JOURNAL

Message from the Executive Director

The changed fiscal reality means that government and community agencies are facing difficult choices. The Ontario Government's spring budget projected a $16 billion deficit as revenues have dropped sharply and in many communities, especially where there is dependence on forestry, manufacturing or related industries, layoffs have occurred. Community service agencies, hospitals, educational facilities and child welfare agencies will need to carefully manage expenditures while continuing to provide required services.

Children's Aid Societies (CASs) have over 100 years of experience protecting children and supporting families. Child protection services are required in every community in Ontario. CASs are strong, responsive, established, community-based organizations that are part of a team of community responses to societal issues. Over the last several months, CASs have stayed focused on the needs of children despite the pressure to reduce services in order to manage costs.

Financial constraints can be seen as opportunities for positive change but must not threaten the safety net for children. Child welfare is and has to be responsive to the needs of all children at risk. There cannot be waiting lists. CASs are the only community-based organizations in Ontario that have the legislated mandate to investigate and assess child abuse and neglect.

Over the last 10 years, all community services have experienced sweeping changes and child welfare has been part of these radical shifts. Ontario's Children's Aid Societies have demonstrated the capacity to transform service delivery while keeping the primary focus on the best interests of the child. There has been success in implementing strength-based practices, participating in community capacity building, and developing alternative dispute resolution as an option for settling family issues without costly court involvement. Understanding that change is required, child welfare agencies have demonstrated a level of creativity in organizational responsiveness to the needs of children and families within a changing environment and under challenging circumstances.

Now is a time for government, agencies, stakeholders and communities to do everything possible to ensure Ontario acts in the best interests of children. This edition of the Journal presents articles on becoming dynamic facilitators of change, the power of the frontline child protection worker and research, programs and services for children and youth in care.

Jeanette Lewis
Executive Director

Becoming Dynamic Facilitators of Change: Acting to Advance the Well-Being of Ontario's Children and Youth

By Cathy Vine and Michael Saini

"Children are our Future" "No Child Left Behind" "Children First" Most social workers are familiar with these slogans, intended to spark interest and action on issues affecting the health, education and well-being of children and youth. Despite the inroads made by long-standing efforts like Campaign 2000, Ontario continues to be plagued with more children and families living in poverty, more incidents of child physical abuse, neglect and exposure to violence, more children coming into foster care, more youth becoming involved with the legal system, and more children being left behind by policies and programs that simply do not address their needs (see Table 1). Ontario has what it takes to be a place where every child is valued and grows up safe, nourished, sheltered and educated with access to key supports and opportunities. And yet children and youth are being left behind, denied opportunities to achieve their potential and grow into future leaders and stewards of our province.

Table 1 — The State of Ontario's Children
1 in 4 young children has trouble with learning and behavior
1 in 5 children has a diagnosable mental health problem
1 in 8 is growing up in poverty
1 in 2 is being abused by someone he or she knows and trusts
First Nations youth in some northern communities are committing suicide at a rate anywhere from 3 to 40 times the Canadian average
Most children in need do not receive effective prevention *or* treatment programs
There remains an over representation of Aboriginal children in our young offender facilities and out-of –home placements

Table 2 — Disconnect Between Aspirations and Current Realities	
Social Work Values and Aspirations	Current Realities
Social workers value children and youth and recognize that their development is shaped by the dynamic interaction of multiple influences including policies.	There is no shared vision or roadmap for supporting the development and success of Ontario's nearly four million young people.
Social workers recognize that children and youth have the right to have a voice in issues that affect them.	We commonly exclude children and youth from most efforts designed to protect and support them.
Social workers value equal participation for First Nations and newcomer children, youth and families, along with those living with disabilities or in poverty.	Our advocacy efforts typically involve speaking about them and on their behalf, rather than including them and supporting their leadership.
Social workers value social justice and work tirelessly to reduce the hardships of poverty on children, youth and families.	We commonly react to individual injustices, leaving less time to prevent broad-based injustice or to engage in more collective efforts.
Social workers know that parents have high hopes for their children.	The aspirations of parents, grandparents and young people rarely inform our advocacy efforts. There are divides between the children's sector, parents and the public policy-operating environments.

Few organizations articulated these issues more clearly than Voices for Children. With Voices for Children now closed, the promotion of children's well-being in Ontario has lost a significant voice. It is therefore timely to reconsider social work's professional responsibility and commitment to our most vulnerable populations. All of the persistent challenges facing children and youth must continue to be confronted with rejuvenated efforts and a recommitment of workers to become active agents of change. There are encouraging developments in research, practice and community activities. With Ontario's recent appointment of its first independent Provincial Advocate for Children and Youth, it is time to renew our advocacy efforts to promote the rights of children to be heard and to be actively involved when decisions are made that will affect them.

The Disconnect Between Our Aspirations and Current Realities

Despite the valiant efforts of social workers, individuals, organizations and communities, good information, good ideas and good advocacy, efforts do not have the impact they ought to. Why is this? Table 2 explores the disconnect between our values and aspirations and the current realities of our practice.

There is no question that social workers have a positive impact on the lives of children and youth every day, and that many of our customary roles (ranging from advocates, brokers and counselors to educators and researchers) ideally position us to advocate for children and youth. We do not recognize or celebrate our successes often enough. We are, however, concerned about the disconnect we see between our values and aspirations and the realities that continue to confront children and youth in Ontario. The task before us today is: how can we, as social workers, remodel ourselves to capitalize on our growing knowledge base and confront the challenges that are particular to child advocacy in Ontario in 2009?

Becoming Facilitators of Change

We must have a collective vision of what we want for young people and what supports and conditions are needed to realize that vision. We need to imagine what new roles and activities may be better suited to take us there. We will not accomplish our aspirations unless we re-think where our energy and attention should be focused. For example, we need to consider the roles that social workers can undertake to support young people to become actively and creatively involved in change efforts. Social workers need to consider how we can energetically support the ideas and initiatives developed by young people. We need stronger collaboration between researchers and community members. We are well prepared to take on the tasks of linking, connecting and fostering collaboration among various sectors. Social workers need to act on the internal voice that says, "If only we could…" This new working model is vital, as various social agencies are being required to renew, adapt, refine, revise and evaluate the services they provide for children and their families to ensure these services are based on the best available evidence of effectiveness and efficiency. Governments have endorsed a partnership-based orientation by promoting research programs for which participation by academic institutions and community organizations is a requirement. For example, CURA programs (Community University Research Alliance) and the SSHRC (Social Sciences and Humanities Research Council of Canada) Strategic Knowledge Clusters, as well as the Knowledge Translation Strategy and other CIHR (Canadian Institutes of Health Research) partnership programs, reflect this shift.

Moving Forward

There is a new space being carved for child advocacy in Ontario with the appointment of our first independent child and youth advocate. Here are some new strategies that we are encouraging social workers to adopt in order to become more active facilitators of positive change.

Create Opportunities for Public Engagement in Children's Issues

Public engagement requires the participation of all stakeholders, including decision-makers, researchers, professionals, children, families, and community leaders. Bridge the divide among stakeholders by focusing on shared visions and common concerns of child poverty, child maltreatment and youth crime. Shape public debates constructively to optimize media coverage and inform public perceptions that prove influential in the policy process.

Build and Support a "Community of Interest"

Create opportunities for researchers, advocates, service providers, policy-makers and people living with particular issues/challenges — including parents, children and youth — to share information, issues and ideas on a regular basis. Building relationships among stakeholders and promoting personal contact is key to building effective "community of interest" teams to better identify issues, develop effective responses and measure change.

From Consultation to Involvement

Provide an environment for young people and parents to give feedback on services and materials and equally importantly, create opportunities for them to become actively involved from start to finish. Consider the silent voices and actively include those who may not have historically had a place at the table.

Empower Children and Youth

Engage young people and encourage them to develop and act on their own ideas and solutions. Youth engagement depends on adults being engaged with them. Speak with young people instead of about them at every opportunity. Encourage them to speak for themselves. Involve young people in decision-making processes; and encourage them to enhance their skills to advocate for change.

From Information to People…from Dissemination to Dialogue

Work with researchers to translate evidence into clear messages for change so as to shift the focus from producing good reports and passive dissemination (posting on a web site or sending out reports by mail) to finding creative and multi-pronged strategies to stimulate dialogue and mobilize stakeholder groups.

Research Is Power: Use New Knowledge for Advocacy

Research is meant to illuminate opinion, enable policy-makers to orient themselves and create a climate of action. The growing influence of evidence to inform practice has led to a "community of interest" between research, policy and practice to improve outcomes for vulnerable children and young people. Social workers need to be supported to become better consumers of research evidence and to develop the critical skills needed to assess the relevance, credibility and applicability of new evidence affecting children and youth.

Conclusion and Invitation

We must celebrate every success so that all of us can participate in positive change-making for and with children and youth. We need to shine a light on solutions and the steps taken to get there. We have much to learn from each other. There is still much work to be done. We know that in some of Ontario's remote First Nations communities, children and youth are being denied their basic rights to safe drinking water and an education. We know that 345,000 children in Ontario continue to be compromised by poverty. We continue to collect data on many aspects of children's development, but we still do not have an overall picture of whether things are improving or getting worse. We do not know how to make the most of evidence to inform policy and practice with children and their families.

These are difficult problems to solve and we need to

use creative ways to find solutions. There are some activities we can do independently, while others are best accomplished within organizations and communities or through networks and coalitions. We would like to hear from you. How do you suggest we renew, adapt and refine our advocacy efforts to become more effective in meeting the needs of children and youth in Ontario? We invite you to send your suggestions and success stories so we can showcase solutions and highlight the possibilities. Please email: cyag@oasw.org

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End Notes

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Mark your calendars
Save These Dates!

December Consultation & Symposium – KEYS TO QUALITY: Investing in Excellence
– *members event*
November 30, December 1 & 2, 2009

Where: Doubletree by Hilton, 655 Dixon Road, Toronto, Ontario.

Who can attend: child welfare agency senior management teams, boards of directors, and quality personnel at OACAS member agencies.

About: Q-Net (the Ontario Child Welfare Quality Network) and OACAS are organizing this symposium as Phase II of Q-Net's Building Provincial Quality Capacity Project. The symposium is built around the Keys to Quality handbook delivered in March 2009 and is titled: "Keys to Quality: Investing in Excellence".

March Consultation & Symposium – CRITICAL CONNECTIONS: Where Woman Abuse and Child Safety Intersect – *members and public event*
March 8-10, 2010

Where: Doubletree by Hilton, 655 Dixon Road, Toronto, Ontario.

Who can attend: OACAS member agencies' management, staff and board members; management and staff from the Violence Against Women sector, government, police, health and education. Professionals working with women and their children experiencing abuse are invited to attend.

About: The symposium, CRITICAL CONNECTIONS: Where Woman Abuse and Child Safety Intersects, aims to promote increased awareness of the impact of woman abuse as it relates to the safety and well-being of children and families; build and showcase collaborative programs and identify trends, new programs and research. This event will feature internationally recognized keynote speakers, highlight collaborative programs in Ontario and launch an "ideas and practice guide" for service providers.

2010 OACAS Conference – Putting Children First Makes A Difference
– *members and public event*
June 6-9, 2010

Where: Doubletree by Hilton, 655 Dixon Rd., Toronto.

Who can attend: OACAS member agencies' management, staff and board members and professionals in national and international child welfare and child serving organizations.

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

Daily Practice Narratives of Child Protection Workers: The Power of the Frontline

By Yvonne Gomez

Introduction

All interactions in child welfare are based in power. Power relations in child welfare have been documented in social work literature. Dumbrill and Maiter (1997) provide a clear example of the way that clients understand power in child welfare as "an encounter with child welfare authorities…often experienced as an encounter with 'absolute' power" (cited in Strega 2007, p.69). "For some clients, particularly Indigenous clients, the encounter is connected with historical, social and political oppression" (p.69). In this paper I present my thesis findings which are based on a narrative inquiry of frontline child protection workers, as well as present the implications on practice. This study was done to better understand how power is conceptualized through the analysis of daily practice stories. In my own practice experiences as a frontline child protection worker, I have found myself engaged in many complex relations of power. My curiosity, therefore, lies in how workers understand these relations and how analyzing power in daily practice could be transformative to the practices of child welfare. In the study of child welfare, little research has been done from the perspective of the frontline child protection worker.

Who are the Frontline Child Protection Workers in Canada?

Central to understanding frontline child protection workers is the question of who they are. This question is challenging to answer in Canada as the literature is limited and statistical data on social work as a profession is scarce, particularly in child welfare. What is known is that many new graduates of social work begin their careers in child protection but "few are committing to long-term careers in this field" (Kufeldt & McKenzie, 2003, p.41). The data provided in the report *A National Profile of Child Protection Workers* dates back to 1998 and is by no means comprehensive. Unfortunately it is the only study conducted on child protection workers in Canada to date.

Although the profile of workers might have seen changes since 1998 (which was my own experience, being hired in a large urban center where there were linguistic and culturally specific recruitments), overall the face of a worker in child protection is that of a young, white female BSW graduate with less then two years of direct practical experience in the field. Further research needs to occur to update this information as it was limited in participant numbers and the data is now more than a decade old.

Literature Review

The literature reviewed for my thesis was extensive and looked at existing knowledge about frontline practitioners and power in the area of child protection work; specifically, the perspectives of frontline practitioners in the literature and remarks on areas where these perspectives of are either well-represented or missing from the literature. The review was divided into three parts. *Part One: Power in Child Protection* examines the ways power has been understood in social work literature from various perspectives, as well as Foucault's concept of power and how it has been applied to social work. *Part Two: Perspectives from the Frontline* explores the ways that child protection workers have been represented in the literature and identifies gaps in the literature. *Part Three: Anti-Oppressive Practice in Child Welfare* presents an alternative means of practice for frontline child protection workers. The literature conveys that there is a gap in practice knowledge, and I hope that my research will begin to address the topic of frontline protection workers. The full literature review can be found in my thesis (Gomez, 2008).

Methodological Theory: Narrative Analysis

Narrative analysis as a methodology is broad in its beginnings and, as Riessman (2002) suggests, "does not fit neatly within the boundaries of any single scholarly field" (p.217). I used narrative analysis as a way to expand what is currently understood of frontline child protection workers' practices. In addition, this methodology provides a means of documenting knowledge from the perspective of those in the field. Narratives provide data where operations of power can be analysed and new ways of understanding social work practice can be formed. The key influences in shaping my understanding of narrative analysis have been the works of Riessman (2002, 2005), as well as Urek (2005) and Fraser (2004). Fraser (2004) adds to Riessman's (2002) work by taking the analysis further and by entering into the discussion of social context and how we are active subjects in our world. Narrative research that is done from a critical social work perspective looks at "author[ing] the stories that 'ordinary' people tell" (Fraser, 2004, p.181). This makes narrative methodology well-suited to the task of examining the stories of 'ordinary' frontline child protection workers.

Analysis

Central to the research was developing a better understanding of how frontline child protection workers conceptualize power in daily practice. Their stories could be analyzed in many different ways. Although using personal stories could be interpreted as a criticism of British Colombia's Ministry of Child and Family Development or of state child protection authorities in general, it is not the intention. This research could prove harmful if used against frontline child protection workers and the information shared with me during the interviews could, if it became public knowledge, marginalize a participant in his/her workplace. Obviously, I did not want this to happen. Likewise, I did not want these interviews to be used to reaffirm stereotypes about workers in child welfare. My intention, rather, was to disrupt the dichotomy of the power hungry worker and the powerless worker. It is my hope that the research will be understood not only as a challenge to the status quo in how frontline child protection practice is understood but also as a "challenge [to] my own complacency in the systems of domination and subordination" (Strega, 2007, p. 3) in which I have worked and in which I aspire to continue my career.

Stories of Daily Practice

It is important to present frontline child protection workers as a means to honor their knowledge and participation. The stories have been named as a means of respecting their experience and contribution. For the complete stories please refer to my thesis (Gomez, 2008).

I Fell for her Sherri's story is titled *I fell for her* as it draws attention to the fact that Sherri feels she is doing something wrong or illicit by having a "human" relationship within the structure of child protection.

Nobody wants me Vickie's story is one of practicing alone, even when she has peers. She separates herself from her colleagues, supervisors and even from the structure of child protection, her family, and herself. By the end of her narrative, the reader is left with a sense that Vickie cannot see value in her way of practicing.

The White man Marc's narrative shares his experience of power and how it can be perceived by others. Marc is very aware of his particular place in the child welfare system, yet he maintains a sense of humor on his role as a helping professional.

One of my children Amber's narrative is an example of the positive potential that daily practice holds in child protection. Amber's understanding of relationship, relationship building and the impact that worker-client relationships can have on the client, in this case the youth and all the peripheral people that are involved in the youth's life.

You're upright and still laughing Jean recounts a heart-warming story of how her relationship with a particular mother was a gift to her own learning and to her journey of becoming a better frontline child protection worker, where family can be a celebration and the worker can practice alongside the client in a judgment-free environment.

I don't really know why As in all the stories, relationship building and keeping the practice client-centered are at the forefront with Gillian. Throughout Gillian's narrative, she attempts to work out what was going on for her at the time that she was practicing on this particular case. It was as if she had never reflected on this particular practice experience before.

Talking about Practice

What daily practice looks like from the perspective of the frontline worker is not easily found in social work literature and it was not freely spoken about by the research participants. One participant spoke nervously even before being recorded, and referred to the research process as visiting a confessional. Another stated that talking about practice was not something she had done in the past. There was a real element of participating in a secretive or illicit act while talking about daily practice. This being said, one participant was glad to have someone to listen to his/her story. Another worker thanked me profusely at the end of the process, commented that she was very glad to have shared her stories, and noted that she has never done so before, even with colleagues. There was a pervasive sense among all participants that there is a lack of space or realization that collaborating in practice means bringing yourself, as a frontline child protection worker, into discussions about practice. Vickie, one of the participants, expressed this sentiment of doubt in her narrative: "*I've had so many wicked things happen. One time, I don't know if this can be shared, but it is just too weird not to share to illustrate my practice.*" The sharing of one's stories is not a simple task as there is an element of risk and vulnerability particularly when referring to one's own practice.

Participants raised concerns about confidentiality, not wanting to compromise the families or other people involved in the files. There was also a real hesitancy around sharing actual stories of practice versus their thoughts on daily practice. An important point here to highlight is that these participants self-selected to participate in the research and yet speaking about themselves and telling stories from their perspectives was a challenge. I expected that it would take a bit of time for participants to warm up to telling stories, as this was common in the interview skills and narrative methodology literature that I read. In all cases it took the participants a significant time (up to half the interview) to become comfortable enough to speak about their own daily practice experiences. In two cases, I was not able to use the interviews as the participants were not able to enter into a comfortable enough space to speak in a narrative way about daily practice. The fact that it was such a challenge for participants to speak in the first person shows how removed from their own practice these frontline child protection workers are. Yet their expression of satisfaction and relief about participating in the research shows that frontline child protection workers benefit, at least personally, by having their experiences heard and validated. This reinforces the need to examine daily practice experiences from the perspective of frontline workers.

The Conceptualization of Power

Power, for the participants, took on many forms during their stories. Traditional scripts of power took shape in the workers' stories; such as the roles of hero or martyr in Sherri and Gillian's stories, as well as the role of the powerless worker that appeared in Marc, Vickie, and Jean's narratives. What came out consistently during the interviews was that each of the participants flowed in and out of different understandings of power, often in the same story.

What does it mean to have an inconsistent presentation of power throughout the participants'

stories and to each other's narratives? Foucault's thinking allows for the traditional notions of power to exist while acknowledging that they are limited to understand power. All workers in child protection have some notion of distance and the expectation of being a neutral worker, but what we persistently see is that there is resistance to engage in different types of relationships within the system of child welfare. This resistance occurs for a myriad of reasons that are outside the scope of my research but are generally moral and ethical in nature.

The Practice of Frontline Child Protection Workers is Relational

Workers' conceptualizations of power have been observed through their daily practice narratives. Throughout the narratives, I found that no matter what philosophy of practice, or theory of social work each participant came into the interview process with, every participant spoke about their practice in terms of relationship. Does this mean that all workers have the same understanding of relationship? No. But what is shared among all the participants is a collective language of relationship when speaking about clients. Using this relational language presents the frontline child protection workers' enactments of practice as postmodern even within a dominant script that holds the understanding that power flows from a central place, in this case the legislation and mandate of child protection.

The narratives also show that frontline child protection workers do not use this same conceptualization of power in regards to peers, colleagues or supervisors. What is key to my understanding of this focus on relationship is how workers understand *themselves* when practicing with clients. According to Foucault's understanding of power, even when workers do not make the connection between their practice beliefs and how they carry out their practice, they enact their power as relational. Therefore in child welfare, where frontline child protection workers are constructed as subjects that have the capacity and will to enact power over

their clients, the workers' conceptualization of power involves daily practice experiences with and for clients through their relationships with these very clients. The frontline child protection workers that participated, even those with the most traditional understandings of their role, understood and presented their practice as relational. Examples of this relational practice can be seen throughout the narratives, particularly in Amber's connection with the youth where foster placement was an issue, as well as in Marc's stories where he dealt with the sensitive issue of inter-family sexual abuse and also in Vickie's story of being an ally to the client with police. Even when the practice is challenging and the worker does not have positive feelings about the outcome (as per Marc and Vickie), we can see the relational practice of the workers. For example, Amber expresses the youth's sentiment so well although the youth's feelings were not directed at Amber but were speaking to the bigger picture: *"...it wasn't I'm [Amber's] great, it was " chose this, thank you"*. This tiny excerpt shares so much feeling and implies that relational practice is meaningful and being practiced successfully every day. Amber's narrative is a perfect example for doing so and always maintains that she is indeed practicing inside a system of child welfare where she has not always been supported. Daily practice has the capacity to move beyond traditional understandings of power and rigid expectations of the child welfare system although worker/client is not the only relationship that needs further examination.

Is Change From the Bottom Possible?

Sawicki (1990) provides us with the postmodern understanding of Foucault's work that power is productive and not repressive, that power can be analysed from the bottom up. I feel that the narratives collected are a first step to challenge frontline child protection workers to take the notion of relational practice and test its potential to effect change. This would require further initiatives and research. I am not the first to take social workers to task; Wharf and McKenzie (2004) state that for change to be successful it must come from a bottom up in order

for policy and practice to connect in a meaningful way. Moreau's (1989) work encourages frontline child protection workers to exploit their time alone with clients, outside of the watchful eyes of the system and bureaucracy that is child welfare. Much research has been done on alternative means of practice and best practices, see for example, Callahan (1989, 2000), Swift (1995) and Strega (2005, 2007). My research provides narratives from workers' enactment, of relational practice on a daily scale, which moves beyond techniques and theories such as anti-oppressive practice in place of looking at those people/workers that carry out the practice. My research is only a small step in wanting to understand daily practice from the perspective of frontline child protection worker and, as mentioned, relationships with clients is the factor that stands out. This is similar to what is found in the literature on anti-oppressive practice and I would like to suggest that further research on this subject include the exploration of other relationships that exist in child welfare. Further analysis of daily practice can only enrich the movement of wanting to see change from the bottom up, where frontline child protection workers and clients can work toward shared goals.

Where Do We Go From Here?

Frontline child protection workers have the potential to be transformative in their daily practice. This idea of transformation is not original and can be found in social work literature that looks at systems and occupational culture from Parton (1996) and Scourfield (2003). If the potential of frontline child protection workers is to be utilized, there is a need to study what workers are doing at work, as suggested by Parton (1996). Emphasis on "paying close attention to the effects of what workers do, the beliefs they profess, and the organization of social services departments, their routines and bureaucracies" must enter into our academic and practical thinking (Scourfield, 2003, p.31). What my research brings to light is the idea that each frontline child protection worker thinks that they are the only one. By this I mean their feelings of practice are not shared or

normalized with each other. My findings show that they practice alone and are isolated from peers and supervisors both systemically and by their own beliefs and that they are doing what no other worker is doing with and for their clients. All of this occurs in spite of the existence of professional associations such as the British Columbia Association of Social Workers (hereafter BCASW) that aim to provide space for professional development and discussions around practice issues to occur. The BCASW has committees, such as the committee of Child Welfare and Family, which have organized listening tours to engage child protection professionals, families and communities in discussions together. Despite the availability of this resource, frontline child protection workers cannot engage with the outside. Perhaps we need to focus our attention inward on ourselves before looking to change the system. It is difficult to build relationships, but this needs to occur outside the constraints of the child welfare system before there is any kind of transformation from the bottom up. What would happen if all frontline child protection workers placed relationship as a practice priority? What would the impact be on the structure of child welfare?

The Master's House

Much like Lorde (1984) and then Strega's (1995) work on the view from the poststructuralist margins of research, I too feel that the master's tool will not dismantle the master's house. The role of frontline child protection worker has many facets, a few of which are to act as professionals, enforcers of policy and to protect children, while simultaneously acting as advocate and ally with clients. This leaves workers with an overwhelming sense of responsibility that they carry as individuals, not as frontline child protection workers forming part of a team in the bigger picture of child protection and child welfare. I use these words 'with' and 'for' even when it is not easy to see because at the heart of anti-oppressive practice, or whatever the newest best practice methodology is being labeled, this is the biggest shift in practice.

Is change from the inside possible? This is an ongoing debate, most eloquently articulated by Audre Lorde (1984) and Strega (2005, 2007). Audre Lorde (1984) stated "the master's tools will never dismantle the master's house" (p. 112). A strong emphasis is placed on community and its ability to meet its own needs on its own terms. Lorde (1984) goes on to say that "they [the master's tools] merely allow us temporarily to beat him at his own game, but they will never enable us to bring about genuine change" (p. 112). It is Lorde's position that change is not possible from inside the already-established institutions, a position that oversimplifies the debate of child welfare. It is not as simple as breaking down the challenge of meeting children's needs to an inside/outside debate. Child welfare is missing community from within – the workers are splintered and judgmental of each other (as seen in Vickie and Amber's stories) and they are policing and controlling themselves (as seen in Gillian and Marc's stories).

An alternative way of seeing change as possible is presented by Mohanty (in Turner et al., 2004): "genuine change results from fighting power and domination, using and modifying the master's tools, creating our own tools. Genuine change must be demanded and worked for; it is never a gift" (p. 37). Yet as social workers we form a group that we rarely acknowledge. The BCASW is doing work to bind workers together to have discussions by way of projects like the Listening Tour done by the work of the Child Welfare and Family Committee.

Final Thoughts

My research has reinforced my own personal experiences as a frontline child protection worker, specifically the idea that one thinks that one's practice is individual and that one is practicing alone. My research shows that this sentiment of practicing in isolation is shared. Normalizing these feelings of practicing alone could both open the discussion on how practice is occurring and broaden our understanding of how practice is being done from the perspective of the frontline worker. Furthermore,

such a dialogue could tackle the possibility of how conceptualizing power in these terms may provide us with a different way to discuss change from the bottom up.

Finally, without understanding the perspective of frontline child protection workers in their daily practice, we are in the same place we have always been with an incomplete narrative of child welfare. The study's six frontline child protection workers have given us an understanding of how to continue the pursuit of practice knowledge. I hope that, in part, my work presents alternative views of child protection practice and how dedicated the workers in this field are to the families they serve.

About the Author:

Yvonne Gomez has worked in the field of child welfare in several facets for the past seven years: as a frontline child protection worker with the Catholic Children's Aid Society of Toronto, an international caseworker with International Social Service Canada, an adoption and guardianship counselor in Victoria, British Columbia and presently as a kinship worker at the Children's Aid Society of Ottawa. Yvonne recently completed her MSW at the University of Victoria. Her thesis focuses the daily practice narratives of frontline child protection workers. What this research has answered for her is that there is a place to impact change in the larger system of Child Welfare through those who deliver the services, and that this transformative practice is underway on the front lines, although we as practitioners and researchers do not fully grasp its reality yet. What has also come out of her own daily practice and research is that there is not enough thoughtful sharing between professionals or academics on the topic of Child Welfare practice.

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Ontario Association of
Children's Aid Societies
The voice of child welfare in Ontario

Celebrating 20 Years of Enriching Education for Youth
Recognizing the Clark Bursary Award recipients and the Clarks

On June 1, OACAS, member agencies and youth in care celebrated the 20th anniversary of the Clark Awards and the Clark family's ongoing commitment to education for youth.

For 20 years, Ron and Nancy Clark of Caledonia have graciously donated to the Clark Bursary Fund to ensure youth in care can pursue their academic dreams through scholarships and bursaries. From the first endowment in 1989, the number of new bursaries awarded annually has steadily increased from five bursaries of $250 to 20 bursaries of $4,500 per year for university studies and $3,000 per year for college studies in 2009.

History

- In 1989, there were five bursaries of $250 awarded to young people in care.

- In 1995, Ron and Nancy began contributing yearly to ensure 20 bursaries were available to deserving young people.

- In 2000, they introduced the one-time Clark Grant of $1,000 to youth in care and former youth in care pursuing educational, employment or skills development programs.

- In 2007, the Clarks' benevolence continued with the introduction of the Clark Graduation Award, a gift of $1,000 for Clark Bursary recipients completing their post-secondary studies, a generous graduation present from the Clarks.

- In 2009, 20 new bursaries and 20 grants were presented.

Since 1989, the Clarks' have donated $1.96 million and supported 480 bursary and grant recipients. The Clark Bursary Fund continues to make it possible for exceptional young people to pursue post-secondary education.

A 2009 Clark Bursary recipient, said of the Clarks, "Your generosity is greatly appreciated because without your support I would not be able to continue my dream of becoming a nurse. I've worked hard to get this far and now look forward to my graduation knowing that I finally made it thanks to you."

Another 2009 Clark Bursary recipient, wrote said in a letter to the Clarks, "Education is something I greatly value. Having been a foster child at a young age, change of setting and relationships were [things] I was fairly used to. To me, school offered a type of continuity and stability. Please know that your generous contribution to my education will never be forgotten. With all my heart, thank you."

L to R: Clark's daughter-in-law Sandy Clark

and Christie Heaslit

At the Annual Awards Dinner, the 20 new recipients expressed their gratitude to the Clarks for their ongoing contributions. This year the Clark family was represented by daughter Christie Heaslit and daughter-in-law Sandy Clark. On behalf of Ron and Nancy, they presented the awards along with Minister of Children and Youth Services, Deb Matthews to the 20 exceptional young people who were selected based on academic success and excellence in community involvement.

Each individual who receives a bursary is eligible for up to three more years of funding, depending on the educational program. Students attending university receive $4,500 per year and students attending college receive $3,000 per year. The Clark Bursary is valued at up to $18,000 for each youth for their university or college pursuits.

The 20 recipients in 2009 were selected for the Clark

Bursary from these member agencies:

- Algoma Children's Aid Society

- Catholic Children's Aid Society of Hamilton

- Children's Aid Society of Hamilton

- Children's Aid Society of Ottawa

- Children's Aid Society of Simcoe County

- City of Kingston & County of Frontenac Children's Aid Society

- Dufferin Children's & Family Services

- Haldimand-Norfolk Children's Aid Society

- Hastings Children's Aid Society

- Kenora-Patricia Children & Family Services

- London-Middlesex Children's Aid Society

- Northumberland Children's Aid Society

- Peel Children's Aid Society

- Prescott-Russell Services to Children and Adults

- Sudbury-Manitoulin Children's Aid Society

- Thunder Bay Children's Aid Society

- Toronto Catholic Children's Aid Society

- Waterloo Family & Children's Services

- Wellington Family & Children's Services

- Windsor-Essex Children's Aid Society

The fund provides ongoing scholarships, bursaries and opportunities for the most exceptional young people involved with Ontario's Children's Aid Societies to pursue their post-secondary aspirations.

The Clark family has shown their commitment to youth education and achievement and they have made a vital difference in the lives of young people who have overcome many obstacles and now have the opportunities to reach their potential.

Aging Out of Care: A Major Life Obstacle
The Needs of Youth in Care

Many groups are offering advice on changes to policies and programs to help youth in care to reach their potential. The following submission is offered by a very wise 22 year-old in her third year of university, and quite clearly on track to a very successful career. In her words:

The Children's Aid Society became my parents when I was twelve years old. I was raised by a wonderful, caring foster mother who taught me all I needed to know to be a good person. I was guided by social workers who knew how to help me achieve my life goals. I was mentored by a Big Sister who took me under her wing when I needed

someone to talk to. I attribute much of my success these past ten years to the dedication of these individuals, and their determination to see me survive even against the odds.

Despite the strength of my support network, as my twenty-first birthday approached I was not planning a party like most young adults my age. Rather, I was overwhelmed with feelings of anxiety, stress and the strong feeling of abandonment from my past re-surfaced as I would no longer be considered part of something that had been part of my identity for so long. Needless to say, my twenty-first birthday was anything but cause

for celebration as I was loosing everything that kept my life in one piece; my financial support, my health coverage, my support networks and my sense of self.

I am at university, also working two jobs to cover my costs of living. I consider myself successful in my academic endeavors, but that is not to say that help wasn't desperately needed along the way.

She also dedicates her submission to a fellow youth – a fine young man – who took his life shortly after he "aged out" in 2006.

Both young people experienced many hardships, were given many opportunities and were attending university. They were the shining stars; leaders who were doing something good with their lives.

In the words of our young advocate:

I do know what it's like to feel like you have lost everything that you counted on to survive. I do know what it feels like to be a part of something that gives you stability and sense of self, only to have it taken away. I do know what it feels like to not know how you will make it without becoming consumed by exhaustion from the stress of it all. This (the suicide) could have easily happened to me.

*For this reason, I feel it is my responsibility to make people aware of the struggles that youth in care face by being forced to walk away from our stability, our family, our identity. It is my hope that some good will come of a terrible situation and that policy makers, social workers and youth can work together to ensure that **NO** youth is ever made to feel this way again.*

A voice of experience offers the following proposal:

Statement of Need: For youth aging out of foster care, turning 21 is not a celebration, but rather a cause of anxiety, stress and fear of abandonment. Although the ideal situation would allow for extension of the age of emancipation to 24, there are changes that can be made now to help equip youth between the ages of 17 and 21 with the necessary tools for a successful transition into adulthood.

Current Reality:

1) Lack of policies surrounding preparation and completion of aging out process in terms of worker involvement etc., as well as insignificant credit given to ECM cases on a worker's caseload.

2) Expectation of youth to find housing and employment by themselves, while still in high school, as well as deal with housing arrangements after age 21.

3) Upon 21 birthday, youth are no longer given a bus pass, often their only means of transportation .

4) Youth lose health and dental benefits, including counseling coverage at age 21.

5) Youth are often forced to work full time, or more than one job while still in school to make ends meet.

6) For youth entering post secondary, there are often no housing arrangements made for holidays, or school breaks when students are expected to vacate residence.

7) After turning 21, youth often feel like they have no place to turn when they are in trouble or need someone to talk to.

8) Youth often have to work within a tight and often unreasonable budget to make ends meet and stay out of debt (See Appendix 1)

Appendix 1 Post Secondary Student Expenses & Needs		
	Monthly/Semester	Annual
Rent[1]	$405	$4,860
Groceries[2]	$325	$3,900
Cable/Internet[3]	$65	$780
Cell Phone	$45	$540
Visa Payments	$25	$300
Transportation	$110	$1,320
Laundry	$50	$600
Personal[4]	$20	$240
Tuition @ $2700/ semester	$450	$5,400
Books @ $600/ semester	$100	$1,200
Supplies[5] @ $250/ semester	$42	$500
Clothing @ $150/ semester	$45	$540
Total Expenses		$20,180
In order to manage this budget, assuming minimum wage, the student would need to work over 40/week.		
Bursary — Note most youth do not receive this.	$4,500	
Earnings required (assuming no student loans).	$15,680	
Assuming a full bursary, $9.50/hour, would need to work an average of over 30 hours/week during the entire year, while also attending college or university while also maintaining a home.		
No provision for savings or emergency (e.g. if sick and can't work, won't be able to pay rent).		

[1]Assumes sharing accommodation in small town Ontario

[2]includes food, cleaning, prescription, hygiene

[3]Required for post secondary

[4]Includeds recreation, entertainment

[5]Pens, paper, computer supplies

Hopes for the Future:

1) **Support to youth:** Upon entering foster care, social workers are required to have a certain number of visits with youth over a set period of time. Often these youth are returned home with follow up visits. Yet, there are insufficient policies regarding meetings with Crown wards who are preparing for independence. One solution to this issue could involve greater credit, and thus more time given to ECM cases, which may help youth feel more supported by their worker during such a stressful period in their lives. A possible timeline would include:

Age 17-19

- Meetings with workers once every 6-8 weeks to discuss finances and management of bills, goals and/or assistance with post secondary education, grocery planning, dealing with roommate or relationship conflicts, etc.

Age 19-20

- Meetings with workers every 4-6 weeks to discuss all of the above, as well as savings, credit management and planning for the future.

Age 20-21

- Meetings or phone calls with workers every month to check in and ensure that youth are continuing to reach their goals, meeting their academic requirements and becoming financially ready to deal with aging out of care.

It is understandable that committing staff time to support youth will also require financial resources, but perhaps finding options in volunteers, or creating buddy systems between youth so they support one another could be looked at to help alleviate some of the time constraints.

2) **Housing and employment.** The expectation of youth to find housing and employment by themselves, especially while in high school, is

unreasonable. It would be beneficial to utilize the same type of program as mentioned in section one, to use a trained volunteer who has the knowledge necessary to write an effective resume and who knows what to look for in a lease or housing agreement.

Another possible solution is to pair up youth to go together with a worker, thus giving the youth contact with someone going through the same situation as them, and offering the worker the chance to save some time by apartment/job hunting with two people at once. There could also be a small fund for youth who need to leave their housing situations and can't afford the extra expenses of truck rentals etc. This could come from an emergency fund for youth who may need to access help after their 21st birthday.

3) **Transportation.** Bus passes are a necessity for all youth as a means of transportation for getting to and from work and school. A great deal of stress could be eliminated if these were given to youth who are still in school. Being in post secondary education is an accomplishment that should be rewarded and recognized. This is a small gesture that can make a huge difference in stress levels of youth who have to add an extra fifty dollars to their budget every month. One possible solution is purchasing bus passes for the term or for the summer, rather than each month individually, to keep costs lower.

4) **Medical and dental care.** After turning 21, youth no longer receive comprehensive health, prescription and dental benefits. This creates a number of issues including physical health concerns, mental health issues and a lack of preventative measures. The costs of medical care are not often explained to youth as a means of preventing them from feeling guilty about how much their care actually costs. When youth no longer have coverage, they will often avoid seeking medical attention, or be treated and receive a bill they cannot afford. These items should be addressed during the meetings described in section one, especially when youth get closer to 21. Another aspect is counseling and mental health. After dealing

with a great deal of trauma and stress, youth often need counseling later in their lives when the challenges of moving, school and aging out of care become overwhelming. This is a medical expense that needs to be covered by the government as a preventative measure and to ensure that youth are receiving the medical treatments they need. The final area of concern is around preventative medicine. Youth in care are often more susceptible to teen pregnancy and are therefore encouraged to use some form of birth control. When these youth turn 21, they can often no longer afford the extra thirty dollars a month for birth control. This is a cost that should be funded through alternate means until youth are finished school.

5) **Time management.** Working full time or working two jobs is stressful for an average person, but when the stress of going to school and being a youth in care are added to the employment situation, it creates an even more stressful situation. The obvious solution to this problem is to extend ECM assistance to allow youth to finish their education before having to start working full time. In the interim, a possible solution could involve helping youth with time management skills. Partnering with a volunteer to help youth manage time wisely is an option, as well as perhaps finding a tutor to help youth effectively study and get other necessary school work done in the short amount of time that is available each week.

6) **A family to come home to.** As a student and a youth who doesn't have a family to go home to, holidays and school breaks can be hard to deal with. The first aspect of the problem is making sure youth are aware that they can't stay in their residences over these time periods, so they can start planning alternate arrangements. Another element to solving this issue is to make sure youth have somewhere to stay during these times by having a worker make a follow up call to ensure a safe and pleasant holiday or break. It could also be a possibility to arrange for youth to return to their previous or other foster home during these times so they do not feel like a burden on friends or other people they may stay with.

7) **Someone to call.** The issues faced on a regular basis don't stop because youth turn 21 and, as such, the support they receive should not stop either. It is a terrible feeling to have exciting news about a grade or assignment or heartbreaking news about a failed relationship and feel as though you have nobody to share your experience with. There is a strong need for mentorship of youth as they begin the aging out process. Programs are needed to partner youth with volunteers who will fill the voids that social workers cannot due to time commitments and caseload restrictions.

8) **Help with savings and emergency cash.** While in school, youth should not have to worry about financial stresses which cause them to live pay cheque to pay cheque. If the steps outlined in section one are taken, there should be some savings available to youth as a safety net in case of emergency. An ideal budget would allow for further savings to occur so youth would have more opportunities when they have completed school, such as down payments on a car, or the ability to pay off any OSAP loans.

Further Discussion

Many of the considerations outlined in the above proposal could be accomplished with a program of using trained volunteers as mentors. Partnerships with local organizations could make a big difference for youth who may want to do something worthwhile in their lives.

A buddy system could give youth the opportunity to engage with other youth dealing with similar experiences and perhaps as a result form lasting meaningful relationships from those interactions. There is also the possibility for older youth to assist younger youth with things such as OSAP applications or course selections, because they have recently gone through the same things. There could be potential for incentive of grocery vouchers or other useful items that will assist youth, as well as give them another reason to volunteer their time.

Conclusion

It is my hope that this proposal will create conversations regarding possible considerations for improvement of the lives of Crown wards in this region. One important thought to remember is that when you are a parent to a child, no matter how old they are, you never stop being their parent. I went to a conference once where Justin Trudeau said that we as Crown ward youth are the children of this country and often it is not because of anything we have done, but rather our circumstances, that placed us in the situations we are in today. Youth do not become adults on their 21st birthday and we should not be forced to grow up and miss out on the opportunity for success simply because of the situations we were placed in.

Even with a yearly foundation bursary of $4,500.00, a student on this budget would be required to work a total of 31 hours per week to make ends meet, and have no savings or extra cash for things students enjoy doing such as social events or nights out with friends.

OACAS presents:

CRITICAL CONNECTIONS: Where Woman Abuse and Child Safety Intersect
RELATIONS CRITIQUES: Lorsque la violence faite aux femmes et la sécurité des enfants vont de pair

A FORUM ON COLLABORATIVE INTERVENTIONS, EMERGING PRACTICES AND RESEARCH

The Critical Connections Symposium aims to promote increased awareness of the impact of woman abuse as it relates to the safety and well being of children and families; build and showcase collaborative programs and identify trends, new programs and research. This event will feature internationally recognized keynote speakers, highlight collaborative programs in Ontario and launch an "ideas and practice guide" for service providers.

CALL FOR PROPOSALS
FOR PRESENTERS/PANEL PRESENTATIONS

Date: March 9 & 10, 2010

Location: Doubletree by Hilton:
Toronto Airport Hotel
655 Dixon Road, Toronto, Ontario.

Education Services
Transforming Knowledge into Skills

SHARE YOUR EXPERTISE AND KNOWLEDGE
The OACAS Symposium Planning Committee invites you to submit a proposal for presentation at the March 2010 Critical Connections Symposium.

OACAS, in partnership with the Violence Against Women sector, Children's Aid Societies, the Ontario Coroner's Office, Child Welfare Secretariat and the Ontario Women's Directorate, are seeking submissions about successful programs, new research and outcome studies that focus on women, children and families who are at risk of, or have experienced, woman abuse.

SUBMISSION GUIDELINES
Presentations and panel discussions should be approximately **30 to 90** minutes in length. They should include in-depth information about research, programs and projects and include clinical intervention strategies that address one of the following topic areas:
1. Risk Assessment/Safety Planning/Lethality Assessment
2. New research and research studies
3. Programs/services for women, children, families and perpetrators/batterers
4. How to engage victims/families
5. Parenting within a violent environment

IN ADDITION PRESENTATION/PANEL DISCUSSIONS SHOULD INCLUDE ONE OF THE FOLLOWING THEMES
• Aboriginal/First Nations
• Family
• Parenting

• Culturally Diverse Groups
• Legal issues
• Programs for Men Who Abuse
• Anti-Oppressive Practice
• Innovative Partnerships
• Needs of Rural Communities
• Leadership
• Risk Assessment/Safety Planning and Lethality

Each presentation/panel discussion will be followed by a Question and Answer period.

POSTER/INFORMATIONAL AND RETAIL BOOTHS NOMINAL CHARGE FOR POSTER/INFORMATIONAL BOOTHS FOR NON OR NOT FOR PROFIT ORGANIZATIONS
Organizations can showcase their services, products or available resources via Poster/Informational Booths or Retail Booths. Retail or Informational booths are visual displays of available services, resources, and research or outreach programs. Booths will be exhibited in a specific area at the conference and will provide an opportunity to interact with conference attendees during refreshment breaks, pre and post symposium events and handout informational material from the designated area.

Booths may be used to display, distribute materials and research, audio visual products and other items and/or services to conference attendees. Each booth will be provided with a 6' skirted table and backdrop for mounting display/posters included in the booth fee. All other requirements for retail booths (power, additional lighting, A/V, etc) will incur additional charges. Posters, displays and materials are subject to approval of OACAS.

Poster presentations/materials should:
• Be Informational
• Describe the major points/highlights of a program, research or service available
• Clearly identify the organization offering the program or service

Submission Deadlines
Submit proposals for presentation/panel presentations requests online to skolaroff@oacas.org prior to **September 28, 2009.**

Submit requests for poster/informational or retail booths online to skolaroff@oacas.org prior to **January 15, 2010.**

Please visit www.oacas.org to read the Call for Proposals in English and French, more information and submission guidelines.

The Process of Conducting a Parenting Capacity Assessment From a Multidisciplinary Team Approach

By: T. M. Abraham, Peter Bonsu & Sebastiano Fazzari

Preamble

Why use a multidisciplinary team rather than one individual? Many psychiatrists and other clinicians have assessed and still assess individuals from a unilateral perspective. A parenting capacity assessment is not a psychiatric, nor a psychological, nor a medical assessment per se. There are a multitude of factors that interplay when determining whether an individual has the capacity to be a good parent. There are cognitive, social, emotional, personality and biological factors that impinge on one's capacity to parent effectively. Professionals with varied areas of expertise coming together to collect, evaluate and interpret data may have a greater probability of arriving at conclusions that are more objective and multidimensional, based on the fact that each brings a diverse area of knowledge and a diverse perspective.

From a multidisciplinary approach, the undersigned subscribe to the belief that development is (a) lifelong — no age period dominates development; (b) multidimensional — consisting of biological, cognitive and socio-emotional dimensions; (c) multidirectional — some dimensions or components of a dimension expand while others shrink; (d) plastic — the degree to which characteristics change or remain stable; (e) multidisciplinary — psychologists, sociologists, anthropologists, neuroscientists and medical researchers study human development and share a common interest in unlocking its mysteries; (f) contextual — an individual continually responds to and acts on contexts such as biological makeup, physical environment, cognitive processes, historical contexts, social contexts and cultural contexts. Individuals are thought of as changing beings in a changing world; (g) growth, maintenance and regulation — the mastery of life often involves conflicts and competition among these three goals of human development. (Santrock, 2004).

Throughout the ages, philosophers have speculated about how children develop and how they should be reared. Three philosophical views have emerged:

(a) **The original sin** view, which was advocated during the Middle Ages, advanced the belief that children are born into the world as evil beings and are basically bad. The goal of child rearing was salvation which was believed to remove sin from the child's life.

(b) **The tabula rasa** view was proposed by John Locke. This point of view purports the belief that children are like a "blank tablet" and acquire their characteristics through experience. Locke believed that childhood experiences are important in determining adult characteristics. He advised parents to spend time with their children and help them become contributing members of society.

(c) **The innate goodness** view, presented by the Swiss-born French philosopher Jean-Jacques Rousseau stressed that children are inherently good, and because they are basically good they should be permitted to grow naturally with little parental monitoring or constraints (Santrock, 2004).

The undersigned conduct Parenting Capacity Assessments as a multidisciplinary team. In this approach, the assessors review documents, interview clients, observe parent-child interaction, diagnose, and make recommendations as a team. In addition, the team writes the report. Once the report is completed, the team distances itself from it for a week, after which the team reconvenes and reviews the report critically. Discussions occur; questions are asked and are thoroughly answered. Once the team is fully satisfied, the report is edited and finalized.

Making decisions as a team is never easy. The task of making recommendations about a child's life deserves professionals who are willing to dedicate energy and time.

Who Should Assess?

Children's Aid Societies seem to have a preference to utilize psychiatrists and psychologists to conduct Parenting Capacity Assessments. These individuals

are highly qualified, particularly if a DSM diagnosis is required. The undersigned have come to the realization, based on conversations with other professionals, that many assessors are reluctant to conduct these types of assessments. Their reluctance sometimes leaves the Children's Aid Societies wondering who is available to conduct an assessment competently in a timely fashion (Fazzari, 2002). The Societies have the freedom to choose assessors trained in the following: life-span development, normal and abnormal behavior, family dynamics, attachment theories, functional and dysfunctional relationships, testing and measurement, social work and social welfare procedures, counseling and report writing (Fazzari, 2002).

The undersigned prefer to conduct an assessment when it is ordered by the Court and they are named as assessor. By this process, the assessor's role now consists of assisting the Court in the decision-making process by providing information and making sense of it (Fazzari, 2002). As assessors, the undersigned wish to eliminate any possible confusion or implication that they are "the hired guns" of the Society. This procedure may also eliminate any possible contention as to whether an assessor is an "expert witness" (Fazzari, 2002). Section 7 of the Canada Evidence Act provides for the use of professionals or other experts at a trial, but it does not specify who such persons are (Schiffer, 1951). The general rule regarding qualifications of experts is that expert testimony will not be admissible unless:

1) The subject matter of the trial or inquiry involves issues beyond the competence of a lay jury to determine if unaided by such experts; and

2) The witness' expertise was gained through a course of study or habitual practical experience (Schiffer, 1951; Fazzari, 2002).

During the past fifty years, society has come to value childhood as a special time of growth and change and, as a society, we have come to invest great resources in caring for and educating our children. We protect them from the stresses and responsibilities of adult work through strict child labor laws. We treat their crimes against society under a special system of juvenile justice. We have government provisions for helping them when ordinary family support systems fail or when families seriously interfere with the child's well-being. When

this occurs, we, as a society, have empowered Children's Aid Societies to intervene and to protect children from harm.

The Parenting Capacity Assessment

A Parenting Capacity Assessment is usually conducted at the request of a Children's Aid Society through the Court in order to determine the capacity, or measure of competency, of an individual — a parent — to implement certain parenting skills or abilities with such consistency on an ongoing basis as to optimally raise a child into a capable and autonomous adult. A Parenting Capacity Assessment while read by various individuals with different academic backgrounds, is, first of all, conducted to assist a judge in making educated adjudications that will impact considerably on the lives of the people being assessed (Polgar, 2001). It cannot be understated that assessors must keep in mind that the assessment is being prepared for the judge. Consequently, assessors undertaking the task of conducting such assessment must insist that they be appointed by the court (Polgar 2001). Given such an onerous task, then, it is imperative that the assessors use a standardized methodology that is logical, relevant to the task at hand, informed with respect to development and behavior and research based (Polgar, 2001).

The Rationale

It is imperative that the rationale and basis on which conclusions are made be well-defined and substantiated with empirically determined findings (Fazzari, 2002). In addition, the presentation of the information requires a format that will produce optimal comprehensiveness and clarity and formulated opinions ought to be based on well defined clinical parameters (Fazzari, 2002).

There are guidelines available for those who wish to conduct Parenting Capacity Assessments. Dr. Paul Steinhauer spearheaded the Toronto Parenting Capacity Assessment Project in 1988, a cooperative project of the Children's Aid Society of Toronto, The Catholic Children's Aid Society of Toronto, the Toronto Family Court Clinic and the Department of Child Psychiatry, The Hospital for Sick Children (Wolpert, 2002). These "Guidelines" are well presented by Rhonda Wolpert and are published in

Volume 46, Number 1, April 2002 of the OACAS **Journal**. Interested assessors and readers may also benefit from reviewing the May 2006 "Effective Parenting Capacity Assessment: Key Issues" (Centre for Parenting and Research, NSW Department of Community Services), as well as Waterman & Associates (2003) "Guidelines for the Conducting of Parenting Capacity Assessments."

The Methodology

The methodology utilized by the undersigned has been extensively studied and researched by Alexander T. Polgar, Ph.D., in his scholarly manual Conducting Parenting Capacity Assessments: A Manual for Mental Health Practitioners (2001). The subjects of Parenting Capacity Assessments are parents whose children have been apprehended or placed in care on consent. Children's Aid personnel have determined through direct observations that the parents lack the parenting skills to properly raise their children, lack the potential to learn the skills or lack the competence to apply the skills acquired effectively on a consistent basis, in order to promote a child's development during the various phases of human development. In order to learn, an individual must be able to conceptualize — a function of cognitive intelligence. Hence it is important to determine whether an individual can learn the parenting concepts being taught. On the other hand, the ability to apply the skills learned on a consistent basis is a function of emotional intelligence. It is important to keep in mind that sometimes learning can be negatively impacted by emotional disturbances, while application of the skills can be obstructed by deficits in cognitive intelligence (Polgar, 2001).

From time to time, assessors are asked to assess the capacity of parents whose children have special needs. While all mental health practitioners have training in assessing children, assessing a special needs child requires additional expertise. The importance of having the required expertise to assess a special needs child cannot be over-emphasized, since parenting such a child requires special parenting attributes: tenacity, high frustration tolerance and creativity (Polgar, 2001). Ultimately, the assessors must be able to assess whether the

parents' capacity is absent and therefore requires compensatory strategies or whether the parents' skills are obstructed by any number of conditions, or both. In addition, assessors must determine whether remedial programs can be undertaken in time to benefit the child at risk before such a child will have gone through the so-important and crucial formative stage of life.

Ultimately, a Parenting Capacity Assessment is conducted to assist a judge in the process of arriving at a disposition that is just (Polgar, 2001). The concept of "pursuit of justice" has nothing to do with winning or losing a case. When a client hires a lawyer, that client expects that lawyer to subscribe to the principle that his/her function is to strongly advocate for the client's position, rightly or wrongly (Polgar, 2001). Based on this principle, the lawyer's focus is on procedures, rules and regulations rather than justice. Such a process leads to the path of least resistance and is consistent with the adversarial process with which lawyers are trained. The goal of the lawyer is to win (Polgar, 2001). It is imperative that assessors remain impartial and objective in their pursuit of arriving at a just disposition. Assessors must remember that in each assessment there are conflicting needs and hence must respect the legitimate desires of all parties (Polgar, 2001). Ultimately though, assessors must arrive at a conclusion by using a research-based methodology that will assist them in arriving at a determination that a vulnerable child's right to develop optimally supersedes the parents' right to have custody of that child (Polgar, 2001). If a parent has the capacity to parent on his/her own, or with the assistance of community resources, then it is a just solution to recommend such disposition since there is an "empirically established probability of being in the child's best interest" (Polgar, 2001).

Method of Conducting the Parenting Capacity Assessment

While a Parenting Capacity Assessment is done in the context of "Child Welfare," the focus is primarily on the adults: the parents (Polgar, 2001). Considerations of a child's development become relevant in instances when an apprehension has occurred and the child's condition becomes an additional indicator of the

primary caregivers' capacity to promote growth and development, physically and emotionally, in an environment of safety. The nature and extent of harm sustained by a child in such instances is relevant with respect to defining the type of remedial intervention required for the child and with respect to defining the extent to which a primary caregiver was negligent and/or abusive while in his/her care (Polgar, 2001).

The approach, therefore, to conducting a Parenting Capacity Assessment is based on the premise that for optimal cognitive, emotional and behavioral development, a nurturing relationship with emotionally competent primary caregivers. More importantly, a Parenting Capacity Assessment is based on the premise that it is through such a nurturing relationship that children develop into adaptive individuals and thus optimize their true potential (Polgar, 2001).

Parenting Capacity Assessments are based on determinations of emotional adjustment, cognitive development and intellectual capacities, as these are predictors of consistent and proactive positive conduct including the willingness and ability to learn and apply effective parenting techniques (Polgar, 2001).

The body of the assessment report is organized under four headings that address the issues as defined by the Society in the context of clinical parameters used to formulate opinions. While the four categories of analyses are presented separately for the purposes of clarity, in reality they are interrelated to form a complex system that impinges on the growth and development of a child. The four categories of analysis pertain to:

a) Reciprocal emotional attachments;

b) Criteria of a good parent;

c) Evidence-based expectations of present and future parenting behaviors; and

d) Social support network (Polgar, 2001).

Under each heading, a literature review is provided which establishes the relevance of the issues. This literature review is then followed by the specific conclusion pertaining to the issue being examined and a delineation of the evidence that supports the conclusion and recommendations (Polgar, 2001).

The Four Categories of Analyses

Category One: Reciprocal Emotional Attachment

The salient issue is that personality development is determined by the quality of attachment between the child and the caregiver. More importantly, this is essentially a formative years' phenomenon and, as such, takes place from birth through the first few years of a child's life. There is some debate in the literature as to the length of this timeframe. In general, an averaging of the various ranges produces a consensus that at approximately the age of five, much of the characterological traits of an individual are established and become lifelong defining features of that person (Bowlby 1980). Consequently, there are profound later effects of early attachment issues. Empirical findings have demonstrated that early experiences become the basis for the person's conceptualization of what to expect in relations with other people throughout life. Furthermore, the effects of attachment patterns pass from one generation to another and shape the caregiver-infant relationship (Sroufen, Fleeson 1986).

Attachment is the result of the bonding process that occurs between a child and a caregiver during the first couple of years of the child's life. Generally speaking, the first year of a child's life is considered the year of needs. During this time, an infant's primary needs pertain to touch, eye contact, movement, smiles and nourishment. Usually, when an infant has a need, he/she expresses the need through crying. If the caregiver is attuned to the infant's crying, he/she will be able to recognize the different cries and then satisfy the child's need. Through this interaction, which occurs numerous times per day, the child learns that the world is a safe place and as a consequence trust will develop. In addition, an emotional connection takes place which allows the child to feel empowered in his/her environment and allows him/her to develop a secure base from which he/she can confidently and effectively explore the world. Attachment must be reciprocal in order for the baby and the caregiver to create a deep, nurturing connection because it takes at least two individuals to make a connection. This reciprocal emotional bond is absolutely necessary for optimal brain development and for emotional health. The effects of this reciprocal bond are felt physiologically, emotionally, cognitively and socially.

When this initial bond — attachment — is lacking, children lack the capacity to form and maintain loving, intimate relationships. They will grow up with an impaired ability to trust others and with a belief that the world is an unsafe place where others will not take good care of them. Without a sense of trust, children come to believe that they must be hyper-vigilant about their own safety. As a result, the children's distrust and hyper-vigilance about their safety prevents them from allowing others to take care of them in a loving, nurturing manner. Consequently, children become extremely demanding and controlling in response to their fear. Emotionally, they come to believe that if they do not control their world, they will die.

Researchers in the field of attachment state that children without proper care in the first few years of life have an unusually high level of stress hormones which adversely affect the way crucial aspects of the brain and body develop. Conscience development is dependent upon brain development and follows attachment. As a consequence, these children lack pro-social values and morality, and demonstrate aggressive, disruptive, and antisocial behaviors.

Impaired attachment may be caused by the following: a premature birth, the use of drugs and alcohol by the mother during the pregnancy, an unwanted pregnancy, a separation at birth from the mother, a postpartum depression on the part of the mother, severe abuse and/or neglect in the first years of life, multiple caretakers, hospitalizations, unresolved pain, painful or invasive medical procedures and insensitive parenting.

Under this category of analysis, assessors would be wise to take into account the following:

1. The quality of the relationship between child and parent is more important than "the goodness of the parent."

2. The well-being of the child is impacted in a greater way by the parent-child interaction.

3. The quality of the parent-child relationship is related to the personality structure of the parent.

4. The interpersonal stability and continuity between the parent and the child is more important than a stable physical environment. In order for such stability and continuity to occur, the parent must (a) have the ability to recognize the unique needs and characteristics of the child at different developmental stages; (b) possess different possible approaches to handling children's behaviors; and (c) possess the ability to structure demands and expectations according to the child's ability and temperament while accurately interpreting the child's behavior.

5. Grief at separation from the parent impacts the child's emotional relationship in infancy. Attachment results from day to day attention to the child's needs for physical care, nourishment, comfort, affection and stimulation. In essence, this is the psychological relationship that develops between the parent and the child and, if developed appropriately, gives the child a feeling of being valued and wanted.

6. The child's attachment to the parent is a reflection of the child's sense of his/her value in the parent's eyes.

7. The personality development of the child is determined by the quality of attachment between the child and the caregiver during the formative years. The early experiences in life become the basis of the person's conceptualization of what to expect in relations with others throughout life. Furthermore, the effects of attachment patterns pass from one generation to another and shape the caregiver-infant relationship.

8. The disturbance of poor early attachment expresses itself during later developmental periods — most likely during adolescence and it presents itself as deficits in morality, empathy, caring and commitment. Infants learn from caretakers how to evaluate their own behavior, how to regulate their impulses to react and how to soothe themselves in distress. Failure to learn these tasks results in increased risk at turning to maladaptive means of soothing, such as drugs and alcohol abuse or promiscuous sexual activity. Assessors should look for impaired morality, disruptive behavior and the presence of a borderline personality disorder.

9. Attachment may be secure, anxious, avoidant, ambivalent or disorganized.

10. If there are signs of an insecure attachment, wardship is appropriate between the ages of birth and five or six years; wardship is not appropriate past the formative years (Polgar, 2001).

Category Two: The Criteria of a "Good Parent"

Effective parenting that produces adaptive adults has been well researched and adequately described in the literature. Maccoby and Martin (1993) reviewed the research in the areas of: parenting and children's competence; parenting and moral development; and parenting and self-esteem. Fisher and Fisher (1986), in their empirically based summary, conclude that open, straightforward, two-way communication is crucial, along with a consistent, fair disciplinary style. Schetky and Menedek (1980) described the positive parent as one who demonstrates the capacity for empathy, regards the child as a separate being, provides reasonable and consistent discipline, acts as a buffer between child and environment when appropriate, sets limits, shows flexibility and provides a good behavioral model.

Belsky, Learner and Spanier (1984), in their review of the parental influences in childhood, arrive at some of the same conclusions. They found, for example, the child's school success and overall intellectual development are enhanced by parents who are "nurturant without being too restrictive, responsive yet not overly controlling, stimulating yet not too restrictive". Such parents were reported to provide "an orientation toward independence, and a family structure that expects and rewards independent behavior". They further conclude that Baumrind's (1967, 1968, 1971) authoritative parenting of setting clear limits and expectations results in enhanced self-esteem and socio-emotional competency and that discipline is most effectively provided by loving and nurturant parents and when "it relies upon process of reasoning or induction, is consistently enforced and varies systematically".

Derdeyn and his colleagues (1982) constituted the American Psychiatric Association's task force on clinical assessment of child custody. They concluded that the most significant variables to be considered are first and foremost attachment and then the child's needs and the parent's capacity to parent, as well as their personality structure. Chess and Thomas (1987) introduced the concept of "goodness of fit". They defined six styles of parenting of which the "secure parent" or the best-adjusted parent is most likely to enhance goodness of fit.

The preceding criteria of a "good parent" appear repeatedly in the literature. Current studies reinforce the earlier findings and further describe and expand the profound responsibility, skill knowledge and sensitivity required to raise children to become adaptive adults. One example of predominant thinking in this area is Coloroso (1994). She describes three kinds of families: the brick wall, the jellyfish, and the backbone, the most effective being the backbone. Tenets of this family structure are firmly grounded in the literature of the past two decades and define parents who are like the backbone of a living, supple, spine that gives form and movement to the whole body with a structure that is present and firm, but also flexible and functional.

Parenting is no simple task. To be effective, it cannot be instinctive or a repetition of the parents' own experiences of being a child. Moreover, it cannot simply rely on what the parent thinks or believes. Because it is an onerous responsibility, the parent must be informed with good knowledge and practical skills, as well as possess a willingness to develop these attributes continuously (Polgar, 2001).

A "good parent", therefore, is an individual who has a cognitive developmental perspective that is at least conventional and an emotional state that is well adjusted. Parents with average or better "emotional quotients" are ideally disposed (a) to recognize the enormous responsibility of parenting; (b) to acknowledge their deficiencies in this regard; and (c) to deliberately seek means by which to continue to develop their knowledge and skills as parents. Similarly, parents who are mature are far more likely to recognize the reality of their limitations and to act constructively to rectify their personal and parental deficiencies (Polgar, 2001).

Assessors must also take into account an examination of the literature that pertains to groups of individuals who are high risk for deficient parenting. Specifically, these groups are alcohol and drug addicted parents and severely emotionally disturbed parents. Such parents are identified as running a higher than average risk of producing inadequate or dysfunctional children. There is, however, a consensus that a DSM label per se should not automatically disqualify a parent. No label is able to convey the specific individual manifestations of a

disorder, nor can a label accurately describe the severity of that disorder or the conditions under which symptoms are likely to manifest themselves. Rather than relying on a diagnostic label, the literature recommends considerations with respect to precipitating factors, chronicity of the disorder, how the particular set of symptoms affect parenting and, most notably, what supports are available to a parent and how remedial is the disorder. Motivation of the parent to seek assistance is also considered to be a key variable (Schutz, Dixon, Lindenberger, and Ruther 1989).

In the process of investigating the pattern of parenting that negatively impacts on the child, Russell, Anderson, and Blume (1985) have clearly identified through their review of the literature that alcoholic families are generally characterized by chaotic organization, unpredictable parental behavior, poor communication patterns, inconsistent discipline, inadequate attention given to the socialization of children, tense home atmosphere, increased probability of violence and neglect and higher than normal rates of sociopathic behaviors. The parenting of drug addicted individuals is similarly generalized.

The parenting characteristics of deficient/abusive parents have been defined and validated by the work of Garbarino and Gilliam (1980) and Gaines, Sandgrund, Green and Power (1978). The pattern that emerges is consistent. Deficient/abusive parents, as a rule, are prone to depression, are immature and dependent, lack self-esteem and are likely to use anxiety and guilt provoking techniques with their children. They also prove to have poor child management skills, are inconsistent in discipline and make unrealistic demands of their children. Furthermore, this profile includes impulsivity, higher than normal levels of emotional distress, poor frustration tolerance, physical and psychological unavailability, an immature need for love and affection which the child is frequently expected to fill and deficits in awareness of the child's needs. In brief, these deficiencies are remarkably parallel in content to the positive parenting characteristics identified, and establish a sound foundation on which a determination of a good parent is based.

Category Three: Considerations of Present and Future Parenting Behavior

The axiom that people become more like themselves with the passing of time is grounded in the empirically demonstrated phenomenon of characterological traits. Most psychometric instruments, including the MMPI-2, incorporate several indicators that address long-term personality characteristics or traits. Cattell in 1966 and later elaborated by Spielberger (1979) expanded on this aspect of personality structure by adding the phenomenon called state. In general, personality states are transitory, while personality traits are enduring and tend to approach situations in a certain way and to react or behave in a specified manner with predictable regularity. Campbell referred to this as "acquired behavioral dispositions". According to him, these dispositions are the result of early life experiences that dispose an individual both to approach the world in a particular way and to manifest consistently predictable tendencies. In addition, transitory personality states (like manifestation of anxiety, anger, impulsivity, introversion, obsessiveness, dominance and cynicism to name a few) can reoccur when evoked by specific stimuli and they may endure over time when the evoking conditions persist.

Clinicians in the business of promoting personality change, in recognition of this phenomenon, have constructed predictive measures otherwise known as prognosis. The better instruments, such as the MMPI-2 and the Millon Multiaxial Inventory-III, incorporate into all the clinical scales a probability statement regarding prognosis, specifically with respect to an individual's response to growth oriented clinical intervention. Invariably, characterological traits are designated as having a poor prognosis as evidenced by the lack of gains made by similar patients over the past fifty years of use, specifically the MMPI. The prognosis for change is dismally poor for characterological traits, some traits being more resilient than others. For example, intelligence, sexual orientation, anger/hostility and addictive propensities are some of the most resilient permanent characterological traits. Nevertheless, some individuals, in spite of the poor prognosis, appear to be no longer plagued by a dysfunctional trait. The best examples are individuals who achieve

and maintain abstinence from all intoxicants for decades. It is vitally important to note that the change in behavior is not indicative of a change in the addictive propensity trait. It is attributable to specific deliberate and persistently applied well-defined tactics with which the individual gains control over the behavioral manifestation of a trait. If the tactic is abandoned (participation in self-help twelve step program), invariably the individual relapses.

Therefore, without evidence of a significant, deliberate and persistent tactic to override the debilitating behavioral manifestation of a trait, with the passage of time, individuals do become more like themselves than they were before. People do not 'mellow' with age unless they were 'mellow' to start with. In contrast, pugnacious individuals may become less so with age due to diminishing physical capacity but will continue to act out, even in nursing homes, as long as they are alive.

The motivation to gain control over the dysfunctional behavioral manifestation of a trait is significantly determined by an individual's development of a capacity to experience a broad range of emotions. A conscience or an empathic capacity is a significant requirement. In Alcoholics Anonymous there is a saying that "a sober alcoholic is a drunk with a conscience." Individuals with diminished capacity to experience all but the most severe emotions (psychopathy) invariably cannot sustain their effort to use an override tactic such as a commitment to participation in a twelve-step program (Rada, 1978, Grinspoon and Bakalar, 1978).

A crisis plays a very important role in determining present and future parenting behavior. Each crisis situation presents a classic example of the danger or opportunity phenomenon inherent within it. When a significant event disrupts the normal functioning of individuals, specifically their defense mechanisms to restore that which has been lost, they often exert a myriad of dysfunctional tactics to force a restoration. This is considered to be the danger inherent in a crisis. It is the basis of many tragedies, not the least of which are murder-suicides in instances of sudden marital discord. Alternatively, in a state of vulnerability, people in crisis are open to new ways of thinking and behaving, as well as to the positive influence of trained counselors. This is the

opportunity inherent in a crisis. Even though some parents do participate successfully in some programs made available to them, they must consistently and purposefully continue to seek proper assistance in order to resolve their personal, relational and familial conflict. Without involvement in corrective programs and without the assistance provided by a Children's Aid Society, the dysfunctional patterns of behavior will continue to persist.

Category Four: Social Support Network

Research on child abuse is virtually unanimous in revealing that abusive parents can be characterized as living in social isolation, having unmet emotional needs and unable to maintain composure under stress. An adjunct to being isolated and unable to trust people is an inability to ask for help (Helfer and Kempe, 1976, Spinetta, 1978). Without a social network, individuals do not thrive; do not learn new information and related skills or develop a more comprehensive cognitive perspective of their world. An insular lifestyle and concomitant lack of stimulation invariably produces a deterioration of functioning and increasingly places children in their care at high risk. To become involved and stay involved in a social network that is supportive requires aptitudes and a sense of self that is acquired during the formative years in an individual's life. In fact, recent literature has identified the capacity to engage in cooperative activity to be determined very early in life. Without such experiences, the neurological capacity is lost forever (Wright, 1998).

Because many abusive parents do not trust people. They do not share their problems with others and do not ask for help when they need it. As a consequence, stress builds up to unmanageable levels and dysfunctional behaviors are exhibited. A temporary social network created by Children's Aid involvement in the life of parents, however, is not sufficient (Breton, 1979). A true facilitative social network must be permanent or a quasi-permanent support system to which a parent can turn in times of stress.

Research has, in fact, demonstrated that the incidence of child neglect and abuse is significantly lower for individuals and families who are active participants in a broad social network. Moreover, in the long run, getting non-coping parents involved in a positive social network has been demonstrated to

produce a higher return than by involvement of professionals or social welfare funded services (University of Toronto, 1980).

Establishing and maintaining a supportive social network requires a well-defined level of interpersonal skills of the same order that is required for establishing an emotional bond with an infant. Empirical studies of infant-mother interaction suggest that skills for relationship building are already activated, developed and in use at the point of achievement of interpersonal attachment in the very young infant. If this emerging capacity is nurtured environmentally, it forms the basis for the development of social skills for interpersonal relationships.

Insofar as the attachment process establishes the first interpersonal relationship in an individual's life, it is considered to influence all subsequent relationships (Schaeffer, 1971). This, in turn, determines the individual's growth and development since this process requires exposure to a variety of experiences that challenge individuals to construct meaning from their experiences that are increasingly more comprehensive and thereby adaptive.

Parents with a weak or virtually non-existent supportive social network among many deficiencies will certainly lack interpersonal skills, which are also manifested in the quality of the interpersonal relationship they have with their children.

A parent who demonstrates the capacity to disassociate sufficiently from a dysfunctional environment and to affiliate with a positive social support network, other than with professionals, which values and encourages her effort to be a competent parent.

The Pediatric Component

The primary role of the pediatrician is to look after the health of children and their families. In this process, pediatricians promote self-esteem, confidence and a sense of competence which are important for optimal adaption for both children and families. This will ensure continuity and accessibility for ongoing nurturing and health care. Thus the clinical interview questionnaire used by the

undersigned deals with the parents' preparedness for the pregnancy whether planned or accidental, precautions taken during the pregnancy, i.e. use of drugs whether prescribed or recreational, and the parents' desire to acquire new knowledge for the unborn child. The assessors explore the parents' background, upbringing, attitudes and the interaction between them, their parents and other siblings in their families and in the extended family as well. The assessors also explore the goodness of fit between the child's characteristics and the parents' caretaking abilities and attitudes.

Inappropriate expectations on the part of parents for their children result in poor fit and thus poor interactional problems arise. The assessment process explores how parents deal with this stress and other concurrent stresses, e.g., finances, housing, community support and homemaking arrangements. The assessors observe parents and children for at least two hours in a familiar environment and when appropriate in the family home, in order to provide guidance about specific stress alleviating strategies and to acknowledge mutual parent-child relations. The assessors further observe how infants communicate their needs to their parents, how the parents interpret these needs, and how the parent responds to them. This helps children develop a sense of trust in their parents that their needs are being met and will continue to be met in the future. At the same time, parental personality, insight and coping abilities are observed and evaluated.

If single parents are involved, either by choice or otherwise, the assessors explore the social network and support system available in the community and look for signs of difficulties associated with this type of family.

The questionnaire also explores parental dysfunction and how this affects attachment or detachment and autonomy issues. The assessors explore psychopathology in the parents and the children, as well as vulnerabilities in the children. Thus, factors that create increased risk for physical, developmental and psychosocial disorders are explored and if intervention is needed, it is recommended. Thus through this questionnaire the four categories of analysis are explored to assess the parenting capacity of the individual being assessed.

The Psychiatric Component

The psychiatric component determines the presence of psychopathology in the parents and/or the children which is then presented in the form of four categories, as follows:

1. Etiological

2. Diagnostic

3. Treatment

4. Prognosis

Etiological

Etiological factors causing dysfunction or psychopathology are carefully examined from a bio-psycho-social aspect. Mental illness, severe personality disorders, criminality, alcohol and substance use disorders are some of the examples.

Diagnostic

Diagnostic conclusions are made using the "DSM-IV Revised" format. This format is easily understandable to the lawyers and judges. As mentioned elsewhere, DSM labels in themselves are not a reason for incapacity. Diagnosis should also be in the form of a diagnostic formulation using the previously mentioned four categories of analysis, examining them both microscopically as well as macroscopically.

Treatment

Treatment recommendations are made to the court, once again using the multi-dimensional bio-psycho-social approach. One could possibly summarize them as follows:

- Psychotherapy—mainly Cognitive-Behavioral Therapy and Interpersonal Therapy.

- Psycho-pharmacological Therapy.

- Family Therapy.

- Marital Therapy.

- Parenting education

Prognosis

The finality of the whole Parenting Capacity Assessment process falls in the prognosis. As personality traits are stable throughout life they tend to respond poorly to treatment. The actions and recommendations respectfully delivered to the Court are based on the prognosis of the various difficulties diagnosed in the previous section. The recommendations may include removal of the child from the home either on a temporary or permanent basis. Sometimes when the results of the four categories of analysis warrant it, a child is returned to the parent on a supervision order. Other times a recommendation is made for Crown wardship with access, in which case there are contacts between the child and the biological parent or parents. Other times still, recommendations are made for Crown wardship without access to the parents so that the child can be placed for adoption. These actions are always made in the best interests of the child.

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