfare,

education and justice systems spearheading a number of innovative programs that enable youth, families and communities to play a meaningful role in the health and development of their neighborhoods or organizations. Marlon is a well-recognized facilitator and city builder with a clear focus on poverty reduction based on the board social determinants of health. Marlon was also previously employed as the Regional Manager at Toronto Community Housing and as a Community House Manager of Youth Services at St. Stephen's Community House. He has a long history of working with various community volunteer boards of directors that focus on families, youth and community development. Currently, Marlon is a board member of the Toronto Trade Board, Boundless Adventures, and a member of the City of Toronto Local Health Committee. Marlon has a Bachelor of Social Work Degree from Ryerson University, a Community Worker Diploma from George Brown College and a Schulich School of Business Emerging Leaders Certificate from York University. I would like to take this opportunity to welcome Marlon to OACAS and I know Marlon will bring energy and vision to his new job duties.

PRIDE-Family Development Plan

"The Parenting Resources for Information, Development and Education (PRIDE) program is designed to strengthen the quality of family foster care and adoption services. This is accomplished by providing a standardized, consistent, structured framework for the competency-based recruitment, preparation and selection of foster parents and adoptive parents, and for foster parent in-service training and ongoing professional development" (CWLC).

Eighteen agencies participated in a research study to evaluate the value and appropriateness of the Family Development Plan as the annual evaluation of resource families. Both resource workers and families were asked to evaluate the utility of the Family Development Plan. There was a high rate of satisfaction among the participants about the tool as an indicator of competencies in

- Protecting and nurturing children

- Meeting children's developmental needs, and addressing developmental delays
- Supporting relationships between children and their families
- Connecting children to safe, nurturing relationships intended to last a lifetime
- Working as a member of a professional team.

There were, however, areas for improvement such as length of time to complete the tool. The original pilot agencies have agreed to pilot the tool again and have provided input into ways in which the document can be simplified.

Innovative Education Opportunities ***Woman Abuse Project***

'Critical Connections—Where Woman Abuse and Child Safety Intersect'

OACAS is proud to be leading a steering committee and working with a multi ministry, cross sector team to address the serious issue of woman abuse within the context of child welfare. The tasks of the committee are to:

- 1) Design a child welfare course concerning Woman abuse;
- 2) Write a practice guide; and
- 3) Host a symposium.

All three objectives have the following three-pronged response to the issue of women abuse including: child protection, woman safety and engagement of male partners. OACAS recognizes that woman abuse cannot be ameliorated solely through child protection services; this is but a small portion of the community work to be completed.

The Critical Connections Symposium March 9-10, 2010 aims to promote increased awareness of the impact of woman abuse as it relates to the safety and well-being of children and families; build and

showcase collaborative programs and identify trends, new programs and research.

This event will feature internationally recognized keynote speakers, highlight collaborative programs in Ontario and launch an "ideas and practice guide" for service providers.

In Touch

Fire Safety Practice Notes

Education Services staff have a philosophy that education is not a one time event but rather a life-long learning process. To this end OACAS has continued its approach of sending supplementary resources to agency trainers and participants. Recently OACAS electronically distributed practice notes about fire safety given the highlighted dangers of child deaths as reported in this year's Report of the Paediatric Death Review Committee and Deaths Under Five Committee. The practice notes are written to decrease the number of preventable child deaths through education.

Participant Contact

Education Services receives evaluation forms after each class and would like to thank everyone who completes the forms. All of this information assists with continuous improvement to the program. OACAS will be extending this contact one step further and initiating customer service calls to individuals who take training after January 2010. The purpose of the calls is to open two way dialogue about the strengths and areas of improvement for the child welfare training program.

