



Message from the Executive Director

The spring season is symbolic of new life and new beginnings. Many people around the world mark the season by celebrating Easter, Passover or the Rites of Spring.

Ontario's Children's Aid Societies (CASs) and OACAS began a new fiscal year on April 1. OACAS has developed a very ambitious Service Plan to meet the needs of member agencies and the children and youth of this province. The 2009/10 Service Plan describes the key areas of focus for OACAS including efforts to engage the public in the mandate of CASs; to advocate on behalf of member agencies for services and supports for vulnerable children and youth; and to support member agencies to deliver quality child welfare services.

OACAS and member its agencies recently recognized the efforts of thousands of Ontarians who volunteer at their local CAS in support of children, youth and families. During Volunteer Appreciation Week, April 19-24, CAS volunteers were acknowledged for their dedication and commitment, especially those elected members of voluntary boards of directors who provide leadership and governance to each of Ontario's 53 mandated child welfare agencies.

During Children's Mental Health Week, May 2-9, OACAS recognized the needs of children and youth for timely access to much-needed mental health services. Many children and youth in the care of CASs suffer from a diagnosable mental health problem. A 2007 review showed that Crown wards were identified as having: special needs (82 percent); a psychiatric disorder, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) (39 percent); or a demonstrated need for behavioural supports (45 percent). Ontario's CASs work together with mental health service providers to ensure children and youth have access to the care and supports they need to cope with mental health issues.

On June 3, OACAS is presenting a forum on promising practices and options to best serve youth in care, Crown wards and former Crown wards as they make the transition from child to adult. The "Building Bridges to Belonging" forum features speakers and presentations on a range of permanency options for youth, including Ontario experiences in adoption of older youth, foster care for youth past age 18 and other unique approaches that have proven successful in finding true and lasting connections for youth.

This edition of the *Journal* presents articles on research, programs and services for children and youth in care such as: a study of Crown wards; arts-based group therapy; the realities of family court; child protection in New Zealand; the upcoming YouthCAN conference and internet safety for children and teenagers.

Jeanette Lewis

Why Do Children Become Crown Wards and How Are They Doing?

A Study of Crown wards at Family and Children's Services at Renfrew County

By Dr. Michael O'Brien

The population of children in care at Family and Children's Services has increased dramatically over the last 10 years. We found that we did not have an adequate explanation as to why so many more children were remaining in care. Consequently, in 2008, a research study was conducted that attempted to uncover the most significant factors affecting decisions to pursue Crown wardship at the agency, examined the progress of all children and youth who were currently Crown wards, and explored whether any relationship existed between the factors leading to children becoming Crown wards and how they progressed in long term care. The following is an abbreviated version of the full study.

Literature Review

The approach taken to the literature review was to examine any previous reviews that had been completed about how children and youth progress while in long term care. To summarize the highlights from the review, we can conclude from the literature that adults who have been in foster care often have more personal issues than the general population and do not attain similar academic levels or employment stability (Blome, 1997; Buehler, Orme, Post and Patterson, 2000; Cook-Fong, 2000; Orangewood Children's Foundation, 2001). Some of the studies also identified areas of resilience in the lives of adults formerly in foster care (McDonald, Allen, Westerfelt and Piliavin, 1996). Outcome studies of children living in long term foster care indicate the presence of significant mental health issues (Bellamy 2007; Marquis and Flynn, 2008), but we know little about the trajectory of their personal well-being over time due to the limited number of outcome studies of children while in foster care; we know that they are often not attaining satisfactory levels of academic functioning during their time in care (Trout, Hagaman, Casey, Reid and Epstein, 2008); and we know from the limited studies

soliciting the views and feelings of children in care that relationships are important to them (Adair, 2007; Farruggia, S. P., Greenberger, E., Chen, C., and Heckhausen, J., 2006; Leathers, 2005). This study will attempt to expand the knowledge base about the trajectory that occurs during the course of long term placement in care and will examine how the children and youth view their well-being. In doing so, we may learn more about how to prepare these children and youth for success in their adult lives.

Methods

The design incorporated both a longitudinal case study approach as well as cross sectional surveys. The longitudinal case study was used to capture outcomes by assessing the functioning of the Crown wards upon entry to care and at various junctures during their time in care. The cross sectional surveys were administered to capture intermediate and/or long term outcomes after the children and youth had been in care for at least two years.

1) A file review was conducted to examine why the children in the care of the agency had become Crown wards. Affidavits, child protection service plans and the Ontario Risk Assessment Model (ORAM) (OACAS, 2000) were the primary sources of information. The intent was to develop a comprehensive analysis of the factors that resulted in Crown wardship.

2) A benchmark for the evaluation of progress was achieved using initial Child and Adolescent Functional Assessment Scale (CAFAS) scores (Hodges, 1999). CAFAS scores were then used to measure progress every 6 months during the first two years of care, as well as at the most recent administration of the CAFAS instrument.

3) Current well-being was also established through the Kidscreen quality of life questionnaire (Ravens-

Sieberer, 2006), and the Asset Profile from the Ontario adaptation of Looking After Children (OnLAC) (Flynn, Ghazal, and Legault, 2006).

Academic progress was examined by reviewing the school report cards contained in each child's file.

Sampling Frame

The sampling frame was comprised of all Crown wards in the care of Family and Children's Services of Renfrew County who were between the ages of 8 and 18 years old, for a total of 95 children.

Results

Table 1 shows that the sample is evenly balanced between females (46) and males (49). The three age groups (8-11 years; 12-15 years; 16-18 years) examined are also fairly balanced. The rationale for the three age groups was to isolate latency, early and mid adolescence, and late adolescence for the purpose of data analysis. A small percentage of the sample are Crown wards without access. Of those having access, it is interesting to note that 28 are visiting frequently (every 2 weeks or more). The quality of the access seems to be mostly neutral or positive as rated by the children's services workers. The number of admissions prior to Crown wardship are concerning. As is the case provincially, the number of placements after the most recent admission to care is high; 65 percent of our Crown wards have experienced 4 or more placements. The OnLAC data shows that across Ontario 81 percent of Crown wards have experienced that number of placements.

Table 1

VARIABLE	FREQUENCY	PERCENTAGE
Demographic		
Gender		
Female	46	48.4
Male	49	51.6

Table 1 continued

VARIABLE	FREQUENCY	PERCENTAGE
Age		
8 to 11	27	28.4
12 to 15	37	38.9
16 to 18	31	32.6
Access Status		
With access	84	88.4
Without access	11	11.6
Resource Type		
Foster home	70	73.7
Group home	10	10.5
Independent/Free home	9	9.5
Kinship care	6	6.3
Access Frequency		
Never	15	15.8
Less than once a month	35	36.8
Monthly	13	13.7
Every two weeks	17	17.9
Weekly	11	11.6
Missing or N/A	4	4.2
Quality of Access		
Negative	11	11.6
Neutral	39	41.1
Positive	26	27.4
Missing or N/A	19	20.0
Total Admissions		
1	46	48.4
2	24	25.3
3	4	4.2

VARIABLE	FREQUENCY	PERCENTAGE
4 or more	21	22.1
Total Placement Since Last		
1	7	7.4
2	10	10.5
3	15	15.8
4 or more	63	65.3

Why Do Children Become Crown wards

From the Eligibility Spectrum (OACAS, 1997) we learned that *caregiver with a problem, caregiver/child conflict* and *physical maltreatment* were the top three reasons for the child protection cases being open at the time children and youth were admitted to care. The most frequent parental problems found through examination of the files were, in descending order, as follows: substance abuse by the caregiver, poor parenting and household management, neglect of the child's essential needs, child behaviour, and the caregiver's mental health. The most frequent services used by parents were parental/family counseling (child-related), mental health assessment/treatment, addiction services and individual/financial counseling.

Another element important to understanding why these children and youth became Crown wards involves the examination of risk assessments. All Crown wards in the study were admitted to care when the Ontario Risk Assessment Model was still the risk assessment being used in the province of Ontario. Overall risk as measured by child protection workers is placed on a 5 point Likert scale that corresponds to the following ratings: low, moderately low, intermediate, moderately high and high. The risk ratings were as follows: 2.1% at moderately low risk; 32.6% at intermediate risk; 41.1% at moderately high risk; and 24.2% at high risk. The mean overall risk rating on the 5 point scale

was 3.87, almost at the moderately high level of risk. Another method, used by Leshied et al., (2003) is to sum up the numerical ratings for the 22 risk variables. The total possible score is 88. Applying that method found the mean of the total risk score to be 41 which is slightly below the mid point of the highest possible score. It is difficult to know which method most accurately measures overall risk: the first method may over-estimate risk both because it is more subjective and reflects a time period when the risk paradigm was pervasive; and the second method may under-estimate risk because it does not take into account the interaction of risk and protective factors being considered by child protection workers in their analysis.

Parental service compliance was also examined. The following results were found: 7.4% of the parents were not offered a service; 45.3% had a low level of compliance with the agency's child protection service plan; 32.6% demonstrated medium compliance; and 14.7% demonstrated high compliance.

A further area examined was chronicity as defined by looking at the number of admissions to care prior to Crown wardship. We defined 3 or more admissions as chronic and 1 or 2 admissions as non-chronic. We found that 25 of the cases were chronic and 70 of the cases were non-chronic. For the chronic cases, the average admission CAFAS score was 66 and for the non-chronic cases the average admission CAFAS score was 51. For 15 of the 25 chronic cases the CAFAS score was below 70, and for 10 it was above 70.

Table 2 attempts to further analyze the interaction of the various factors leading to Crown wardship. The variables considered are the risk rating, the child's behavioural and mental health functioning at admission as measured by the Child and Adolescent Functional Assessment Scale, and the level of service compliance. In Table 2 the total risk score method is employed with the risk score banded into two levels; above the mid-point of the total score; and below the mid-point of the total score. Although Leshied et al.

(2003) found a substantial level of inter rater reliability among child protection staff completing ORAM, we chose to rely on the cumulative risk score method as it is less prone to subjectivity than the overall risk rating selected by child protection workers. The CAFAS scores were banded into three categories: 0 to 70 (mild to moderate severity); 71 to 120 (moderate to high severity); and 121 to 240 (extreme severity). In cases for which the CAFAS score total at admission was less than 70, the risk rating was intermediate or less, and there was medium to high service compliance on the part of parents leading up to Crown wardship we posit that the necessity of Crown wardship may be questionable. Our analysis indicated that 22 cases involved situations in which Crown wardship might have been averted.

Table 2

ORAM Total Score by CAFAS Score By Caregiver's Compliance

Caregiver's Service Compliance		Count	CAFAS Score			Total
			0 to 70	71 to 120	121 to 140	
Not Offered	ORAM Total Score	0 to 44	4		1	5
		45 to 88	2		0	2
	Total		6		1	7
Low	ORAM Total Score	0 to 44	15	6	4	25
		45 to 88	14	3	1	18
	Total		29	9	5	43
Medium	ORAM Total Score	0 to 44	18	4		22
		45 to 88	7	2		9
	Total		25	6		31
High	ORAM Total Score	0 to 44	4	6	0	10
		45 to 88	2	1	1	4
	Total		6	7	1	14

Outcomes for Crown wards

Table 3 shows time series data that illustrates how the Crown wards in the sample are progressing over time. Based on the CAFAS score results, it was found that upon admission 71% of the children and youth met the criteria of that instrument for a referral to mental health services. Males come into care with an initial CAFAS score that is higher than for females. Over the first two years in care both genders improve in their emotional and behavioural functioning; however, when the most recent CAFAS score is considered both groups drift upward and have mean

scores close to their CAFAS score results at admission. Separation of the most recent CAFAS scores into groupings based on age seems to offer an explanation for this deterioration. Specifically, the 8 to 11 year old group continues to improve by the most recent CAFAS score, the 12 to 15 year olds have the same mean scores as they did at admission, and the 16 to 17 year olds have worse scores than they did at admission. Thus the onset of adolescence may provide some insight into the trend.

Various correlations between CAFAS score and other variables were found. A strong correlation was found between the total CAFAS scores and the number of placements children and youth had experienced since their last admission to care. The Pearson correlation of .48, which was significant at the .01 level indicates that a strong positive correlation exists between the number of placements and the seriousness of the CAFAS score. The most recent CAFAS total score correlated at the .01 level of significance with a number of Kidscreen dimensions which indicates that as the CAFAS scores deteriorated so did the child's perception of his/her quality of life. No correlation was found between CAFAS scores and frequency of access.

Table 3

Time Series CAFAS Scores by Gender

Sex	Statistics	time 1	time 2	time 3	time 4	most recent
Female	Mean	41.74	38.26	37.95	34.75	38.48
	N	46	46	44	40	46
	Std. Deviation	37.907	42.285	40.610	36.724	46.950
Male	Mean	68.16	62.24	53.40	48.14	68.78
	N	49	49	47	43	49
	Std. Deviation	45.308	41.896	42.132	42.943	50.975
Total	Mean	55.37	50.63	45.93	41.69	54.11
	N	95	95	91	83	95
	Std. Deviation	43.731	43.560	41.899	40.389	51.126

Table 4 depicts the results from Kidscreen, the tool with which Crown wards rated their quality of life.

The instrument has been tested with 20,000 children and youth from the general population across 13 European countries. The mean for the general European population of children and youth, which ranges from 48 to 52, varies somewhat for each of the scales and for males and females. Female Crown wards were found to be in the normal range for five scales: physical well-being; psychological well-being; self perception; autonomy and school environment. Males were found to be in the normal range for two scales: physical well-being; and self perception. Bullying was the dimension on which they gave the poorest rating; many reported a sense of being bullied. The following provides a sense of some of the most salient responses given by the participants: a) 71.8% said that life was very or extremely enjoyable; b) 68.2% said they were very or extremely satisfied with life; c) 64.7% said they were very often or always cheerful; d) 85.9% said that they seldom or never felt that everything in their life went wrong; e) 88.3% said they seldom or never felt lonely; and f) 73% said that they were very often or always happy with the way they are.

Table 4

	Kidscreen T-Scores		
	Sex		
	Female	Male	Total
	Mean	Mean	Mean
Physical Well-Being	50.55	51.77	51.16
Psychological Well-Being	48.82	48.96	48.89
Moods & Emotions	46.48	48.44	47.47
Self-Perception	51.24	54.33	52.80
Autonomy	48.58	49.66	49.12
Parent Relation & Home Life	48.21	48.48	48.35
Financial Resources	47.49	45.25	46.38
Social Support & Peers	48.61	48.56	48.58
School Environment	50.35	48.19	49.27
Bullying	42.72	45.10	43.92

It is well established that particular assets act as protective factors for at-risk children and youth. Moreover, these assets may enable them to overcome the adversity they have encountered in their lives. Thus the asset profile from OnLAC, which helps identify the degree to which these assets are present for a child, is of particular importance to the future well-being of the Crown wards in the study. Table 5 shows a number of the dimensions that are captured in OnLAC’s asset profile.

Table 5

Time: Creative Activities		
	Frequency	Percent
Yes	32	33.7
Uncertain	3	3.2
No	60	63.2
Total	95	100.0

Time: Out-of-Home Activities / Youth Programs		
	Frequency	Percent
Yes	62	65.3
Uncertain	2	2.1
No	31	32.6
Total	95	100.0

Learning: School Engagement		
	Frequency	Percent
Yes	68	71.6
Uncertain	9	9.5
No	17	17.9
Total	94	98.9
N/A or Blank	1	1.1
	95	100.0

Values: Caring		
	Frequency	Percent
Yes	57	60.0
Uncertain	15	15.8
No	23	24.2
Total	95	100.0

Values: Integrity

	Frequency	Percent
Yes	57	60.0
Uncertain	20	21.1
No	18	18.9
Total	95	100.0

Values: Responsibility

	Frequency	Percent
Yes	38	40.0
Uncertain	16	16.8
No	41	43.2
Total	95	100.0

Social: Interpersonal Skills

	Frequency	Percent
Yes	63	66.3
Uncertain	16	16.8
No	16	16.8
Total	95	100.0

Identity: Self-Esteem

	Frequency	Percent
Yes	30	31.6
Uncertain	31	32.6
No	34	35.8
Total	95	100.0

These correlations were significant at the .01 level of significance.

As a result of the strong correlations, a regression analysis involving variables that were either highly correlated or seen as important factors in determining outcomes for the children and youth in the sample was conducted. SPSS's stepwise regression was the method of multivariate regression selected as it is suitable when a number of known variables are likely contributing to the variability of a dependent variable. We learned that 52% of the variance in the most recent CAFAS score is explained by, ranked in order of importance, the mean for the asset profile (AAR), the psychological well-being score (Kidscreen), the number of placements experienced since the last admission and gender. Frequency of access was also included in the model but again was automatically excluded by SPSS as it was not statistically significant as a predictor.

Table 6 shows the means for English and math grades for the Crown wards in the sample. It was also found that the mean English mark from grades 7 through 12 was 67 as compared to the class average of 71 for students who attended the same schools as the Crown wards. The mean math mark for Crown wards in grades 7 through 12 was 64 as compared to the class average of 71.

Table 6

Means for English and Math Grades

Grade Grouping		English	Math
Grade 2-6	Mean	71.43	71.10
	N	34	34
Grade 7-8	Mean	67.81	69.88
	N	12	12
Grade 9-12	Mean	66.16	62.74
	N	40	40
Total	Mean	68.53	67.08
	N	88	88

A strong correlation was found between the most recent CAFAS score for the Crown wards and the Asset Profile from OnLAC (.54). Many correlations at the .01 level of significance were found between the sub-scale scores of CAFAS and the mean scores for the time, learning, values, social, and identity variables in the Asset Profile. These correlations show that CAFAS scores improved as assets increased. In addition, it was found that both quality of access improved and the number of placements decreased as the asset profile became stronger.

Discussion

The analysis of parental service compliance found that 53% of parents either received no service or had a low level of compliance, and that 47% were in the medium and high compliance range. In order to conduct some analysis of the need for Crown wardship, the CAFAS score, ORAM and service compliance variables were considered through use of a cross tabulation. It was found that 22 children had a CAFAS score of 70 or less, came from families whose risk scores were at the mid point or less, and had parents who complied with services at the medium or high level of compliance. The chronicity of cases provided some additional information supporting Crown wardship but did not significantly explain why Crown wardship was sought in the 22 cases just described. This analysis does not provide a definitive explanation about why the children became Crown wards or about whether other alternatives might have been considered, but it does provide substantive information about why they became Crown wards. For 76% of the cases the factors examined in the study explain why Crown wardship was needed, but the results also suggest that for 24% of cases other alternatives might have been possible. Given the findings of the study, one has to ask if more effective services might significantly alter the need for Crown wardship. Renfrew County has limited services for children and families, limited public transportation, and a high rate of poverty. It would be surprising if those factors did not have an impact on children coming into the permanent care of the child protection system.

How might the factors resulting in a Crown wardship decision affect the progress children make in care? The presence of addiction, caregiver mental health issues, and poor parenting were among the most prominent problems which suggests that the Crown wards were likely often exposed to inconsistent and ineffective parenting. The risk factors identified in the ORAM and entry level CAFAS scores suggest that these children and youth who became Crown wards will experience a variety of developmental issues. If

we hope to succeed in helping children in care overcome their developmental deficits, we cannot be satisfied that 65% of the sample have experienced 4 or more placements. The time series CAFAS score data follow a similar pattern to a study completed by Bellamy (2007) in which males coming into care have more serious mental health and behaviour issues than females, and remain more serious than females over time. While both genders improve in their CAFAS scores over the first two years in care, they do regress over time to the original CAFAS scores found at the time of admission. The results place the females into a category that suggests they may require outpatient mental health services and the males in the middle of a category that suggests they may require more than outpatient treatment. Findings from the administration of Kidscreen indicate that females perceive their quality of life to be significantly better than do males; however, both genders are either at the mean for a normative population or not far from it in most instances. These results are encouraging, but indicating a number of areas in which improvement is needed. Farruggia (2006) demonstrated the importance and value of peer relationships, foster parent relationships, and uncovered a satisfactory level of self esteem for many in long term foster care; Kidscreen has discovered similar findings. Adair (2007), in identifying the dearth of literature on the experiences of views of children in foster care has proposed a need to develop effective instruments to carry out that kind of research. Kidscreen has shown itself to be such an instrument; it was well-received by the children and youth who completed it because they felt the questions were relevant and they liked having the opportunity to speak with someone about the quality of their lives; and it possesses sound psychometric properties supporting its ability to measure subjective well-being. The rating of the Crown wards' assets by the children's service workers indicated that the asset having to do with responsibility and the identity asset concerned with self esteem to be greatly lacking. Time spent doing out of home activities, the values of caring and integrity, the learning asset concerned with school

engagement, and interpersonal skills are present for about two-thirds of the Crown wards but are an area of concern for the remaining third. Although no class averages were available for children in grades 2 to 6, it does appear that our Crown wards in that age group are doing reasonably well. The mean grades decrease as the Crown wards get older, but do not deviate greatly from their class averages with the exception of math for the grade 9 to 12 group which is substantially lower than the class average. It is possible that the deterioration in school grades and CAFAS scores in adolescence is partially explained by our Crown wards being less able to cope with the pressures of adolescence.

It was worthwhile to examine the interaction of the variables within the study. CAFAS scores are strongly correlated with the number of placements experienced by the Crown wards. The strongest correlations in the study were between CAFAS scores and the various assets of the Crown wards. As assets increase the CAFAS scores improve. The findings regarding the asset profile confirm how important internal and external assets are for promoting positive outcomes for children in care.

Summary

- 1) The children and youth are experiencing a moderate level of difficulty in their mental health and behaviour, males more so than females.
- 2) Placement stability, as is the case provincially, is a serious issue for many of the Crown wards.
- 3) The educational outcomes can be characterized as modestly encouraging, but indicating a need for substantial improvement.
- 4) The limited progress in the development of assets should be seen as a significant concern; however, when assets were present they were found to be strongly related to the Crown wards functioning better in the mental health and behaviour areas.

5) How the Crown wards view their quality of life portrays a more positive view about how they are doing than is evidenced in the agency's psychometric testing, and suggests that foster care is providing an environment conducive to them developing feelings of satisfaction with their lives.

When these outcomes are combined with the findings about why children come into care, two considerations for future practice emerge: for those who are in care the agency's educational strategy should be maintained, and more effective strategies to improve mental health and behavior, as well as to increase assets, are required if the needs of Crown wards are to be met; better intervention strategies should be developed and implemented to attempt to reduce the number of latency-aged children and adolescents who become Crown wards, as it appears a number of them show signs of resilience and some have parents who may be capable of becoming "good enough" if offered more effective and comprehensive services.

About the Author

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SUCCESS: Play Life to Win

By Adam Diamond, Youth Program Coordinator, OACAS

Background

The YouthCAN Program

The YouthCAN Program is a multi-faceted program for youth in the care of Children's Aid Societies in Ontario. The department consists of two Youth Program Coordinators and a mentor, the Director of Social Policy for the Ontario Association of Children's Aid Societies.

The three pillars of the program are Communication, Advocacy, and Networking.

C: website, online help, quarterly newsletter, conferences

A: provincial Youth Policy Advisory and Advocacy Group, ad-hoc from Youth Program Coordinators

N: six regional youth groups across the province (consisting of 1 staff "Champion" and 2-3 youth "Leaders" from each agency), retreats and other meeting opportunities

Annual conference taking shape

In 2006, youth in care made it very clear that they would like a yearly conference where they could connect with one another and learn valuable skills they will need as they approach independence. They requested something that would be unique and that they could call their own: *for youth by youth*. In response, OACAS held a YouthCAN specific conference the following year and a conference planning committee was established.

Since 2006, Ontario youth in care have attended two memorable OACAS YouthCAN conferences. The first conference, "*Setting up for Survival SUCCESS!*", was held at Sheridan College and the second, "*Ready, Set, SUCCESS!*", was held at Seneca College. The YouthCAN team facilitated fun and interactive sessions and workshop topics focusing on skills and social development, networking, financial planning and stress management. These events have proven to be a huge accomplishment for the YouthCAN program, as the events welcomed more than 150

youth in care from 42 of the 51 member Children's Aid Societies across Ontario.

With only a few short months left, planning for the 2009 YouthCAN conference, "*SUCCESS! Play Life to Win*", is well underway. Taking the lessons learned from the past two years, this year's conference is going to be an even more dynamic happening than ever!

The conference life

With an overarching goal of assisting youth in preparing for success in life, the decision was to have the conferences take place on college and university campuses. By introducing youth to the experience of staying in residence, attending program tours offered by the college, using on-site athletic facilities, eating in the student cafeteria and, in general, getting a feel for post-secondary life, it was hoped to generate an interest in and demonstrate to youth in care that post-secondary education is a very real and attainable option for them.

Another vital part of the YouthCAN program, and the conferences it now plans to host annually, is the networking and social component. Youth have said that they value the opportunity to spend time with others who share similar experiences and with whom they can relate. Meaningful peer relationships develop at YouthCAN events and have the possibility of continuing on when the time comes that youth need to emancipate from care. These connections continue to grow after these events by logging onto our online community at the www.youthcan.org website and our Facebook groups.

Injecting a sense of fun and camaraderie is important. A feature of our conferences, which has become a regular event, is a youth dance with a DJ. We also have held successful talent shows – that has become another favorite – and we expect to see polished performances this year as youth have anticipated and prepared for this event all year! Ice breaker sessions, free time sports activities, movies

and on-campus tours are also a part of the schedule for the youth to engage with one another and to nurture both newly made and long standing friendships.

More than 280 people helped to make the past two YouthCAN conferences successful – this includes youth, Children’s Aid Society staff, Seneca staff, presenters and volunteers. The conferences received tremendous support from people in the community, from Children’s Aid Society staff and from youth. Many speakers who initially had a significant fees came and gave of their time at no charge. We also had many dedicated youth and staff who volunteered throughout the conference helping out above and beyond what we could have imagined.

After these conferences our Facebook groups had messages from youth saying how much they enjoyed the conferences and that being with people there was like spending time with family. This environment really allows youth to be comfortable with their background as youth in care. They are not the minority for these three days, and you see the growth and excitement among them all. Most significantly, many youth have expressed that they intend to apply for and attend college following the conferences.

Lessons Learned

Although OACAS has hosted youth conferences alongside their general conferences in the past, these are the first conferences ever planned by YouthCAN staff, with an on-campus and youth-only focus. Each event includes an evaluation as well as an opportunity for the planning team to de-brief and learn.

What works?

- Getting youth in care on campuses to experience college life through staying in residence, completing tours and participating in program specific sessions
- Having the college provide an orientation to post-secondary opportunities – both academic programs and extracurricular
- Having the “hands-on” and interactive

- sessions about specific courses and programs
- Providing opportunities for youth to come together at least once per year
- Ensuring youth involvement in the planning of youth events
- Youth-lead/moderated sessions mixed with staff and relevant subject experts
- Clear ground rules that are well known by all who attend – including staff
- Ensuring a mix of learning and fun
- Incentives for participation and for completing evaluations – prizes for participation!
- Involving conference attendees and others as volunteers – youth mentors and staff
- Adults need to have trust and faith that youth can be the experts on what they need to be successful; youth have really good ideas, think differently and can be creative
- Youth have the most credibility when talking about youth issues

What would we do differently?

- More plenary sessions to ensure the youth are able to be present and benefit from powerful presentations
- Start every day with large group announcements and “check-in”
- More time on day one and final day for greeting and saying farewell. A lot of the youth are meeting each other for the first time and need some space, while others need time to reconnect with those from previous events
- Flexibility about attending all sessions, but not permission to sit out entire conference
- Invite other local colleges and universities to take part in an “opportunities fair” or our youth focused poster presentation
- Provide a Q&A period, computers set up for youth to pose questions to college staff and others that they may have about pursuing a post-secondary education

Going strong with fresh ideas into our third year

Overall, the conferences have proven to be amazing opportunities for youth in care across Ontario to

come together and continue their journeys to success! The concept of holding the conferences on a college campus has been key (saves a lot of money too!). Dynamic and interactive sessions, along with fun events mixed with time to learn key life skills, a winning combination in making the conferences something that many youth and staff look forward to attending throughout the year.

The OACAS YouthCAN team will continue to think of new and exciting ways to keep youth engaged throughout the conferences. Last year the idea of having a “passport” that was stamped when attending sessions was a huge success, and one the team plans to continue. Youth made a huge effort to attend all sessions so they would have a complete passport and qualify for the conference closing grand prize. The poster session was a hit last year and it will be bigger and better this year!

This year we will continue to book speakers and schedule workshop sessions covering subjects important to youth in care. A glimpse at our program -in-progress, shows topics around OSAP, financial

planning, diversity training, public speaking, health nutrition and fitness, stress management and many more. That does not include the games and sports that will round out the agenda. Hosting this year’s conference at Seneca’s King campus, will allow for outdoor recreational activities such as canoeing, kayaking and rock climbing. We will again facilitate the oh-so-popular youth talent show followed by a dance.

As YouthCAN has gained much momentum over the past three years through its large network of regional zone groups and two conferences, there is much excitement in the air while planning for the third annual youth in care conference with the on-campus feel! Organizations and speakers are asking how they can get involved and be part of this great event. From now until August, it’s full steam ahead!

About the Author

Adam Diamond is one of the founders of the YouthCAN program, and has been with OACAS since 2006.

Arts-Based Group Therapy for Children Who Have Witnessed Domestic Violence

By Joey-Lynn Wabie

ABSTRACT

The purpose of this paper is to create a theoretical holistic arts-based therapeutic group for children who have witnessed domestic violence. It applies sections of the ecological theory and the life model to the core variables of symbolic-experiential therapy, to assist children who are affected by domestic violence. This paper also frames the group therapy process using the medicine wheel. It further applies the relevant content to the group therapy process. This proposed therapeutic group concentrates on knowledge, symbolic experiences, application of knowledge and symbols to self and then to those around them.

Introduction

Domestic violence occurs in Canada and all around the world. The likely witnesses to the domestic violence are children. According to Statistics Canada (Family Violence In Canada: A Statistical Profile, 2001), the General Social Survey on Victimization (GSSV) and the National Longitudinal Survey of Children and Youth (NLSCY) estimate that children heard or saw assaults on a parent in an estimated 461,000 cases of spousal violence. This represents 37% of all spousal violence cases.

There are many definitions that encompass domestic violence. In this paper, domestic violence that children witness will be defined as:

1. Hearing an episode of violence
2. Involvement as a witness
3. Being used as part of the violence, such as a shield against an abusive parent or individual
4. Intervening in an attempt to prevent family violence
5. Experiencing repercussions of a violent episode
6. Being forced to watch or participate in abuse or battering
7. Being used as a pawn to convince an adult victim to return home or to a relationship
8. Accidental harm during an attack on an adult victim
9. Being coerced to remain silent about family violence and to maintain the family secret

(Gerwitz and Edleson, 2004; Groves, 1999; Margolin and Gordis, 2000)

Problem and Significance

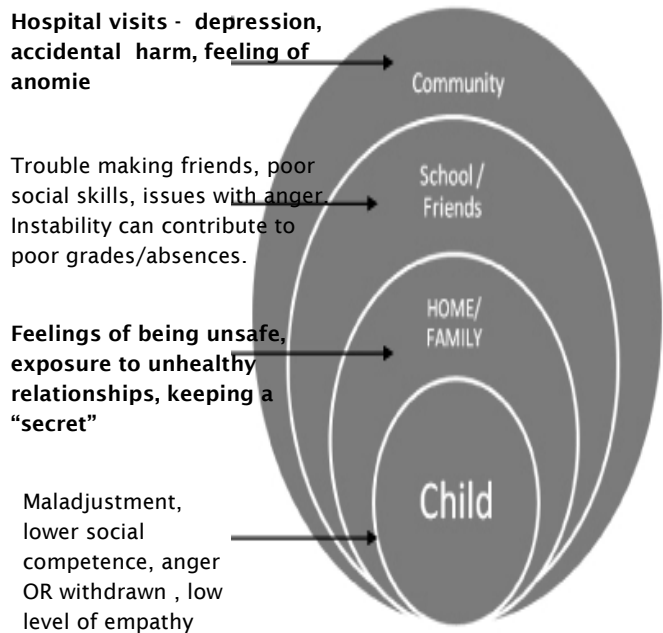
Children are affected by domestic violence in many forms. The violence can be experienced by witnessing it, hearing it, and also getting caught in the middle of it.

“The reactions of children who witness violence by one parent against another can include emotional, social, cognitive, physical and behavioural maladjustment problems (Jaffe, Wolfe and Wilson, 1990). These children tend to show lower levels of social competence, higher rates of depression, worry and frustration, and are more likely than other children to develop stress related disorders and to show lower levels of empathy.” (Fantuzzo, et al., 1991; Graham-Bermann and Levendosky, 1998; Moore and Pepler, 1998; Edleson, 1999b)

The significance this holds for our future adults is not a positive one. The children who are affected by domestic violence eventually mix with other children,

usually starting at school-age. The children who have witnessed domestic violence have a greater possibility of poor coping skills, mental health problems and problems with empathy. How witnessing domestic violence shapes the affected child’s life can manifest itself by school problems, trouble connecting with other people, anger management issues, and the inability to have compassion for others.

Figure 1 - Effects of Children Who Witness Domestic Violence



(Wabie, 2009)

Focus

The focus of this paper is to create a holistic treatment method for professionals to use with children who have been affected by domestic violence. This will be done by combining sections of the life model with symbolic-experiential therapy in a therapeutic group setting for children. The group therapy framework will be based on the medicine wheel.

Basic Assumptions/Rationale

The heart of the therapy group will be art therapy. “Art therapy and play therapy are two popular forms of treatment with children from violent homes.” (Gil,

1991; Klorer, 2000; Malchiodi, 1997; Webb, 2007). By combining art therapy within a group setting, this can provide an age appropriate, therapeutic setting along with their peers. "Groupwork reduces isolation, promotes corrective emotional experiences, and enhances interpersonal skills." (Malchiodi, 2008, p. 252) By reducing isolation of the children, encouraging positive emotional experiences and improving their interpersonal skills, it can lead to more positive self worth and esteem, and knowledge on how to positively deal with their experiences together.

The rationale behind combining the Life Model with symbolic-experiential therapy is to assist children in understanding the world they live in and how it affects different systems. For example, children can learn about person:environment fit. This knowledge can expand a child's world and they can further understand the effect they have on systems around them.

If we further symbolize the child's experiences to domestic violence by using art therapy; the child can then safely work through the trauma without internalization of feelings linked to past traumas.

"The symbolic-experiential model of family therapy evolved primarily from the personhood of Carl Whitaker." (Mitten, Connell and Bumberry, 1999, p. 25)

"The children he worked with early in his career captured his heart and engaged him in a world of fantasy from which he never emerged. From this experience, he became aware of the power of play and the creative unconscious, which he relied on throughout his career to lower defenses and access primary process relating." (Mitten, Connell and Bumberry, 1999, p. 23)

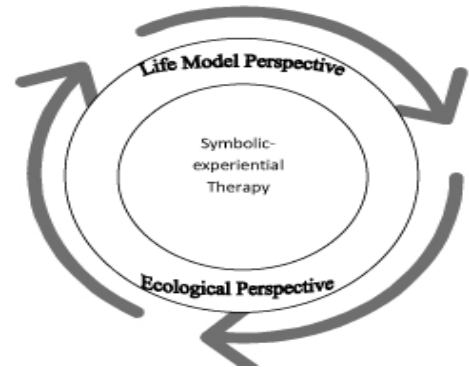
Combining the Life Model with Symbolic-Experiential Therapy

In order to create all-inclusive content for a therapeutic group of children who are affected by domestic violence, I will use Whittaker's (Connell, Mitten and Whittaker, 1993) symbolic-experiential therapy he used with families and apply relevant

pieces of the Life Model of social work practice. (Germain and Gitterman, 2005) I will also apply certain areas of the ecological perspective (Germain and Gitterman, 2005) to further round out the content to cover all physical, emotional, spiritual and mental areas of the participants in the therapeutic group.

Figure 2 - Group Therapy Content for Children Affected by Domestic Violence

Arrows represent wrapping both perspectives in the therapeutic process.



(Germain and Gitterman, 2005; Mitten, Connell and Bumberry, 1999)

The Life Model of social work practice is patterned on life processes directed to 1) people's strengths, their innate push toward health, continual growth and release of potential; 2) modifications of environments, as needed, so that they sustain and promote well-being to the maximum degree possible, and 3) raising of the level of person:environment fit for individuals, families, groups and communities. (Germain and Gitterman, 2005)

The life model evolved from the ecological perspective. This makes clear the need to view people and environments as a unitary system within a particular cultural and historical context. Both person and environment can be fully understood only in terms of their relationship, in which each continually influences the other within a particular context. (Germain and Gitterman, 2005)

The original ecological concepts include person:environment fit, adaptations, life stressors, stress, coping measures, relatedness, competence, self esteem, self direction, habitat and niche. (Germain and Gitterman, 2005)

“Person:environment fit is the actual fit between an individual’s or a collective group’s needs, rights, goals, and capacities and the qualities and operations of their physical and social environments within particular and historical contexts.” (Germain and Gitterman, 2005) When children are witnesses to domestic violence, the effect does not stop with just the individual. It passes on through the individual to others. How this child will relate to family members, groups, and communities will be perspective-different because of the trauma they have experienced. According to Jaffe, Wolfe and Wilson (1990), these children have adjustment issues with all aspects of their being, which can include emotional, social, cognitive, physical and behavioural issues. (See Figure 1-Effects of Children Who Witness Domestic Violence) The way the environment is for the child reflects in himself/herself, which then reflects with his/her environment, and continues cyclically.

“Adaptations are continuous, change-oriented, cognitive, sensory-perceptual, and behavioural processes people use to sustain or raise the level of fit between themselves and their environment.” (Germain and Gitterman, 2005) Children who have witnessed domestic violence have experienced trauma. Trauma affects everyone in different ways. “Children who are exposed to family violence may display more fear, anxiety, anger, low self-esteem, excessive worry, and depression than non-exposed children. They may also be more aggressive, oppositional in their behaviour, withdrawn, or lacking in conflict resolution skills, and often have poor peer, sibling and other social relationships.” (Malchiodi, 2008, p. 250) Children’s adaptation skills are continuous, so treatment is needed to raise their level of person:environment fit, after they are no longer exposed to the violence.

Life stressors are generated by critical life issues that people perceive as exceeding their personal and environmental resources for handling them. (Germain and Gitterman, 2005) A life stressor for children is witnessing domestic violence. “Stress is the internal response to a life stressor and is characterized by troubled emotional or physiological states, or both.” (Germain and Gitterman, 2005) This internal response is mentioned in the adaptations

sections and creates these characteristics. “Repeated exposure to domestic violence is well documented as having numerous negative effects on development and children’s mental health.” (Malchiodi, 2008, p. 250) This is evidenced by the anxiety, anger, low-self esteem, excessive worry and depression these children deal with when exposed to domestic violence.

“Coping measures are special behaviours, often novel, that are devised to handle the demands posed by the life stressor.” (Germain and Gitterman, 2005) There are different ways children can cope with the effects of domestic violence. For some children, it does not seem to affect them at all; with others, it may have a negative effect on them. “Despite exposure to domestic violence, some children are remarkably resilient and show few reactions as a result of their experiences.” (Malchiodi, 2008, p. 251) Other children develop mental health issues in an attempt to assist themselves in coping with the effects of witnessing the domestic violence. “Children who come from violent homes are diagnosed more frequently with separation anxiety, obsessive-compulsive disorder, and conduct disorder than children who are not exposed to family conflicts.” (Malchiodi, 2008, p. 250)

Children who are witnesses to domestic violence have trouble with attachment. According to Malchiodi (2008), children may have attachment difficulties throughout childhood. At the other end of the spectrum, some children may have no boundary setting skills and have the ability to become attached to others too quickly. “The concept of relatedness is based in part on Bowlby’s (1973) attachment theory which states that attachment is an innate capacity of human beings.” (Germain and Gitterman, 2005) Therefore, even though the child’s attachment process can be disrupted, there is hope that it can be restored through treatment.

White (1959) states, “Competence assumes that all organisms are innately motivated to affect their environment in order to survive.” (as cited in Germain and Gitterman, 2005) This motivation, is termed “effectance”. Accumulated experiences of efficacy lead to a sense of competence. (Germain and Gitterman, 2005) Through the group therapy

process, the children will be learning how to deal with the trauma they have experienced, expressing feelings, and understanding that violence was not their fault. Through this process, children will gain competence, and positively affect their environment, and vice versa.

“Self-esteem is the most important part of self-concept; it represents the extent to which one feels competent, respected, and worthy. Hence, it significantly influences human thinking and behaviour.” (Germain and Gitterman, 2005) A child’s self-esteem can be negatively affected by being exposed to violence, but therapy can help improve the child’s self-esteem. The child will be in charge of themselves, expressing their feelings, and learning about the effects of violence. The child will be in a safe learning environment, with children who have something in common with them, and with adults who are skilled in this therapy process.

“Self-direction is the capacity to take some degree of control over one’s life and to accept responsibility for one’s decisions and actions while simultaneously respecting the rights and needs of others. Issues of power and powerlessness are critical to self-direction.” (Germain and Gitterman, 2005) Children did not have power over the violence they have witnessed. The feelings of powerlessness the children feel is real. The therapy can help them in understanding that the violence was not their fault, and there was nothing they could have done to stop it. The group therapy will help the child achieve a sense of power over their feelings, reactions and decisions in life. This will create competency in the child, and also a sense of relatedness by understanding how their decisions, feeling and reactions can affect those around them.

Habitat and niche further delineate the nature of physical and social environments. In ecology, habitat refers to places where the organism can be found, such as nesting places, home ranges and territories. Niche refers to the position occupied by a species within a biotic community – the species place in a web of life. As part of the ecological theory, this can be accomplished by using simplified eco-maps, that include the different individuals, groups and communities the child interacts with on a daily basis.

Another area that will be explored is family history. Children that have been witnesses to domestic violence tend to internalize their feelings. With exploring the family history, the children can begin to understand how their parents were raised, any life-changing events or health issues. This can widen their life scope to include those around them and understand how they influence each other.

The goal of symbolic-experiential therapy is to enrich, expand and, at times, alter the family’s symbolic world. (Connell, Mitten and Whittaker, 1993)

“The core variables of symbolic-experiential therapy are a) Generating an Interpersonal Set; b) Creating a Suprasystem; c) Stimulating a Symbolic Context; d) Activating Stress Within the System; e) Creating Symbolic Experience; and f) Moving Out of the System.” (Mitten and Connell, 2004)

The first core variable is generating an interpersonal set. (Mitten and Connell, 2004) This can be accomplished by expanding the child’s world. Children sometimes blame themselves for things that upset the family system. By expanding the child’s world and all of the people, groups and communities that play a part in their life, we can shift the focus of the problem away from them. In doing so, the hope is to have the children realize the domestic violence they have witnessed is not their fault. “In symbolic-experiential therapy, Whittaker shifted the focus from the identified patient to the family system by expanding the system.” (Mitten and Connell, 2004) The core variable has been adapted from a family setting to a group setting.

The second core variable is creating a suprasystem. (Mitten and Connell, 2004) Parallel play is a component of the second core variable. “Parallel play is one method of establishing a therapeutic alliance in which the family and therapist work side by side. Parallel play involves taking a component of the therapist’s life that is analogous to what the patient is discussing and presenting it from another perspective. (Mitten and Connell, 2004) When working with children who have been affected by domestic violence, it is important for the therapist to understand and fully empathize with how the child

feels and has experienced a related story.

The third variable is stimulating a symbolic context. (Mitten and Connell, 2004) This variable can be accomplished through art therapy. Because of varying degrees of traumatic experiences, it may be more difficult for certain children to express their feelings into words. "When memory cannot be expressed linguistically, it remains at a symbolic level, for which there are no words to describe. In brief, to retrieve that memory so that it can become conscious, it must be externalized in its symbolic form." (Malchiodi, 2008, p. 16) Symbols are very important in the group therapy process because they can allow the trauma to surface through a safe avenue and allow the child to work through it. "Symbols express and represent meaning. Meaning helps provide purpose and understanding in the lives of human beings. Indeed to live without symbols is to experience existence far short of its full meaning." (The Sacred Tree, 1984, p. 8)

The fourth variable is activating stress within the system. Whittaker "used his own anxiety and affect to facilitate movement, believing that the therapist's internal experiences belonged to the therapy process. (Mitten and Connell, 2004, p.6) I believe this could be used when the group feels like it is growing stagnant. An avenue that can be explored would be to ask the participants what life would be like if they continued on the path they were on. If the trauma they have experienced was allowed to fester inside of them, how would they cope? I would then share my feelings with them on how I would react. By activating the stress within them, by showing them what may happen if their trauma is not treated; it may give them the drive to keep going.

The fifth variable is creating a symbolic experience. Whitaker did this by "amplifying roles to provide experiences for the family and then quickly moved out.(Mitten and Connell, 2004) As part of the group therapy, role-playing will be integrated. The children will role play each of the roles: the abusive parent, the abused parent and the child. Following each role-play, the characters will discuss how they felt in their role.

The last variable is moving out of the system. "Whittaker stressed the need to inform the family as a therapist you won't be a lonesome mother. He would introduce bits of his real world by talking about new projects he was working on, a trip he was planning with his own family, or an encounter with another family." (Mitten and Connell, 2004, p. 8) The group therapy will be a set number of weeks. The children will be aware of the fact that the group is ending and everyone's life will move on. This idea of "moving on" will be stressed and repeated throughout the second half of the group sessions.

By using symbolic-experiential therapy and combining the Life model and ecological perspective, we can then achieve a holistic therapeutic program to utilize as a treatment model.

There are several similarities which can be used to combine the life model of social work practice, ecological perspective, and symbolic-experiential therapy. The Summary of Concepts table summarizes the key elements of each concept.

The prominent similarity among the three concepts is the person fitting into the environment. In the life model of social work practice it is through life processes; the ecological theory it is the life stressors; and through the symbolic-experiential therapy, it is the activation of stress. All of these concepts have one common activator, - the motivation to make a positive change.

The positive change in this instance is the awareness and education of domestic violence, coping measures, and using symbolic art therapy.

Using the symbolic-experiential therapy as a base, pieces of the ecological perspective and the life model of social work practice can be placed.

Generating an interpersonal set by expanding the child's world (Mitten and Connell, 2004) can be combined with life processes, growth, habitat and niche and relatedness. (Germain and Gitterman, 2005) The second stage is creating a suprasystem by using parallel play (Mitten and Connell, 2004); this can be combined with coping measures, adaptations and modification to environment to promote well-being. (Germain and Gitterman, 2005)

Summary of Concepts

Life Model of Social Work Practice (Germain and Gitterman, 2005)

Ecological Perspective (Germain and Gitterman, 2005)

Symbolic-Experiential Therapy (Mitten and Connell, 2004)

- Life Processes
- Strengths
- Health
- Growth
- Modification to environment to promote well-being
- Raising the level of person:environment fit

- Person:environment fit
- Adaptations
- Life stressors
- Coping measures
- Relatedness
- Competence
- Self esteem and direction
- Habitat and niche

- Generating an interpersonal set by expanding the child’s world
- Creating a suprasystem by using parallel play
- Stimulating a symbolic context by expressing memories or feeling in art form
- Activating stress by using anxiety to facilitate movement
- Creating a symbolic experience by amplifying the roles in the family
- Moving out of the system by letting the family know you will be fine

The third stage is stimulating a symbolic context by expressing memories or feelings in art form (Mitten and Connell, 2004); this can be combined with life processes. (Germain and Gitterman, 2005)

The fourth stage is activating stress by using anxiety to facilitate movement (Mitten and Connell, 2004); this can be also combined with life processes and life stressors. (Germain and Gitterman, 2005) The fifth stage is creating a symbolic experience by amplifying roles in the family (Mitten and Connell, 2004), which can be combined with raising the person:environment fit. (Germain and Gitterman, 2005) The last stage is moving out of the system (Mitten and Connell, 2004), which can be combined with growth, competence, self-esteem and direction. (Germain and Gitterman, 2005)

Proposed Treatment

The proposed treatment method will be in a group setting. Group settings work well with children. Groupwork reduces isolation, promotes corrective emotional experiences, and enhances interpersonal skills. (Malchiodi, 2008, p. 252)

The central factor for the participants of this therapy group is they are no longer living in violent homes and are now in safe houses. The ecological theory (Germain and Gitterman, 2005) believes in the person:environment fit. If a child is still being exposed to the violence, his/her environment is still negatively affecting the person. If the home they live in now is free from domestic violence, the odds are better since they will have a non-abusive parent/guardian to support them.

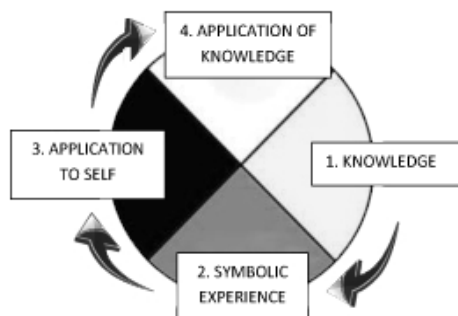
“Optimal candidates for group intervention are children who share similar treatment histories and who have had some previous individual intervention.” (Malchiodi, 2008, p. 253) The children in this group will have similar degrees of exposure to domestic violence and have also had some one-to-one counselling. If their histories are too different, the focus of the group will be too wide and it may lose its significance. The majority of this group will be art-focused therapy, within a group setting. “Any intervention with children who have been exposed to family violence has to provide positive, engaging sensory experiences and be developmentally appropriate to children’s way of

learning.” (Malchodi, 2008, p. 254) For the sake of age appropriateness, the group will be geared to children from ages seven to twelve.

Basic Group Therapy Framework

The framework for the therapeutic group will be the medicine wheel. “The medicine wheel is an ancient symbol used by almost all the Native people of North and South America. There are many different ways that this concept is expressed. The medicine wheel can be used to help us see or understand things we can’t quite see or understand because they are ideas and not physical objects.” (The Sacred Tree, 1984, p. 9) The combination of the symbolic-experiential therapy, Life Model of social work practice, and the Ecological theory’s content will be categorized and applied to this framework. “The medicine wheel can be used as a model of what human beings can become if they decide and act to develop to their full potential. Each person who looks deeply into the medicine wheel will see things in a slightly different way.” (Sacred Tree, 1984, p. 35)

Figure 4 – Group Therapy Process for Children Who Have Witnessed Domestic Violence



(Wabie, 2009)

The process of the therapy will be knowledge, symbolizing and experience, reapplication to self, and the application of knowledge to individuals, groups and communities in the child’s life. “The medicine wheel is a symbolic tool that helps us to see the interconnectedness of our being with the rest of creation.” (Sacred Tree, 1984, p.41) This is recognizant of the ecological theory which makes clear the need to view people and environments as a

unitary system within a particular cultural and historical context. Both person and environment can be fully understood only in terms of their relationship, in which each continually influences the other within a particular context. (Germain and Gitterman, 2005) The ideas parallel each other.

Using the medicine wheel is similar to using the ecological perspective with the life model of social work practice. The four aspects of the medicine wheel are the physical, mental, emotional and spiritual. One more important aspect of the wheel is volition (Sacred Tree, 1984, p. 15) which works with all areas and is interpreted as potential. In the life model of social work practice, it speaks of “1) people’s strengths, their innate push toward health, continual growth and release of potential; 2) modifications of environments, as needed, so that they sustain and promote well-being to the maximum degree possible, and 3) raising of the level of person:environment fit for individuals, families, groups and communities.” (Germain and Gitterman, 2005) The similarity is the volition to acquire these things as they are there for us to have, if we want it.

Another area that works well with the vision of the medicine wheel is the third stage in the symbolic-experiential therapy, which is “stimulating a symbolic context.” ((Mitten and Connell, 2004)

Preface to Group

This is a proposed arts-based therapeutic group for children (aged 7-12) who have been witnesses to domestic violence. It includes parts of Carl Whitaker’s symbolic-experiential therapy (Mitten and Connell, 2004), the life model of social work practice and ecological perspective (Germain and Gitterman, 2005). The process is framed on a medicine wheel to incorporate a holistic approach and to symbolize the balance each phase has with the other.

The area in which this proposed group will take place will be private, yet informal. There will be an area for tables and chairs, but also an area to sit on the floor where most of the group work will be done. An arts table will be set up, a small area to relax, and a snack area for the participants.

Before, during and after the group there will be a counsellor available for any child who needs to talk further. Since these children have experienced domestic violence, the group should take into account the possible occurrence of re-traumatization of the children.

Unforeseen issues may arise in group, so there will be two group facilitators in case of an emergency. One facilitator can stay with the group, while the issue is being dealt with.

A talking stick will be incorporated into the group discussions to assist the group with understanding we should respect the person talking. A talking stick, feather or rock is used in the Native culture to ensure the person who is speaking and holding the rock obtains everyone's attention.

Phase One – Knowledge

Week One- Setting Boundaries/Getting to Know Each Other

- Explain to group the premise behind why they have been chosen to attend
- Give teaching on the Medicine Wheel and the four phases
- Question/answer period
- Create Safety Net where children add ideas to how to make the group a safe place to be (group facilitators will add confidentiality, respect, and teamwork)
- Snack time for children
- Create name tags
- Introduce each other
- Ice breaker games
- Close Circle

Week Two – Learning About Feelings/Expressing Feelings

- Discuss with children what feelings are – create a chart where the children can add the types of feelings they have
- Use a feelings chart, ask children how many they can identify and explain
- Put posters up of feelings and their explanation after each child discusses

feelings they know

- Discuss with children each feeling on the posters
- Discuss with children how to express feelings
- Use the feelings chart, ask children how to express the feelings they have
- Review posters and explain different ways of expressing the feelings
- Ensure children know there are safe and unsafe ways of expressing feelings
- Snack time for children
- Use music as a tool to create pictures classical music to lullabies to punk rock to pop music
- Have child draw what they are feeling with markers, crayons, pen, pencils.
- Discuss each person's picture (passing is an option)
- Discuss with children how each type of music felt
- Give child handouts that say I feel _____ because _____.
- Ask child to fill in the first blank with a feeling and the second blank with a reason. Give examples.
- Close Circle/Group discussion on expression of feelings

Week Three – What is Domestic Violence? How Does It Affect Us?

- Discuss with children what domestic violence is – create a chart where the children can add what they believe violence is
- Facilitators will give a description on what domestic violence is
- Ask children (using the feelings posters and the “I feel ____ because _____”) to express how domestic violence feels to them
- Discuss with children what happens to a child's development when they witness domestic violence (age appropriate)
- Have children draw a picture of themselves and how it has affected them OR how it felt to witness the violence
- Group discussion
- Snack time for children

- Ground the children by reminding them they are not witnesses to the domestic violence anymore and they are safe
- Close circle

Phase Two – Symbolic Experience

Week Four – Our World Around Us/Eco-maps

- Bring in a big wide bucket full of water. Ask each child to individually drop in stones that have been given to them
- Discuss with children the ripple effect it gives when the stone is dropped
- Facilitators will incorporate their friends and family members by asking about a time when they were happy and showed it by doing something nice for another person (1st ripple)
- How did your friends/family react? (2nd ripple)
- How do you think it affected those around them? (3rd ripple)
- Facilitators will discuss with the children how their actions affect other people around them, that they do have influence over people near them and how it ripples out
- Group Discussion on something each child did that affected others
- Snack time for children
- Facilitators will discuss what an eco-map is (a “map” that shows you the people, groups and communities that you are part of) (age appropriate)
- Use pre-cut circles and glue, children will add their friends, families, school, communities they are a part of
- Group discussion on how each child affect those around him/her
- If there is more time available child can label which relationships are positive and negative
- Close circle

Week Five – Exploring Family Roles/Role Playing with Puppets

- Use felt puppets to create different types of families with children
- Discuss each type with children
- Have each child create their family from the puppets and present it to the group (passing

is an option)

- In pairs, have children play out a scenario (some positive, some negative) given to them by the facilitators
- Snack time for children
- Each pair will present to the group with discussion to follow
- Ground the children by reminding them they are not witnesses to the domestic violence anymore and they are safe
- Close circle

Week Six - Understanding Symbols/Creating Our Own Stories Through Art

- Discuss with children the symbols that facilitators have presented them with (Peace sign, McDonald’s golden arches, heart, etc)
- Have children write on each chart paper with symbol on it what it feels like to them or what they believe it represents
- Discuss the power of symbols with children
- Have each child create his/her own symbol of themselves
- Snack time for children
- Explain to children how creating comic strips can become symbolic of the domestic violence they have experienced
- Encourage each child to create their own comic strip on an incident of domestic violence they witnessed
- Children do not have to share unless they are comfortable enough
- Ground the children by reminding them they are not witnesses to the domestic violence anymore and they are safe
- Close circle

Phase 3 – Application to Self

Week Seven - Our Stories/Changing the End of the Story

- Have children look over their comics from last week or finish them
- Encourage them to share their stories with each other
- Group discussion on how the whole process felt when making their comic strips

- Snack time for children
- Have children cut out the sections where the domestic violence began in the comic strip sequence
- Have children come up with a different ending where he/she does not have to witness the violence
- Group discussion on how things changed and how the power felt
- Incorporate the feeling of power→power over their own life and how they feel
- Ground the children by reminding them they are not witnesses to the domestic violence anymore and they are safe
- Close circle

Week Eight- Changing the End of the Story/Living Now

- Finish group discussion on how things changed and how the power felt to be able to change the ending
- Incorporate the feeling of power→power over their own life and how they feel
- Ground the children by reminding them they are not witnesses to the domestic violence anymore and they are safe
- Have children create artwork on how their family looks now using markers, glue, magazines, etc.
- Group Discussion on their families
- Snack time for children
- Discuss with children how self-esteem and self-direction play an important role in their life
- Facilitators will ask each child to write his or her name on a piece of paper and tape it to the wall
- Each child will write something positive about the other group members
- Have each child share one positive thing someone else wrote about him/her and how it feels
- Give Eagle Feather teaching explaining the stem is the straight and narrow and the strands are the forks in the road but they all lead back to the stem
- Facilitators will have children draw a picture of what they want to be when they grow up

and how they will get there (their process)

- Children will draw the picture on a piece of paper with an eagle feather drawn on it
- Group discussion of results
- Close circle

Week Nine – How to Deal With Anger/How to Deal With Stress

- Discuss with group on how to deal with anger in their life
- Set anger rules – It is ok to be angry but it is not okay to hurt anyone else or yourself
- Give each child play-dough
- Ask children to think of something that has caused them to feel anger
- Ask them to mold something out of their play-dough while they still feel the anger
- Discuss how it felt, what does their play-dough look like, how can they change the parts of the story they are in charge of to walk away from the situation
- Snack time for children
- Discuss with group how they deal with stress in their life
- Have children write down or draw pictures of how they deal with stress on a piece of flip chart paper
- Discuss with children the positive and negative ways of dealing with stress, what causes stress, can we stop it before it starts?
- Ask each child to share one positive stress reliever he/she can use when dealing with stress or a difficult situation
- Close circle

Phase Four – Application of Knowledge

Week Ten – Stress Relievers/Creating Strengths Based Art

- Invite laughter yoga instructor to assist children on how to use breathing techniques and fun to relax
- Have children make stress balls out of balloons and cornstarch
- Group discussion on laughter yoga and how to use stress balls

- to use stress balls
- Snack time for children
- Facilitators will have refresher on domestic violence and why it is wrong
- Have children create artwork on “Stop Domestic Violence” by using all arts material available
- Group discussion on artwork
- Close circle

Week Eleven – Self Care Using the Medicine Wheel/ Personal Safety

- Facilitators will give teaching on Medicine Wheel and how to use it as a self-care tool by taking care of their physical, mental, spiritual, and emotional aspects.
- Each child will create his/her own medicine wheel and draw pictures or write how they will take care of each aspect
- Group discussion
- Snack time for the children
- Facilitators will discuss with group the right to being and feeling safe
- Children will create a business-size card with important numbers on it (family, friends, police, children’s aid society, etc)
- Group discussion on a number they have chosen and what it means to them
- Children will be divided into pairs, given scenarios to act out how to remain safe and what to do if you are in an unsafe position
- Children will act out scenarios for other participants
- Discussion on scenarios and invitation to invite one person to the last session
- Close circle

Week Twelve – What Have We Learned?/Family Time

- Facilitators will recap all of the subjects in other weeks
- Children will assist facilitators with recalling important facts and ideas that were discussed
- Children will come up with future goals and activities they will continue with or try now that the group is finishing (facilitators will also be involved)

- Children will prepare a book of their artwork to show their family members that they have invited
- Family members arrive and children share snack with them
- Children will share their book with their family members explaining what they have learned and explaining their comic strip, eco-maps, medicine wheel for self-care, dealing with stress and anger and their posters.
- Children and family members will choose one piece and put it in a frame and decorate the frame
- Children will receive certificates for completing the 12 week therapeutic group
- Handouts will be given to the children and family members on summarized information of the group work, and more information about supportive resources in the community

Summary

Further areas of study can include incorporation of child development phases, how being witness to domestic violence affects them, study varying degrees of domestic violence witnessed by these children and create a measuring tool to record the degrees and also have a concurrent group running for the abused person.

This twelve week therapeutic group for children who have been witnesses to domestic violence is not the antidote to all the challenges these children will face in life. The framework of this group encompasses all four aspects of a human being from an ecological perspective. The ecological perspective and the way of life for traditional Anishinabe (Native) people are very similar and complement each other well. This group will only give them the tools they need to understand what domestic violence is, their rights as an individual, how they affect people around them and how to cope with life stressors. It is up to the individuals to use their own will to apply what they have learned. Only then, can this therapeutic group be of any assistance to them and their life journey.

About the Author

Joey-Lynn Wabie lives in Chelmsford, Ontario with her husband and three children. She completed her undergraduate degree in the Native Human Services Program at Laurentian University. She currently works full-time and is a part-time student in the Master of Social Work program at Laurentian University. She dedicates this article to her father, Wabikjik Inini-ba.

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Do You Know What Your Kids Are Doing Online?

By Kristine Kofoed, OACAS Web Communications Coordinator

The Internet is an incredible tool, but it is fraught with risk, especially when it comes to our children. According to an Ipsos-Reid study, *Inter@ctive Teens: The Impact of the Internet on Canada's Next Generation*, Canadian teens spend an average of 13 hours a week online. Parents may set guidelines and boundaries to keep their kids safe, but do we really know exactly what our kids are doing online and who they're talking to?

As parents, we have to come to terms with the fact that technology has impacted the way our children grow up. Technological advances have given kids even more ways of reaching out from the confines of their living rooms and bedrooms to connect with their friends as well as people around the world they've never met in real life. Kids can chat in real-time with other players on the Xbox, send text messages and pictures via their cell phones, as well as broadcast their emotional state or physical location to all their 'friends' on Facebook or Twitter.

This technology is not going away, and since most teenagers aren't exactly known for their self-management skills or foresight, it's up to us as parents to not only educate ourselves about the technology our children use, but to ensure that our kids are not engaging in risky behavior online.

Do children deserve privacy when interacting online?

Some parents struggle with the idea of monitoring their children's Internet activities, especially when it comes to older children. It is normal for teenagers to want to assert their independence; that's where they're at developmentally. Nevertheless, it is important to remember that ensuring a child's safety through responsible supervision should always be paramount over concerns about invading privacy.

Talk openly with your kids about the potential dangers that exist on the Internet. Set clear expectations about the behavior that is expected from them. Some parents have their children sign an

Internet contract that spells out exactly what behavior is and is not allowed. Reinforce the idea that the Internet is a public place and that it is forever, meaning once content is posted, whether it be in an email, chat room, instant messaging or posting a picture, we lose all control over how that content is used. Be up front with your children and let them know you will be monitoring their Internet behavior.

So what exactly are the risks?

Cybertip.ca, Canada's national tip line for reporting the online exploitation of children, lists the top 5 risks to Canadian children on the Internet and recommends strategies for parents:

Risk #1: Sexual predators target online games that have chat rooms including interactive web games, computer and console games.

Recommended Strategies

- Stay involved and know the games your child is playing.
- Pay particular attention to games that incorporate a chat component - caution should be used before permitting your child to engage in chat with their opponents.
- Reinforce the concept of keeping personal information private.
- Some gaming consoles come with built in parental controls - activate this feature if available.
- Pay attention to what features come with your gaming console. For example, you may not want to give your child the ability to voice chat with others.

Risk #2: Sexual predators hijacking instant messaging (IM) accounts and coercing children/adolescents to send nude or partially clothed images of themselves.

Recommended Strategies

- Follow computer best practices such as installing anti-virus, firewalls and keeping your software up to date.
- Stress the importance of using appropriate passwords for instant messaging accounts. Obvious passwords are an easy way for others to gain access and control over accounts.
- Never enter your password into anything other than your IM program. Teach your child to check with you if unsure about the login area they are being asked to sign into.
- As the parent/guardian, you should be the only one that knows your child's password.

Risk #3: Sexual predators using 3D animated characters, referred to as avatars, to engage children/adolescents in online conversations.

Recommended Strategies

- Be aware of the IM/game program your child uses and any associated characters they have adopted to represent themselves (avatar).
- Ensure your child's avatar is age appropriate and non-descriptive. Recognize that avatars don't have to represent a person and can be used to mislead children/youth.
- Ensure they always get your permission before sharing personal information or accepting anything. Teach them what is meant by personal information and where on the Internet they may be asked for it.
- Be aware of all the contact names on your child's IM list and set the expectation that you must approve any new contacts added.

Risk #4: Sexual predators target social networking sites where children/adolescents are encouraged to create online diaries and connect with new people.

Recommended Strategies

- Review the social networking sites that your child visits and ensure that their online diary, profile, or photos do not contain identifying information.
- Be aware that your child can be exposed to inappropriate content as there is little or no moderation of content on social networking sites.
 - Most social networking sites are designed for age 13 and up but do not require age verification to become a member; therefore, it is very easy for young children to join.

“Parents have a responsibility to monitor the whereabouts of their kids, whether it's in the real world or the cyberworld.”

Dr. David Walsh, Psychologist and President of the National Institute on Media and the Family

Risk #5: Youth sending nude images to peers without understanding that the images can be forwarded and/or permanently posted online.

Recommended Strategies

- Reinforce the public nature of the Internet and make sure your child understands that you will monitor their online activity.
- Explain where it is appropriate for them to have privacy: confiding in close friends face-to-face, writing in a journal, private space in their bedroom (**there is no privacy on the Internet**).
- Monitor use of webcams, cell phones, posting and exchanging pictures online.
- Explain that once a picture is sent online they lose control of what is done with it (it may never be completely removed from the Internet).
- Monitor increased independence. Even though adolescents can appear as though they can “handle” things, they actually require and unconsciously seek adult guidance and supervision.

About the Author

Kristine Kofoed is the Web Communications Coordinator at OACAS.

Book Review

Tug of War: A Judge's Verdict on Separation, Custody Battles and the Bitter Realities of Family Court

By Bruce Leslie



This book helps clarify the legal terrain travelled by separating parents through family courts, with a particular focus on families with children. It was written mainly for parents who are thinking about going to family court, seeking to resolve their conflicts but is also very informative for the many

professionals who work with these families. Justice Brownstone, who is described in the foreword as a "...presiding, experienced, knowledgeable and caring family court judge" tries to forewarn parents to seek alternative avenues of resolution.

"Everyone should be mindful that there are no winners in family court when the fighting continues – everyone loses, especially the children."

He highlights that litigation is about "winning" in an adversarial process. A family court petition is a lawsuit and although there has been some recognition of the broader implications in family court and "softening" of the rules, it is still "a highly competitive way to resolve disputes." His hope is that parents can resolve their conflicts "in a proactive way, hopefully without court involvement." Judge Paula Hepner in one of the forewords echoes Justice Brownstone's view.

"None will suggest that resorting to the courts to settle issues of custody and visitation is good for the children involved. On the contrary, there is uniformity of opinion that for children, the process of litigation can be extremely damaging."

Separating parents are encouraged by the author to read this book as are law students aspiring to be family law lawyers. We also suggest that this book is worth reading by child welfare professionals involved with the families who do not heed these warnings. Justice Brownstone's book is a positive step in helping to unravel the complex familial dynamics and processes in the context of the family court proceedings, increasing the chances of positive outcomes and reducing the likelihood of negative ones. He has taken this complicated subject and managed to produce a book that is readable, inclusive and accessible.

Justice Brownstone, through his many years on the bench, has identified that..."aside from child protection cases where parental rights are being terminated due to child abuse and neglect, the most heart wrenching and tragic cases we see in family court are high-conflict custody and access disputes." As child welfare services are becoming increasingly involved in parental conflicts with related child maltreatment concerns, an enlarging sensitivity and awareness of the family court process for separating families and the impact of this re-structuring process on children is recommended. The book, "Tug of War", helps the field gain insight into some of the familial dynamics revealed by parents as they struggle to move apart, renegotiating relationships for themselves and their children through these legal processes. Parents that use the courts to resolve their separation are not in the majority (about 10%), but those that do have a greater likelihood of negative consequences for the children involved.

When these families require the involvement of child welfare services, they often prove to be extremely demanding cases. In Toronto, this has led to the

creation of the “*High Conflict Forum.*” Since 2004, this multi-disciplinary group of professionals, representing over 30 agencies, brings lawyers, mental health professionals, child welfare practitioners and judges together on a regular basis. The goal of the Forum is to develop services and programs for children going through a high conflict separation and divorce, and also to provide training and case consultation services for professionals.

Although, child welfare services are not frequently referred these families, there are a significant number that do require intervention. The significance is most often related to the complexity of issues and extensive demands, frequently requiring a specialized service to address child maltreatment concerns in a potentially toxic environment in which the needs of the children are not always paramount. When these cases are referred, there are often a multitude of professionals from other agencies already involved in providing service. Children Aid Societies are required to assess for indicators of child maltreatment and work with the families in an effort to reduce the level of high conflict. This can best happen in conjunction with the many other community based treatment agencies.

These tumultuous family transitions are not the norm, but as the private battles of separating parents become more public in the courts, their disputes can be made even more public through the involvement of child welfare services. Judge Brownstone highlights that when this happens, it is most frequently focused on actual or potential emotional harm to the children. He writes, “...my purpose in writing this chapter (*When private disputes become a public concern: calling in the child protection authorities*) is to sound an alarm bell for parents about the possibility that a child protection agency might become involved.” Although he advises parents that “...the welfare of your child must always be your paramount concern”, not all are listening.

An understanding of some of the perils and pitfalls of these conflicted “wars” is important for child welfare professionals drawn into this legal web of warring parents, pulling on bonds that connect them to each other and their children. The welfare of children is keenly dependent on the quality of the relationships created by those around them. When family structures transition to new forms, turbulence can erupt and in more destructive situations, children can be harmed or at risk. Child welfare services are sometimes called on to assist and can be one of the key supports to achieve a smoother change for all involved.

In this book, there are many informative insights into the world of the legal process and courts for those not greatly involved or trained in these areas. For example, it is important for child welfare staff to understand that there are different standards of proof in the family courts and criminal courts, as sometimes apparently contradictory outcomes are seen in situations such as domestic violence.

Another area of interest is in the determination of “The best interests of the child” in these proceedings. It is described as a fundamental legal principle governing custody and access cases. The most commonly referred to components considered in determining these interests are identified in the book as the following.

- Child’s emotional bonds
- Family’s status quo
- Parenting plans
- Parenting skills
- Children’s views and preferences
- Domestic violence
- Assessments
- Access by non-custodial parent

Justice Brownstone describes his role as weighing up perspectives, balancing competing interests and listening to convoluted arguments, “some well thought out and others emotionally laden.” He is guided by the position that parents working

cooperatively are most qualified to make decisions in their children's best interests. Although parents working through their separation in family court do not always evidence such effective communication, it does not preclude it as an outcome. He supports a resolution process for separating parents that is more sensitive, especially to the needs of the children who are directly and indirectly participating in these wars.

This book can aid child welfare professionals to more effectively understand the complex issues in working with families embroiled in a high conflict separation process carried out through the courts. Justice

Brownstone provides valuable insights into the associated legal processes, which will further enhance our ability to help reduce the high levels of conflict.

About the Authors

Bruce Leslie is the Manager of Quality Assurance at the Catholic Children's Aid Society of Toronto and a member of the Research Advisory for the High Conflict Forum. Howard Hurwitz is the Director of Child Welfare Services at Jewish Family and Child Service in Toronto and the chair of the High Conflict Forum.

Child Protection in New Zealand

By Teresa Pitman

Twenty years ago, New Zealand introduced the concept of Family Group Conferencing as a foundation of child protection services, and over the past two decades, the implementation of this concept has changed how the services are provided and even the ways that social workers think about cases.

Debbie Sturmfels, Manager of Care and Protection, Service Development, Child, Youth and Family (CYF) within the Ministry of Social Development in New Zealand, says: "When I go out of the country and talk to others in this field, I realize that we work under a different paradigm. I went to Australia recently for a meeting with social workers from several different countries to talk about permanency. As our discussions went on, I realized that they were talking about making the plans and decisions about the child. They weren't talking about the family. I kept wanting to ask 'but where is the family leading you? What is the family saying?'"

I met Debbie Sturmfels in the fall of 2008, when I was invited to New Zealand to speak at a conference and took the opportunity to tour the North Island. New Zealand is a beautiful and scenic country spread over two islands. North Americans tend to think of it as being close to Australia, but the distance from

Auckland, NZ, to Sydney on the east coast of Australia is almost as far as the distance between Toronto and Calgary – and it's all ocean in between. The population is about 4,280,000 and about 560,000 of those residents are Maori. Another 640,000 claim some Maori ancestry.

While there are several medium-sized cities, much of the country is rural. There are indeed more sheep than people; in fact, at present there are about 10 sheep for every human in New Zealand, and this is down from the 1982 level of 22 sheep per person.

Given the country's small size and population, child protection is administered nationally.

Sturmfels explained that over the years the large Ministry of Social Development has undergone many shifts in how it was organized, but currently the Child, Youth and Family Department covers Youth Justice and Child Protection. Sturmfels leads the development of new care and protection services, develops policies and supports the front-line social workers, working with the Office of the Chief Social Worker.

In 1989, New Zealand introduced Family Group

Conferencing as it was embodied in The Children Young Persons and Their Families Act passed that year. As with First Nations children in Canada, the native Maori children were over-represented in New Zealand child protection cases. This Act was developed through extensive consultation with the Maori leaders and incorporated some of the Maori beliefs and ideas about children and family.

“Under the legislation, we have to have Family Group Conferencing before we can go to court,” says Sturmfels. “The definition of family is broader than the nuclear family and may include people who are not blood relatives.” This is based in part on the Maori definitions of extended family or “whanau” (pronounced far-no or far-now) as the family group is called in the Maori language. While Family Group Conferencing is required by law at certain points in the case, Sturmfels would like to see it used more often. “We have drawn up principles of practice for child protection and we try to bring the principles of FGC into other aspects of our work,” she says. “We want people to really think about what family-led practice means, and about what things they need to be mindful of.”

Just as in Ontario, the well-being of the child is paramount, and the emphasis, Sturmfels says, is on “family-led service.” Sometimes these two values clash. “Then we need to seek the balance – protecting the child within the family,” she explains. “No matter what actions the family has taken that may have harmed the child, they are still to be involved in the process and the decision-making.”

When a child needs out-of-home care, there are three possible levels:

1. The families make decisions for themselves. If the family makes its own placement, there is funding available to help them arrange and support this plan. A family member – perhaps a grandparent – can ask for a Family Group Conference and as a group, the family might decide to have the child live with a relative or another suitable person, without involving the Child Protection Services at all.

2. The state (Child Protection Services) might instigate or be involved in the Family Group

Conference and thus be involved in the decision-making for the child being placed within the extended family, and in providing services if needed.

3. The child may come into care.

When a child lives with other family members, or comes into care, there is often a shared guardianship arrangement with the birth family, meaning that all parties have a say in major decisions about the child. The state and the birth family may share guardianship of the child. “This can be a challenge for the front-line worker,” says Sturmfels. “It does introduce new complexities, as the family caring for the child may now have to deal with the problems of the birth family as well.”

Recognizing that families who provide this care for children, whether with CYF involvement or without it, will need assistance, the Ministry gives them access to a wide range of services including counselling, disability services and legal services if needed.

With these principles in place, Sturmfels says New Zealand is continuing to seek improvement. “We are really concerned about the children in our care and the outcomes for them. They come in damaged and they leave no better,” she says. “At the most basic level, children need permanency, stability, belonging, and attachment in order to thrive. How do we achieve that? That’s the big question.”

Often if it is clear that the child will not be going back to his or her birth family, plans may be made to find a permanent placement within the family or extended family. “We can do parenting orders so that there is shared guardianship between the child’s birth parents and the person caring for the child,” she explains. “This is much the same as a shared custody agreement when a husband and wife split up and have children who need to be involved and connected to both parents.”

New Zealand is also hoping to improve services and supports for older youth. At present, young people in care leave the system at age 17. “We tend to concentrate on the younger children,” Sturmfels says, adding that those still in care at age 17 usually have high needs and significant difficulties. “We are trying

to think differently about this age group, and to give a stronger voice to children so they can participate more in the decision making.”

Another area of change is increased collaboration with the educational and health care systems. “Both of these are complex systems,” says Sturmfels. “Kids in care are especially vulnerable and require more services.”

When children come into care, they are given a comprehensive assessment of health and education needs to be brought to the family group conference for use in planning. “We tend to be focused on safety and not paying as much attention to health and education,” comments Sturmfels. “But we realized that many of these children have ongoing health problems and will need to be connected to the health care system throughout their lives, not just during the short period of time they may be in care. It was an Aha! moment. It’s much bigger than what CYF needs, it’s about what the child needs.”

Collaboration of this kind, of course, has its own challenges. “Working collaboratively with three government ministries that don’t always match up well isn’t easy. You quickly realize that you each have your own language and structures. There’s also the challenge of keeping this work within our family-based process – health care workers are not used to

the family calling the shots,” she adds.

This expanded sharing of services to children is still being tested out as a pilot project in some New Zealand communities. It does seem like a natural evolution, perhaps, from the collaborative approach inherent in family group conferencing.

It will also mean further changes in the ways that social workers engage and work with families, but Sturmfels sees this as a good thing: “Some people adopt collaborative work easily, almost instinctively. Others find it hard to work with others this way. I almost think it’s a personality trait, but it’s a skill you can develop. You need to be really secure in your own role, but know that your role will be challenged and will change.”

Perhaps that’s not a bad motto for child protection workers around the globe.

About the Author

Teresa Pitman worked as Communications Coordinator for Halton CAS and Peel CAS, and, as a freelancer, has provided various writing and communications services for OACAS and several CASs in Ontario. She is the author or co-author of twelve books on parenting topics and writes for magazines and newspapers as well.

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The 2010 OACAS Conference will celebrate excellence in child welfare and feature re-known speakers, plenary sessions, workshops, annual awards dinner celebration and a whole lot more.

Important Notice: OACAS is currently recruiting CAS staff to volunteer for the Steering Committee subcommittees. For more information contact Lisa Gosling at 416.987.3672 or lgosling@oacas.org

CORRECTION

Discussion paper now available on-line

The excerpt from the "Anti-Oppression in Child Welfare: Laying the Foundations for Change" discussion paper published in the Winter 2009 Journal omitted one of the authors, Lorna Grant. OACAS regrets the omission. The paper is correctly attributed as follows: "Anti-Oppression in Child Welfare: Laying the Foundations for Change", a discussion paper, and was prepared by the Child Welfare Anti-Oppression Roundtable, compiled and edited by Lorna Grant and Kike Ojo. The following members of the Child Welfare Anti-Oppression Roundtable contributed to the development of this paper: Meeta Bains, Cris Calley Jones, Sheryl Cohen Shecter, Sue Dale, Sharon Evans, Bernie Finnigan, Bernadette Gallagher, Shelley Garratt, Deb Gollnick, Lorna Grant, Inderjit Grewal, Christian Hackbusch, Robin Lelievre, Nicola Jones, Daniel Kaikulwe, Heidi Kiang, Elizabeth Molligan, Kike Ojo, Sharron Richards, Sally Rivers, Jean Samuel, Marna Shecter, Arijana Tomicic, Samantha Veniez, and Regina Whelan.

The "Anti-Oppression in Child Welfare: Laying the Foundations for Change" discussion paper is now available on-line. The paper is posted in its entirety on www.oacas.org, under publications, external publications and reports.