Features

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

OACAS, in support of its members, is the voice of child welfare in Ontario, dedicated to providing leadership for the achievement of excellence in the protection of children and in the promotion of their well-being within their families and communities.

OACAS Journal

The Journal is a major source of information for Ontario's children's services professionals, published quarterly by the Ontario Association of Children's Aid Societies.

The Journal is the best source of information on child welfare research and practice and is distributed to more than 4,200 recipients in Ontario.

The OACAS Journal welcomes articles from researchers and/or writers at universities, institutes and child welfare agencies on programs, projects and initiatives designed to improve the lives and outcomes of children, youth and their families. For more information on article submission visit http://www.oacas.org /pubs/oacas/journal/index.htm

Requests for subscription information, notice of change of address and undeliverable copies should be sent to:

JOURNAL

Message from the Acting Executive Director

The Ontario Association of Children's Aid Societies (OACAS) is pleased to present this Spring/Summer special edition of the OACAS Journal featuring highlights of the June 2010 Putting Children First: Making a Difference Conference.

The Conference brought together world-renowned speakers from across Canada and the United States for keynote presentations, plenary sessions and workshops for experts in child welfare and professionals working with children. The 2010 Conference included speakers from disciplines and fields outside of child welfare to broaden the content and scope. The increased value of new ideas gave participants the tools and knowledge they need to continue to strengthen Ontario's child welfare system, explore opportunities for systemic change, and think about current perceptions and processes.

A preliminary scan of practitioners, child welfare experts, and academics recommended that the Conference include topics on working with youth, supporting Aboriginal communities, the effect of domestic violence on children, and other hot topics in the international child welfare arena. Participants had the opportunity to learn from their peers and share their experiences with people who understand both the context and challenges of child welfare. Participant feedback noted the importance of these joint learning and networking opportunities and the impact they could have on the future of child welfare.

OACAS has responded to member requests to convene conferences and symposiums that help to build agency capacity and manage the quality of child welfare in Ontario, such as the Building Bridges to Belonging and Critical Connections symposia. The Journal will continue to provide highlights, references, and articles from these events to further build capacity on featured topics.

Included in the Spring/Summer special edition of the Journal are articles from Conference presenters along with articles on new initiatives happening at Children's Aid Societies. I hope the included articles help the Journal's readers better understand child welfare in their communities and efforts to make life better for Ontario's children and youth.

Virginia Rowden
Acting Executive Director

Providing S.M.I.L.E.S. to Children of the Waterloo Region Whose Caregiver has a Mental Health Diagnosis

By Pam Baldwin, MSW, RSW, and Christine Glogovic, MSW, RSW

PURPOSE

The purpose of this article is to review the process undertaken by the authors to find a program for children whose caregiver(s) has a diagnosed mental health issue and resides within the Waterloo Region, to provide a summary of the program Simplifying Mental Health Life Enhancement Skills (S.M.I.L.E.S.), to summarize the outcomes of the program, to review the lessons learned, and to encourage other agencies to consider providing direct services for children who have a caregiver or sibling with a mental health diagnosis.

MENTAL HEALTH IN THE FAMILY

Given that 20% of the population will be diagnosed with a mental health issue at some point in their lives (Canadian Mental Health Association, 2002), it is not surprising that child welfare agencies often support families where there is a caregiver struggling with a mental health issue. "The lifetime prevalence of mental health disorders in adults has been estimated to be somewhere between 50% and 60% and about half of all adults with mental illness care for a child" (Maybery, Reupert, Goodyear, Ritchie, & Brann, 2009). Case planning and emphasis is often placed on supporting the adult with the unintended consequence that the children of these caregivers are not serviced or supported.

CHILD WELFARE TRANSFORMATION AGENDA

In response to Transformation during the fall of 2008, the Mental Health Committee was formed at Family and Children's Services (FACS) of the Waterloo Region. The authors, one of whom is Co-Chair and the other a member of this committee, began researching "best practices" for working with families where a caregiver has a mental health issue.

BEST PRACTICES LITERATURE REVIEW

While the outcome of the literature review clearly emphasized the importance of working with the entire family, available services focused on adults and not the child (Byrne et al., 2001; Hinden, Biebel, Nicholson, Henry, & Stier, 2002; Mordach & Hall, 2002; Ostman & Hansson, 2002). This review also found that "children with a parent who utilizes mental health services are between two and five times more likely than the norm to be scoring in the clinical range on the Strengths and Difficulties Questionnaire" with respect to their own mental health (Maybery et al., 2009).

GAP IN SERVICES FOR CHILDREN WITH A CAREGIVER WHO HAS A MENTAL HEALTH DIAGNOSIS

Based on the current best practices research, and the subsequent identified increased risk of mental health difficulties for these children, a search within the

Waterloo Region was completed to identify what services were available for these children. While there were many excellent groups for anger, anxiety, and self-esteem for children at local counselling agencies, there were no services specifically available for children who have a caregiver with a mental health issue.

THE SEARCH FOR S.M.I.L.E.S.

The absence of a relevant program led the authors to review several existing international programs for children whose caregiver has a mental health diagnosis. According to Children of Parents with Mental Illness (COPMI) (2010) "in the eleven years between 1998 and 2009 over 170 children have participated in the S.M.I.L.E.S. program in NSW Australia along with one location in Montreal and now Kitchener" (p. 8). Comprehensive qualitative and quantitative data regarding S.M.I.L.E.S. has been published in the Orthopsychiatric Journal.

After consultation with the S.M.I.L.E.S. program creator, Erica Pitman, the authors submitted a proposal and successfully obtained funding through the FACS of the Waterloo Region Foundation. The proposal was to run a S.M.I.L.E.S. pilot program consisting of two groups in the summer of 2009. Two clinically trained social workers, along with two protection support workers, were the facilitators of the programs. All being members of the Mental Health Committee.

STEPS ALONG THE WAY

In order to obtain referrals and achieve optimal group composition, a great deal of work was required up front, which included the facilitators seeking out workers and reviewing caseloads to identify appropriate referrals. This allowed us to advertise the new service to child protection workers and to ensure that the referrals were appropriate for the groups. This resulted in a significant and

unforeseen number of referrals-53 in total. These restricted groups were provided to children who resided either at home or in a kinship placement.

The child protection workers were then invited by the facilitators to attend the "Recruitment & Interview" stage. The program creator, Erica Pitman, clearly emphasized the importance of this initial stage in her program material. Specifically,

"before accepting a child for group, a meeting with parent/guardian and child is to happen with one or both facilitators. The goal of the meeting is to develop rapport with family, gain background information, alleviate concerns, review parent expectations, explain the purpose of the program" (Pitman, 2007, p. 9).

At the end of each group meeting, home visits were offered to the caregivers, which allowed opportunity for additional feedback both formally and informally through evaluations. This was an important step that resulted in a high rate of evaluation return.

S.M.I.L.E.S. PROGRAM

The goals of the S.M.I.L.E.S. program is to achieve:

"Increased ability to cope effectively, increased resiliency, a new freedom for self expression, development of creativity, reduction in feelings of isolation, increase in self-esteem. This is achieved through: education about mental illness, communication exercises, interactive exercises, artwork and music, relaxation exercises, problem solving, peer support" (Pitman & Matthey, 2007, p. 6).

The exercises promote discussion, understanding, reflection, and an opportunity to be in a group where the children felt they "fit in". An example of one of the exercises that demonstrated the level of impact the group had on the participants occurred on the last day of a group meeting. The children were organized into small groups and assigned a specific mental health issue (i.e. anxiety), which they then presented back to the large group. The children were
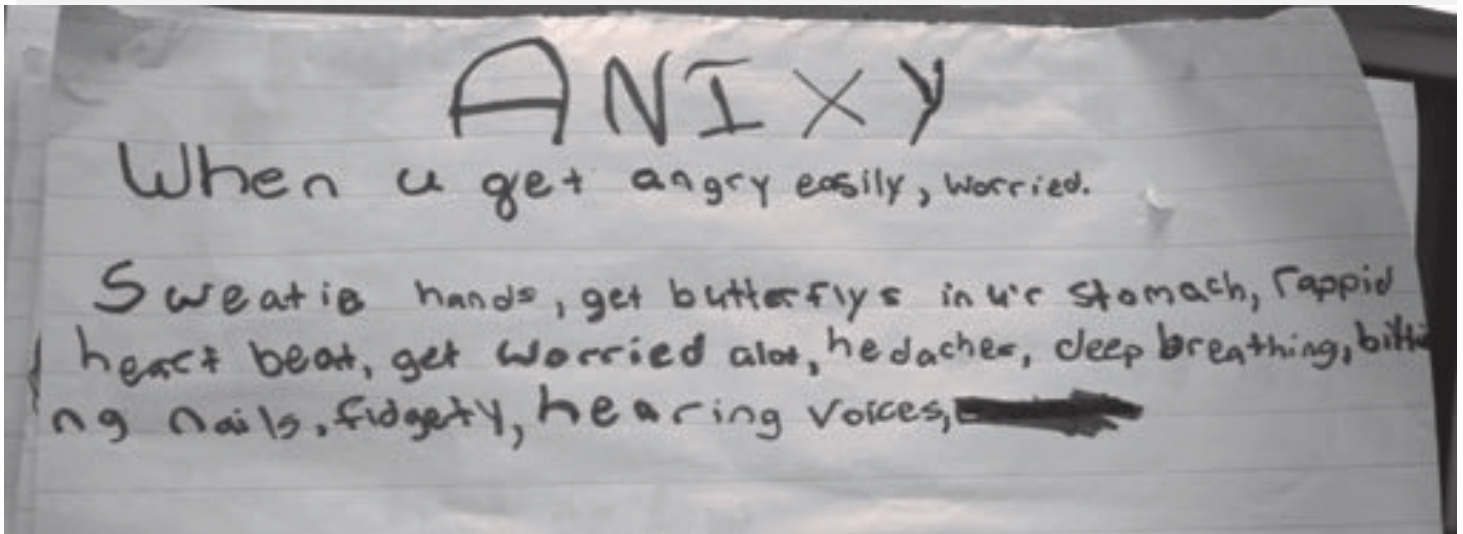
encouraged to present the assigned mental health issue by using a creative means of their choice. Children's art is a window into their world, and the illustration of anxiety is an example of this. This illustration is profound in its accuracy in text and sketch (see images above and below).

Throughout the groups the children disclosed very personal and thought provoking information. At the conclusion of S.M.I.L.E.S., the children were asked what they learned from the groups. They reported the following:

- "My mom had depression and now I know how to deal with it."

- "[I learned] about mental health and it is not just my mom, other's moms have it too."

- "[I learned] more about my mom and how to understand her better."

- "I am not worried about getting mental health because I took S.M.I.L.E.S. and will know what to do to help myself."

OUTCOMES

Pre and Post-Test Results

The S.M.I.L.E.S. program provides pre and post-test material to be completed with group participants and their caregiver(s). This data was collected by the

group facilitators and correlated by the Manager of Quality Assurance at FACS of the Waterloo Region, Jill Stoddart, and is summarized below.

Importance of S.M.I.L.E.S. (Caregiver results)

Caregivers reported that these groups were very important to both their children and themselves:

- 78% reported that (according to their children), it was 'important' or 'extremely important' for their children to attend group;
- 89% of caregivers reported that it was 'extremely important' to them that their children attend the group and the other 11% reported that it was 'important' to them;
- 75% of caregivers reported that their relationship with their children improved following the child/youth's participation in the S.M.I.L.E.S. program; and
- 89% of caregivers reported that they would recommend the group to other caregivers.

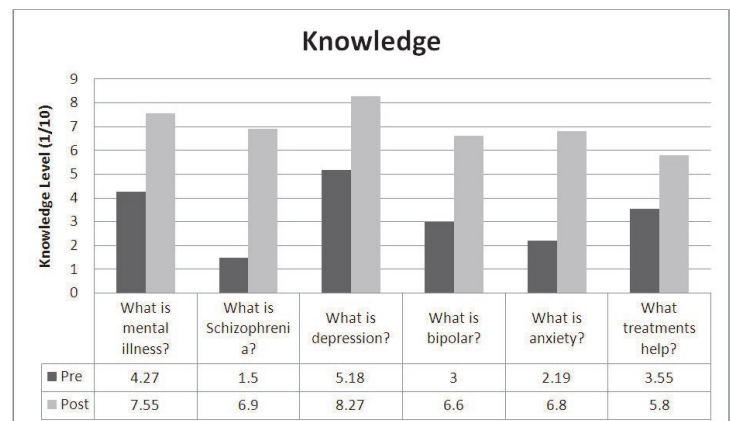## Comments from the Caregivers of S.M.I.L.E.S. Participants

- "The most beneficial aspect of the program for [my child] was getting to learn more about my condition and he enjoyed going there each time."
- "I think the program is really important for kids who have parents who have depression so they can understand what is wrong with them and why."
- "[My child] is happier in general and with me too. I think he is more patient and understanding and when I am having a bad day he seems to know why and is not as anxious about it and tells me it will pass."
- "I believe the program has helped [my child] deal with some difficult changes in her life since the program (placed in group home) and it has helped to build her confidence."
- "[My child] understands more and is more helpful to me; he used to ask me why I did stupid things, now he tells me he knows it is the mental illness."
- "The program helped me be able to talk about my mental health with [my child] more. I am able to describe feelings and symptoms and [she] understands them and does not get all 'freaked' out like she used to."
- "We get along better - we do more activities together."

S.M.I.L.E.S. PARTICIPANTS

The children also participated in pre and post-tests. Their tests focussed on the following topics: Knowledge of Mental Health Issues; Change in Knowledge about Mental Health; and Life Skills Development.

Knowledge Questions

The children were asked to rate their knowledge about mental health on the first and last days of the S.M.I.L.E.S. program. This was done using a scaled measure of 1-10, with 1 being "nothing at all" to 10 being "knowing everything there is to know". Collectively for both groups the average pre-test score on these questions was 3.38 out of 10 and the average post-test score on the same questions was 6.99 out of 10.

Knowledge

	What is mental illness?	What is Schizophrenia?	What is depression?	What is bipolar?	What is anxiety?	What treatments help?
Pre	4.27	1.5	5.18	3	2.19	3.55
Post	7.55	6.9	8.27	6.6	6.8	5.8

Change in Level of Knowledge

S.M.I.L.E.S. participants were then asked if they knew "more", "less" or if there was "no change" in their knowledge from the first to the last day of the program. Participants reported having "more" knowledge 88% of the time.

Life Skills Development

The Life Skills Development section noted improvement in all areas for the children and youth in the post-test. They were asked if the skills became "easier, "harder" or if there was "no change". Participants reported that these skills were "easier" for them 65% of the time.

Life Skills Development

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
Pre scores	3.82	5.00	4.82	4.00	5.82	6.45	4.27	3.82	5.18	8.27
Post scores	6.91	7.45	5.64	5.45	8.45	6.91	6.91	7.27	7.36	9.10
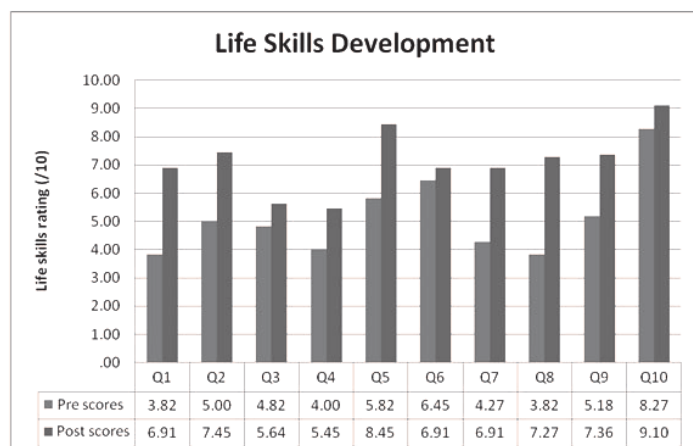
Legend for Life Skills Questions

Q1– My ability to talk to other people
Q2– My ability to listen to other people
Q3– My ability to express my 'ok' feelings
Q4– My ability to express my 'yucky' feelings
Q5– My ability to recognize my strengths
Q6– My ability to be creative
Q7– My ability to solve problems
Q8– My ability to relax
Q9– My ability to feel good about my self
Q10– My ability to have fun

LESSONS LEARNED

Implementing a program such as S.M.I.L.E.S. in a child welfare setting came with some challenges.

First, two of the facilitators held full child protection caseloads. Consequently for the first group, only one of the facilitators was able to complete the recruitment and interview stage with the children and caregivers due to competing workload demands.

Another challenge was that an intake was completed by an individual not involved in facilitating the program. This resulted in a child attending the program who was not group appropriate.

Food also proved to be a very important element of the program. This proved to be a struggle for this pilot due to the quality and variety of food available. It is important to note that poverty can be an issue for participants in this program. Facilitators need to ensure that there is a sufficient amount of nutritious food choices available.

Lastly, it is very important that caregivers of potential participants have a diagnosed mental health issue. Child protection workers often work with caregivers who appear to be struggling with symptoms associated with assumed versus diagnosed mental health issue. Perceived mental health difficulties and diagnosed mental health issues are very different. As part of the screening process, this area requires extra sensitivity. This program requires transparency and open communication by all involved parties.

Despite the above challenges, the S.M.I.L.E.S. program was said to be very successful by the clients we service-children.

CONCLUSION

The program outcomes were clearly met as demonstrated through the post-tests. The authors strongly recommend that if other agencies use the S.M.I.L.E.S. program they follow the program guidelines. Additionally, agencies should use the lessons learned section as a foundation and area of growth to work from in delivering this program in their community.

The S.M.I.L.E.S. program not only met but surpassed intended expectations and outcomes. Bearing witness to children understanding for the first time that they were not alone and that the mental health issue was not their fault, was an unforgettable experience. The children each left the S.M.I.L.E.S. program with a t-shirt with a smile printed on it (outlined in the first photo). The t-shirt was given to them to use as a reminder when times were hard to remember S.M.I.L.E.S. and the skills they learned.

We thank not only the children of the S.M.I.L.E.S. Pilot for their candor, honesty, and courage but also their caregivers for their continued pursuit to bring smiles to the faces of their children.

ABOUT THE AUTHORS:

Pam Baldwin, MSW, RSW, is a Family Service Worker at FACS of the Waterloo Region. Pam has over 10 years experience in the child welfare field and sits on the Practicum Advisory Committee as a field instructor at the University of Waterloo.

Christine Glogovic, MSW, RSW, has worked in various child protection roles at FACS of the Waterloo Region since 2001 and is currently a clinician on the Sexual Abuse Team.

REFERENCES

Byrne, C., Pape, B., Ivask, A., Kuczynski Browne, G., Whittaker, S., et al. (2001). Service needs of families where one parent has an affective illness: Implications for service, education, and policy. *Canadian Journal of Community Mental Health*, 20, 107–121.

Canadian Mental Health Association. (2002). A report on mental illnesses in Canada. *Health Canada*. Retrieved Jan 12, 2010, from http://www.phac-aspc.gc.ca/publicat/miic-mmac/index-eng.php.

Caplan, D. (2009). Every door is the right door, towards a 10 year mental health and addiction strategy, discussion paper. *Health Canada*. Retrieved Feb 4, 2010, from http://www.health.gov.on.ca/english/public/program/mentalhealth/minister_advisgroup/pdf/discussion_paper.pdf.

Children of Parents with a Mental Illness. (2010). S.M.I.L.E.S. program. Retrieved February 20, 2010, from COPMI website: http://www.copmi.net.au/jsp/copmi_programs/copmi_program.jsp?copmiprogram_id=83.

Hinden, B., Biebel, K., Nicholson, J., Henry, A., & Stier, L. (2002). Steps toward evidence-based practices for parents with mental illness and their families. *Center for Mental Health Services*. Retrieved February 20, 2010, from http://www.mentalhealth.org/publications/allpubs/KEN02–0133.

Maybery, D., Reupert, A., Goodyear, M., Ritchie, R., & Brann, P. (2009). Investigating the strengths and difficulties of children from families with a parental mental illness. *Australian e-Journal for the Advancement of Mental Health*, 8(2).

Mordach, E., & Hall, W. A. (2002). Children living with a parent who has a mental illness: A critical analysis of the literature and research implications. *Archives of Psychiatric Nursing*, 16, 208–216.

Ostman, M., & Hansson, L. (2002). Children in families with a severely mentally ill member: Prevalence and needs for support. *Social Psychiatry and Psychiatric Epidemiology*, 37, 243–248.

Pitman, E. (2007) S.M.I.L.E.S. Program. Retrieved January 10, 2008, from COMPI website: www. copmi.net.

Pitman, E., & Matthey, S. (2004). The S.M.I.L.E.S. program: A group program for children with mentally ill parents or siblings. *American Journal of Orthopsychiatry*, 74(3), 383-388.

Is there a topic or issue you would like to read more about in the Journal? Do you have feedback for the editor? Please send suggestions and questions to **journal@oacas.org**.

Improving Child Development Outcomes in a Child Welfare Agency: Evidence we do make a Difference

By Dr. Michael O'Brien

In 2004, Family and Children's Services of Renfrew County expanded its mission from the protection of children from maltreatment to also include the promotion of their actual development. This was a formidable challenge since it necessitated a review of what was required for children to accomplish this additional part of the mission. It also meant that the agency had to define what the desired child welfare outcomes should be in order to determine whether the new mission had, or had not, been accomplished. In retrospect this transition and the steps required at each point of decision-making helped us immensely and may be of interest to other Children's Aid Societies contemplating a similar journey.

In selecting outcome indicators, a number of factors were considered in our initial deliberations. They are outlined below:

1. Family and Children's Services of Renfrew County took a close look at what we wanted to measure and why.

2. The goals of Ontario's Child Welfare Transformation Agenda were factored into the selection of outcomes. This meant we were committed to making risk reduction and safety a paramount priority while also placing greater emphasis on meeting the needs of children and parents, and working with them in a more collaborative fashion.

3. Client satisfaction, building on client strengths, and client perceptions about their needs and problems, were also areas we felt required more attention.

4. Decisions had to be made about assessment requirements since much of what was measured was influenced by the selection of particular assessment instruments.

5. The practicality and utility of gathering and then analyzing the data was a key consideration.

6. We took into account that our resources and influence are more limited for children living in the community than for children in care. Thus we knew that our outcome goals would have to reflect this limitation.

7. We were committed to some re-design of services in order to attain better outcomes, if that was required.

THE OUTCOME SELECTION PROCESS

The child protection outcomes research on child well-being pertaining to children living with their families is limited (McDonald, Lieberman, Poertner, & Hornby, 1989; Fallon, 1998; Poertner, McDonald, & Murray, 2000; D'antrade, Lemon Osterling, & Austin, 2008). Safety, permanence, and well-being are the three broad categories on which a consensus exists, but what the outcome indicators should be and how those indicators should be measured has not been widely agreed upon. We selected the following indicators to measure outcomes: child safety, child behaviour, school functioning, child's health and development, and the child's sense of competence. We did so based on our review of the literature on child welfare outcomes, resiliency, and client views about their needs. We also examined developments in the United Kingdom as they had begun a movement towards needs-based approaches to child protection earlier than North America. The following sources summarize some of the options considered in choosing the outcomes that we wished to measure:

Child Welfare Matrix (Trocmé, N. et al.,1998)

1.Child safety (recurrence of maltreatment, serious injuries, or death)
2.Permanence (placement rate, moves in care, time to achieve permanence)
3. Child well-being (school performance, child behaviour)

4. Family and community support (family moves, parenting capacity, ethno-cultural placement matching)

Key Messages from Resiliency Research (Luthar, 2003; Masten, 2001; Rutter, 1979, 1995)

1. Strengthening caring ability of parents
2. Facilitating social support for the child outside the family
3. Promoting good school adjustment helping the child to develop a sense of competence

Client Perceptions of Need (Frencsh, & Cameron, 2003; Magura, 1986; O'Brien, 2004; Packman, 1986; Williams, 1997)

1. Problems with stress-need for emotional support
2. Child behaviour
3. Instrumental needs-help in obtaining groceries, recreation, housing, etc.

Assessment Framework for Children in Need of Intervention (United Kingdom)

1. Seven dimensions of child development from Looking After Children
2. Parenting capacity
3. Family and environmental problems

Common Language Framework (indicators developed by Darlington Social Research Unit)

1. Living situation
2. Family and social relationships (child and parent)
3. Child's social and anti-social behaviour
4. Child's physical and psychological health
5. Education and employment for children and youth

THE SELECTION OF MEASUREMENT TOOLS

Next the agency looked at how we should go about measuring the indicators we had selected.

Conceptually it was important to give greater emphasis to the assessment and addressing of the child welfare 'needs' of children.

Research methods pertaining to the measurement of a construct such as need, favour the use of more than one instrument (McKillip, 1987). Any one method, because of its limitations, will only partially measure the construct. The use of multiple methods, though more costly, tends to eliminate bias and expand the level of understanding by capturing more than one perspective. For example, service providers and service users each have their own values which will be expressed when asked to define user needs. For the reasons outlined above, both objective and subjective methods are required to measure needs attainment.

Bradshaw's taxonomy of needs provides four approaches for measuring need that have stood the test of time since identified in 1972. The taxonomy includes both objective and subjective measures:

1. Expressed need is the demand for service by consumers.
2. Normative need is a standard or level set by the experts or professionals as desirable.
3. Felt need is a person's self-perception of his situation.
4. Comparative need is a need that is assessed by comparing those receiving a service with those in a community who have similar characteristics but are not receiving the service (Bradshaw, 1972).

We chose to focus on measuring normative need, a more objective measure, while also tabulating felt need, which is a subjective measure. Fortunately on a number of levels, both of these types of measures were achieved by adapting the everyday work performed by child protection workers to this data collection. We accomplished this by selecting instruments that measure child development, training staff in their use, and supporting them. By

incorporating the collection of evidence garnered about child development into front line practice we hoped to build a culture that made child development as important as child safety.

Furthermore, in order to provide staff with some additional tools we created a behaviour management program, and secured a Trillium grant, to be used to enroll children and youth on child protection caseloads in social and recreational activities and in the KUMON supplemental education program. The instruments we use include the following:

The Brigance Developmental Screen (Glascoe, 2002)

The Brigance Developmental Screen, completed by the agency's nurse, is a tool used to assess the development of children from birth to 6 years old. It consists of eight scales designed to be administered during the various developmental stages that occur up to the age of 6.

The Strengths and Difficulties Questionnaire (Goodman, 1997)

The questionnaire is a mental health screening tool which we administer when a case opens and then every 6 months until the child protection cases closes. It is completed by the child protection worker using responses provided by parents.

Threshold, (Little, Axford, & Morpeth, 2003)

Threshold, a decision-making tool developed at the Dartington Social Research Unit, was designed to assess levels of impairment to child development, and to predict future impairment. It is completed by social workers at case opening and closing. Threshold provides a structure for making decisions about impairment. It encourages workers to collect data about a child's health and development (physical, social, behavioural, intellectual, emotional) and to analyze it in a logical sequence in order to arrive at judgment about impairment. Then, through the

examination of the interaction of risk and protective factors affecting a child in each of the major developmental dimensions, the child protection worker is assisted to make predictions about future impairment and to determine the child's developmental needs.

Kidscreen (Ravens-Sieberer, 2006)

Kidscreen, developed through the World Health Organization, is an instrument used to ask children between the ages of 8 and 18 how they perceive their quality of life. It is administered early in the life of a child protection case and then 10 to 12 months later.

The Parent Outcome Interview (Magura, & Moses, 1986)

The Parent Outcome Interview is completed at the closing of a child protection case. Both the Parent Outcome Interview and Kidscreen are completed by a research assistant.

FINDINGS

1) The Strengths and Difficulties Questionnaire (SDQ) shows a statistically significant improvement in levels of hyperactivity and conduct problems 6 months after the opening of a child protection case (N=457). Statistical analysis of our data suggests that hyperactivity is the key predictor of the overall SDQ score. Slight improvement is also seen in the overall total difficulties score. It is also important to report that on the pro-social subscale, children and youth are within the norm when initially assessed at case opening (N=845).

2) Table 1 shows the levels of impairment to child development and predictions of future significant impairment at case opening as determined by social workers completing the Threshold decision making tool (N=733). We have found that at closure we see both a substantial decrease in the number of children with a child development impairment (decreasing

from 18.8% to 8%) and the number for those whom a significant impairment to development is predicted (decreasing from 35.5% to 16%) (N=196).

Table 1

Impairment to Child Development		
	Frequency	Per cent
No	595	81.2
Yes	138	18.8
Total	733	100.0

Significant Impairment is Predicted		
	Frequency	Per cent
No	473	64.5
Yes	260	35.5
Total	733	100.0

We have also found by cross-tabulating the initial Threshold with the one completed at case closing, that Threshold has a statistically significant better than expected rate of being able to predict impairment to child development. These findings suggest that Threshold does hold promise for being able to predict future impairment. The importance of this finding is substantial because we now have a tool that can effectively assist us in understanding how child protection issues are likely to impact a child. Combined with professional knowledge and expertise, the Threshold tool can be most valuable in determining how intense and extensive the child protection intervention should be.

3) The Kidscreen quality of life measure shows that 1 year after first being administered, children and youth are reporting a significant improvement in their quality of life (N=80). At mean-time 1 they are found to be within the norm for physical well-being, self-perception, autonomy, social/peer support, and feelings about their school environment. By mean-time 2 they remain within the norm for the dimensions already mentioned but now also fall

within the norms for psychological well-being and day-to-day moods and emotions.

Table 2

Kidscreen- Time Series			
	N	Mean-Time 1	Mean-Time 2
Physical Well-Being	80	51.77	52.88
Psychological Well-Being	80	47.96	50.80
Moods & Emotions	80	45.08	50.58
Self-Perception	80	52.49	55.02
Autonomy	80	53.94	54.13
Parent Relation & Home Life	80	47.60	51.65
Financial Resources	80	46.22	49.20
Social Support & Peers	80	53.11	53.95
School Environment	80	50.92	52.32
Bullying	80	46.02	49.27

In respect to self-perception, they substantially exceed the norm by mean-time 2. At mean-time 1 they fall into the 60th percentile and at mean-time 2 fall into the 70th percentile. A t-score of between 49 and 50 is considered to be the norm for the general population of children and youth in Europe where it has been widely tested. Table 2 shows the time series scores for each of the 10 dimensions of Kidscreen.

The reliability of the above data is reinforced by comparing it with the 260 initial Kidscreens completed with children and youth in the agency which show similar results to the mean-time 1 data depicted in Table 2.

4) Outcomes observed through the use of the Brigance Developmental Screen show no improvement 6 months after the initial Brigance assessment; children remained at the 63rd percentile. Of the 130 Brigance assessments of children on child protection caseloads it was found that 15.4% are designated as at-risk regarding their development, 51.5% as normal, and 32.3% as advanced. It is primarily due to failure to attain learning milestones that impedes progress. In comparison to children admitted into care, children on child protection

caseloads show better development at the initial assessment, but unlike children in care, do not tend to make as many developmental gains.

5) The Parent Outcome Interview is being used as a client survey at closing. On most items regarding the clients' relationship with the child protection worker, about 75% of clients provided a positive report. Clients are also asked about what changes have occurred to the problems they were experiencing at the time the case was opened. On questions having to do with their child's problems and their own stress levels, reports of an improvement have been encouraging (N=60).

CONCLUSIONS

The outcomes described rely on parents, social workers, and children and youth as sources of information. The triangulation resulting from combining a number of sources and instruments for the collection of our outcome data strengthens the credibility of the findings. The instruments involved in the data collection have been used for varying lengths of time, ranging from 2 to 5 years.

The evidence to date supports the following conclusions:

1) A modest but significant number of children improve with respect to hyperactivity and conduct issues;

2) Impairment to child development and predictions of future impairment to child development are greatly decreased by the time the case is closing;

3) Children and youth often feel better about themselves after having been involved with our child protection services;

4) At the closing of a case, a high percentage of parents report a positive working relationship with their social worker. Those who had concerns about the functioning of their children often report some improvement; and

5) Children under the age of 6 on child

protection caseloads do not progress in their readiness for school during the course of the agency's involvement. No increase in maltreatment has occurred during the time that our child development strategy has been implemented.

Although the focus of this paper is primarily to report on the effectiveness of the agency's routine child protection intervention, we have gleaned some insight into how better outcomes can be achieved. Through the use of the clinical instruments that have been described we have accumulated substantial sets of data; the data show that many of the children and youth we encounter benefit from a variety of protective factors, in their lives to counter balance the risks to which they are being exposed. Given the evidence about protective factors, it may not be surprising to find the outcomes we have reported. We now know enough about outcomes, strengths, and protective factors to predict that it is likely, with sufficient support, the development of many of the children on the agency's child protection caseload can be improved.

Although we cannot definitively interpret the findings, it is clear that many of them are modestly encouraging. The perceptions of children and youth about their quality of life are very encouraging and warrant further research. It would be of interest to determine, for example, what role subjective measures of well-being, like Kidscreen, should play in child welfare assessment since they offer a perspective not captured by clinical instruments that measure functioning. Additionally, it brings to question, how the perceptions of children and youth about their quality of life impact their future capabilities and functioning. Lastly, can the positive developmental improvements emerging from the results of the various assessment instruments used by the agency sustain themselves once child protection intervention is concluded?

In addition to studying the questions raised above,

further research is required to generalize the findings beyond the Family and Children's Services of Renfrew County, and to uncover the processes that most directly affect outcomes. We believe these outcomes demonstrate the value of good social work practice in child welfare, and suggest the importance of having a well-trained, committed, and effective professional social work staff.

From the perspective of child protection policy, the findings support the utility of providing the resources not only to keep children safe, but also to promote their well-being. Investing in better outcomes in the child protection system is a complex and challenging undertaking that requires commitment from policy makers, practitioners, administrators, and researchers if we are to succeed. Our experience has been that the investment is worth the effort.

ABOUT THE AUTHOR:

Dr. Michael O'Brien is the Director of Research and Quality Assurance at Family and Children's Services of Renfrew County and an assistant professor at the School of Social Work at Dalhousie University.

REFERENCES

Bradshaw, J. (1972). The concept of social need. *New Society*, March 30, 640-643.

D'antrade, A., Lemon Osterling, K., & Austin, M. (2008). Understanding and measuring child welfare outcomes. *Journal of Evidence-Based Social Work*, 5(1), 135-156.

Fallon, B., (1998). Outcomes literature review: A preliminary review for the client outcomes in child welfare project. In Thompson, J. & Fallon, B. (eds), *The first Canadian roundtable on child welfare outcomes*. Toronto: University of Toronto Press.

Frensch, K., & Cameron, G. (2003). *Bridging or maintaining distance: A matched comparison of parent and service provider realities*. Waterloo (ON): Wilfrid Laurier University.

Glascoe, F. P. (2002). *Technical Report for the Brigance Screens*. (3rd ed.). North Billerica (MA): Curriculum Associate, Inc.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology, Psychiatry, and Allied Disciplines*, 38, 581-586.

Little, M., Axford, N., & Morpeth, L. (2003). *Threshold: Determining the extent of impairment to children's development*. Dartington (England): Warren House Press.

Luthar, S. (Ed.), (2003). *Resilience and vulnerability: Adaptation in the context of childhood adversities.* Cambridge: Cambridge University Press.

Magura, S., & Moses, B.S. (1986). *Outcome measures for child welfare services.* Washington (DC): Child Welfare League of America, Inc.

Masten, A.S. (2001). Ordinary Magic: Resilience processes in development. *American Psychologist*, 56, 227-238.

McDonald, T., Lieberman, A., Poertner, J., & Hornby, H. (1989). Child welfare standards for success. *Children and Youth Services Review,* 11, 319-330.

McKillip, J. (1987). *Needs analysis-Tools for the human services and education*. Newbury Park (CA): Sage Publications.

O'Brien, M.J. (2005). *Exploring and comparing client perception of need and social worker perception of risk: A key to improved intervention in cases of child neglect.* (doctoral dissertation, McGill University, Canada). AAT NR12920.

Packman, J. (1986). *Who needs child care-Social work decisions about children*. Oxford: Basil Blackwell Ltd.

Poertner, J., McDonald, T., & Murray, C. (2000). Child welfare outcomes revisited. *Children and Youth Services Review*. 3(9/10), 789-810.

Ravens-Sieberer, U. (2006). *The Kidscreen questionnaires*. Berlin (Germany): Pabst Science Publishers.

Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. In J.S. Bruner & A. Garten (Eds.), *Primary Prevention of Psychopathology* (Vol. 3, pp. 49-74). Hanover (NH): University Press of New England.

Rutter, M. (1995). Psychosocial adversity: Risk, resilience, and recovery. *Southern African Journal of Child and Adolescent Psychiatry*. 7(2), 75-88.

Trocmé, N., Oxman-Martinez, J., Moreau, J., Fallon, B., MacLaurin, B., Schumaker, K., et. al. (1998). *Client outcomes in child welfare: Outcomes framework*. Toronto: University of Toronto.

Williams, M. (1997). *Parents, children and social workers*. Aldershott: Ashgate Publishing Company.

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

Articles are welcomed for the Fall edition by **September 23, 2010**. OACAS also welcomes executive summaries, excerpts and abstracts from researchers and academics. All submissions are peer reviewed. Visit www.oacas.org for information about submission guidelines. Inquiries can be e-mailed to journal@oacas.org

Fall Edition Submissions Deadline: September 23, 2010
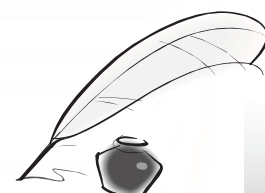
BOOK REVIEW– Supporting Young Parents: Pregnancy and Parenthood among Young People from Care

By Bruce Leslie

Authors: Elaine Chase, Ian Warwick, Abigail Knight and Peter Aggleton

Publisher: Jessica Kingsley Publishers, London UK, 2009

Order: orders@jkp.com, $39.95

Being young and in love is often considered romantic, whereas being young and pregnant or parenting not as much. If you readily agreed with this statement, especially the latter part, you might find some aspects of this book harder to accept.

The foreword highlights that in the United Kingdom, children who are "looked after" (in care) are more likely than their peers to become pregnant and parents while still teenagers. Additional studies had similar results from Australia, United States, and Canada-this is a common trend across the globe. In a recent Ontario study of a non-random sample of 30 young women who were Crown wards, there was found to be a pregnancy rate of 43% and birth rate of 23% (Leslie, 2007). These rates are four to five times higher than those in the general population.

In 1999, the National Teenage Pregnancy Strategy was launched in the United Kingdom, which "signaled an important policy shift away from viewing teenage pregnancy as an issue of illegitimacy and welfare dependence [...] towards one of public health, social exclusion and health inequalities" (Chase, Warwick, Knight & Aggleton, 2009, p.16). Supporting Young Parents grew out of a study funded by the Department of Health, conducted within the Thomas Coram Research Unit at the Institute of Education, University of London.

"The overall aims of the research were to explore factors contributing to early pregnancy and parenthood among young people in and leaving care; determine the kinds of supports available to young parents; and, identify what enables or prevents them from receiving the support they need" (p. 31).

The study had three main elements: a review of the literature; a national survey; and, a "close focus investigation" of the views of young parents and "carers". The book is mostly focused on the third element but also highlights key findings from the survey. The literature informed the questions explored in the focus groups and provided context for the analysis.

Sixty-three young people, either in care or leaving care, were interviewed: 47 young women between the ages of 15 and 22, and 16 young men between the ages of 15 and 23. Seventy-eight professionals were interviewed from four different research sites. They included staff from child welfare authorities and collateral services.

In each of the chapters, the central topic is sensitively explored through numerous quotes and the identification of prominent themes that range from personal and interpersonal, to service connections, instrumental needs, and emotional joy. It is clear from many of the quotes and references that the authors want to expand on the strengths of the youth, increase the understanding of the challenges they face leaving care, and explore possible solutions. The authors do not contradict the literature that identifies the many hurdles and barriers these young people face so much as seek to understand the youth from the points of education and intervention, along a developmental continuum of service.

It is clear from some of the quoted youth in this study, and other research, that pregnancy wasn't their intent when becoming sexually involved. Sometimes it resulted from a lack of knowledge, peer pressure, or violence. Sometimes it evolved in a caring relationship. Some of the supporting quotes were from young women, some from young men. All of the quotes speak to the need for a supportive,

educative, range of services to help produce the best possible outcomes.

Some of the impetus for the National Teenage Pregnancy Strategy was built on findings from the OnLAC (Looking After Children), Assessment and Action Records used by child welfare staff. The professionals interviewed identified the need for improved services but described being hampered by limited resources and not always being able to provide the type of timely assistance many of these young people require. However, there seemed to be a "general understanding […] that this could be a 'false economy'" (p. 147).

Towards the end of the book the authors ask questions and put forward different perspectives held about the emotionally weighted discussion of teenage sexuality and pregnancy. They ask, "Is a youth's apparent resistance to a worker's direction setting a problem or a sign of resilience?" and reference the work of Robbie Gilligan to support an emphasis on "self-healing" and "self-righting capacities" that are optimized in the context of positive relationships. Also highlighted are some of the findings of a Canadian researcher, Deborah Rutman, which raise questions about social workers having negative perceptions about teenage parenting and the impact these perceptions have on the youth.

In the concluding chapter of the book, the authors highlight five key themes identified from the interviews supporting the improvement of practices:

1. Transparency of service provision – youth expressed feeling uninvolved or having little control over decisions that seemed unfair at times.
2. Continuity of care - building more secure and stable life experiences.
3. Adequate resources – support for a comprehensive continuum of services.
4. Listening to what young people have to say – responding to their expressed not assumed needs.
5. Promoting and building on young people's strengths.

Deep within child welfare services lore is the practice observation that many of the young parents we become involved with were once part of a family that received service. Some of these new parents had been in care and others had been Crown wards. There is no definitive study that informs a numeric estimate of this observation but there are numerous studies that have identified a much higher rate of pregnancy, early parenting, and subsequent parenting challenges for young women who were in care than those in the general population. Whether the reader sees this as a problem statistic to be reduced or a significant situation that needs specialised services to benefit those involved, the chances of producing positive results will be greater if the situation is not left unattended.

"One of the aims of this book is to question views that regard teenage pregnancy as no more than a problem to be avoided" (p. 68).

The authors and the youth whose voices they amplify highlight that sexual relations are not always the most comfortable topic of discussion for care providers, youth, parents, and social workers. It doesn't seem to get any easier with pregnancy and parenting. Perhaps reading this book can help ease discomfort, raise awareness, increase the priority of this work, and strengthen resilience.

ABOUT THE AUTHOR:

Bruce Leslie is the Manager of Quality Assurance at the Catholic Children's Aid Society of Toronto.

REFERENCES

Leslie, B. (2007) After care ends: Pregnant pathways. *Ontario Association of Children's Aid Societies Journal*, 51 (4), 17-26.

ADOPTION TRAINING DAY

On **Tuesday, October 26, 2010**, Ontario Association of Children's Aid Societies (OACAS), in collaboration with the Ministry of Children and Youth Services, is hosting an Adoption Training Day for both private and public adoption professionals.

Mary Rella, a clinician with over 20 years experience working with families in clinical settings and child welfare, will provide the training, "**Adoption Through the Lens of Attachment, Adaptation and Resilience**" at the Metro Toronto Convention Centre.

Mary Rella can help adoption professionals begin to answer the question, "Can this child be cared for by this family?" Together, Mary and attendees will use Attachment theory to help better understand the behaviours, defensive strategies and developmental needs of fostered and adopted children and youth with problematic histories of abuse, neglect, and multiple separations.

When: Tuesday, October 26, 2010

Where: Metro Toronto Convention Centre, 255 Front St. West, Toronto

Who: Both private and public adoption workers

Information and registration is available at www.oacas.org/adoptiontrainingday

Special Conference Section

Putting Children First: Making a Difference

Putting Children First: Making a Difference was the first conference exclusively dedicated to issues in child welfare to be hosted in the past several years by the Ontario Association of Children's Aid Societies (OACAS). The Conference offered a variety of keynote speakers and workshops selected from over 200 submissions.

The Conference focused on three service areas:

- Child Sexual Abuse and Sexual Exploitation of Children and Youth

- Chronic Child Neglect: Community Responses, Innovative Practices and Family Support

- Balancing Strength and Risk in Practice

Workshops centered on clinical practice, leadership and management for front-line staff, management teams, and board members of child-serving organizations.

The opening day focused on anti-racist and anti-oppressive practice in child welfare. Dr. Susan Strega and Dr. Jeannie Carriere set the stage for a First Nation worldview regarding child welfare with their presentation on 'Walking the path together: Anti-Racist and Anti-Oppressive Child Welfare Practice'. This presentation was followed by the 'Celebrating Achievements in Native Child Welfare Traditional Feast' at lunch.

Candy, former youth in care and one of the voices of the "I am Your Children's Aid" campaign

Greetings were read from National Chief Shawn a-in-chut Atleo as the Conference was held on Mississaugas of the New Credit First Nations territory. Dr. Lillian McGregor, an elder from Whitefish River First Nation, shared her teachings and offered a prayer for those who carry out the work of child welfare. The Traditional Feast finished with a keynote presentation by Wendy Hill, a Traditional Healer from Anishnawbe Health Toronto, titled 'Understanding life: What my ancestors taught me in my dreams'.

Participant feedback highlighted four outstanding presentations:

- 'Annual Paediatric Death Review Report' by Dr. Bert Lauwers, Deputy Chief Corner of Ontario and Chair of both Deaths Under Five Committee and Paediatric Death Review Committee, and Karen Bridgman-Acker, Child Welfare Specialist and Paediatric Death Review Coordinator- CAS.

- 'Child Exploitation- Making the Connection between the Online World and Child Sexual Abuse' by Christy Dzikowicz, Director of Missing Children's Services at the Canadian Centre for Child Protection

- 'Child Welfare in India: Lessons for Child Welfare Practitioners in Canada' by Mary Ballantyne, Executive Director of the Children's Aid Society of Simcoe County.

- 'The Impact of Homicide on Siblings and Family Members' by Priscilla de Villiers, Founder of CAVEAT (Canadians Against Violence Everywhere Advocating for its Termination) and the de Villiers Petition.

Dr. Lauwers and Ms. Bridgman-Acker presented recommendations focusing on promoting best practices within the child welfare and medical systems and educating the public on child safety measures to help reduce child deaths. The

presentation by Ms.Dzikowicz highlighted the growing concern of the child welfare field on the connections between child abuse and online activity. Ms. Ballantyne's presentation focused on child welfare practices in two non-governmental organizations in India, where services are offered to children living in slums and to families and children in rural villages. She suggested that the services offered in developing nations have much relevance to and should be more connected with child welfare work in North America. Ms. De Villiers' presentation called for change to the role of victims of crime in restorative justice in Ontario and the entrenchment of victims' rights.

In addition to keynote speakers and workshops, the Conference also included the OACAS Annual Awards Dinner and 21st Clark Bursary Awards, which took place on the Monday evening. The Awards dinner was hosted by Orlena Cain, radio and TV personality, former youth in care, and one of the people who participated in the "I am Your Children's Aid"

campaign. The evening was about celebrating the successes of young people who have excelled in their academic, athletic, and artistic pursuits despite the challenges they have endured. Clark Bursary Awards were presented to 20 deserving young people pursuing opportunities in

Orlena Cain, radio and TV personality and one of the people from the "I am Your Children's Aid" campaign, hosted the OACAS Awards Dinner

post-secondary education. The evening also recognized community leaders who have demonstrated their commitment to the well-being of children and youth in their work and with their lives.

Bonnie Buxton and Brian Philcox, co-founders of FASWorld (Fetal Alcohol Spectrum) Canada and FASWorld Toronto, were presented with the award for Outstanding Leadership in child welfare and Tanya Talaga, Toronto Star journalist, received the Award of Distinction for Contributions to child welfare for her articles and support of Ontario's Aboriginal children and youth. Ron and Nancy Clark were recognized and thanked for their incredible support of our youth through their bursary program.

The third day of the Conference concluded with a closing ceremony featuring people from the "I am your Children's Aid" campaign talking about their stories and

Native Canadian Centre of Toronto's Visiting School Program share their traditional drum song (honour song) at the Conference

Reena, a mom who received help from her local CAS, performed a thank you drum song

their relationships with their local Children's Aid Societies (CAS). OACAS ended the Conference with a reflection and celebration of agency successes. Front-line staff and senior management had an opportunity to hear about the positive results that come out of the work they do directly from those whose lives had been improved. Candy, a former youth in care, Reena, a mom who got help from her local CAS, and Nandita, a child and youth worker, reinforced the message that "Children's Aid" means so much to many people in many different ways. Member feedback noted how important it is to take the time to remember the reason that child welfare professionals do this work and how important their contributions are to society. At the end of the Conference, participants left inspired by what they'd learned from the keynote speakers and workshops, interacting with their peers, and also from hearing first-hand the difference they have helped to make. Candy, Reena, and Nandita were tangible examples of theory put into practice with their incredible stories.

Visit http://www.oacas.org/conference/ to view the Conference program and read more about the

BARTIMAEUS INC.

Caring for People...Everyday

Knowledge
Experience
Choice

Bartimaeus supports child welfare agencies across Ontario, by providing support services that assist organizations in responding to children and youth who are exhibiting moderate to severe behaviour difficulties.

Our consultation and training services assist agencies in increasing staff skills used for dealing with children and youth with complex needs.

www.bartimaeus.com
since 1988

One Child, One Placement: The Elgin Model- Why Adoption in Ontario is Failing our Children

By Deborah Ellison, PHD, and Dawn Flegel, MSW

INTRODUCTION

Family & Children's Services of St. Thomas Elgin (Elgin) operates as Elgin County's local Children's Aid Society. For approximately 25 years, the agency has practiced a "foster-to-adopt" model when children enter care.   This model was developed as a result of a careful assessment of the adoption practices of the time and their impact on children. This paper will discuss the development and evolution of the model and will present data on the model's effectiveness. A discussion will also be presented outlining why, in our opinion, the current adoption direction in Ontario is not in the best interests of children.

HISTORY AND DEVELOPMENT OF ELGIN'S FOSTER–TO–ADOPT MODEL

In the 1980s, a number of factors influenced the agency's adoption program. First, "foster care drift" was a term and concept that was starting to become more discussed and acknowledged in both the literature and within child welfare agencies. In general, this term referred to the number of children in care without a permanent placement and the tendency for them to grow up moving from home to home. This concern led to several articles on the topic and the concept of "concurrent planning". These were read by the leaders at Elgin and provided theoretical support for practice changes (e.g., Hartley, 1984).

Second, there was a high number of adoption breakdowns occurring within the agency – a conservative estimate is that 10-15% of Elgin's admissions to care were the result of adoption breakdowns (S. Bailey & J. Hummel, personal communication, April, 2010).   Many of these breakdowns were adoption placements of older children that ended because there were inadequate supports and subsidies in place for adoptive families.

Third, there were policies and practices in place across Ontario, including at Elgin, which claimed to be child centered but, in fact, were almost exclusively focused on the needs of adults.   At that time, foster care and adoption were viewed as separate programs. Policies actively discouraged and prohibited foster parents from adopting, did not permit couples with more than two children to adopt, and did not permit couples in their 40s to adopt. The entire adoption system was geared more toward meeting the desires of prospective adoptive parents than giving the needs of children the utmost priority. It "felt good" to place a baby for adoption with a couple who was unable to have children of their own (J. Hummel, personal communication, April, 2010).

Finally, as social mores changed and the private adoption sector became accessible, the number of infants available for adoption within Children's Aid Societies substantially declined while the number of couples wanting to adopt infants remained very high. The list of couples waiting to adopt in Elgin became unmanageable – there were simply too many people for the numbers of babies available (Bailey, 1994).

This was the context in which the agency's foster to adopt program emerged. By 1983, the agency's adoption policy had already begun to support some foster parent adoptions. However, it was a particular situation involving an infant with a foster care family that wished to adopt him that pushed the agency's leadership toward further change.

This situation involved a two parent family with five children, one of whom had previously been adopted through the agency. In 1986, a four month old infant was brought into care and placed with the foster family. Within three months, the infant was made a ward of the Crown and available for adoption. The agency had approximately 13 couples waiting to adopt infants (Annual General Meeting Report, Family and Children's Services of Elgin

County, 1986).   The agency began making plans to select an appropriate home and move the baby to be adopted.

The foster family advised the agency that they wanted to adopt him. The agency's decision remained to move the baby because there were "no special circumstances to keep the child in this home while there are other adoptive applicants waiting" (Recording summary from agency file, 1986). There was a special meeting with the Services Committee of the Board where the foster parents argued that an attachment had developed and that the baby should be placed permanently with them to minimize the risk of separation trauma for the infant. Agency staff continued to maintain that the "child's best interests would not be in jeopardy if the child were to be replaced in an adoption home". Staff expressed concern that the agency would "be giving preferential treatment to foster parents over adoptive applicants" (Minutes of the Services Committee, Family and Children's Services of Elgin County, January 1987).

After much deliberation, the Board ultimately supported the agency's position. The foster parents appealed the decision to the Ministry and threatened further legal action. The agency reversed its decision and allowed the foster parents to adopt the baby stating in a letter to the couple "while we continue to feel that the infant's best interests would not be adversely affected by replacement, this position becomes more difficult to defend with the passing of each day. Therefore, I see no merit in implementing such a plan given the time consuming review process proposed by your lawyer and/or threats of legal action. Despite our differences on this issue, we are agreed that you will give the infant a good loving home" (Letter to foster family, December 1986).

While the situation did not result in an immediate change in the agency's ongoing practice, it did create discussion and reflection.   There were some difficult questions to be asked and answered:

1. Who were the agency's primary clients?
2. Whose needs was the agency meeting first?
3. Why was the agency moving children?

In reading the historical documents, it is easy to see the focus on the prospective adoptive parents. The agency was more concerned about the needs of adults, rather than the best interests of the child and continuity of care. The rationale for moving the infant was a belief that the move would not put the child's best interest in jeopardy – not what was actually in the child's best interest. This thinking and decision making permeated despite an emerging body of literature on attachment theory.

IMPLEMENTATION OF THE MODEL

It took some time to formulate the ideas and there was no formal plan that emerged on a single day that was written down to be implemented. Instead, Jim Hummel, the Resource Manager at the agency at the time, took a strong leadership role and "just did it" (J. Hummel, personal communication, April, 2010).

Hummel's first step was to close the adoption list. No more families would be accepted to adopt at the agency. He met with the current families on the adoption list and advised them that the only way to adopt children in Elgin was to first foster the children. If the children became available for adoption, they could be adopted by their foster parents. Many of the prospective adoptive parents did not agree and stopped their involvement with the agency. There were community complaints about the program to the Board of Directors and the MPP.

However, a few families stayed on and were willing to try this new program. The agency developed a core and fundamental belief – children were our primary clients and all our decisions needed to be about them and their needs.   Lobbying by prospective adoptive couples and other adults did not change that central tenet. Important decisions were made based on continuity of care and stability. In terms of practice,

that meant that every person who wanted to adopt through Elgin could only do it through fostering first. If the person did not want to foster first, they were referred to another Children's Aid Society or the private sector.

The ability of Jim Hummel to implement this radical departure from the adoption practices of the day is a credit to his progressive thinking. In addition, Elgin was a small agency without either an entrenched adoption department or beliefs about what adoption should be. Once attachment theory and continuity of care discussions were held, it was relatively easy for staff to support the program.

PROGRAM VALUES

After the model's implementation, the agency formalized the program through policy development. It is also important to note that the model exists within an overall agency culture and practice that:

1. Does everything possible to keep children out of care – either by keeping children with birth parents or placing with kin under kinship service;
2. Offers a continuum of supports and services; and
3. Stresses flexibility, responsiveness, and creativity.

When children come into care, the key values and beliefs that influence how they are served include:

1. The child's need for continuity of care and freedom from unnecessary placement changes is of paramount importance in all placement decisions;
2. Concurrent planning is possible and in the child's best interest; and
3. Foster-to-adopt parents rather than the child assume the risks inherent in foster-to-adopt placements.

EVOLUTION OF THE MODEL

The model has evolved over the years. Initially, children were placed in foster-to-adopt homes only when it was determined through case conferences

that there was a low prognosis the child would return to his or her biological family. That remained the situation for many years. Practice experience and reflection taught the agency that it was not easy to accurately identify low prognosis situations. Sometimes children were placed in foster homes, circumstances changed, and the children were made Crown wards. The agency then faced difficult decisions if the foster parents were unable or unwilling to adopt. Was it better for the children to move to an adoptive home or remain in their foster home for continuity of care?

In 2005, the practice changed significantly towards placing every child admitted to care under the age of 2 immediately into a foster-to-adopt home. This approach meant that every child under 2 would have the opportunity to have one placement. There appeared to be no downside for the child – either they returned home, or to kin, or were adopted by their foster family. There were more than enough homes available for this age range and it was the easiest to implement. In about 2007, the practice grew to placing every child under the age of 6 who came into care into a foster-to-adopt home. Today, the goal is to place every child under the age of 12 immediately into foster-to-adopt homes.

Recruitment strategies have changed significantly. The agency actively recruits foster-to-adopt families. When prospective adoptive parents contact the agency, they are told about the program, its philosophy, and its values. The vast majority of candidates agree to proceed to the next step of Parent Resources for Information, Development and Education (PRIDE) pre-service training. When prospective foster families contact the agency to foster, they are asked to consider being approved as an adoptive home as well. The majority agree to this. This practice avoids a delay when a foster family wishes to adopt a child placed in their care and needs an updated Structured Analysis Family Evaluation (SAFE) completed.

BENEFITS OF THE MODEL

When foster-to-adopt becomes the norm within an agency and a community, the benefits to children are enormous. For nearly every child admitted to care, the goal is reunification with their biological family or extended family members. Foster-to-adopt parents know this and are part of the team that actively promotes and encourages reunification to occur. When reunification is not successful and children are made Crown wards and available for adoption, they remain in their placement and adoption with their foster family proceeds. One child, one placement.

Ideally, there is no need to ever search for an adoptive family because, by the time the child is legally free for adoption, the child is already with their family. There is no need to move the child. The child is not required to wait while the agency locates and selects a potential adoptive family.

CHALLENGES

Staff spend considerable time educating a variety of people including all prospective foster and adoptive parents, new staff, and other Children's Aid Societies.   Some agencies now use a foster-to-adopt model in limited situations. However, foster-to-adopt as a practice for every child coming into care is not the normal practice in Ontario. Our agency regularly encounters a lack of information and misunderstandings about the program and how it works. We believe the time commitment is worth it for the children.

Emotionally charged situations can and do occur. The agency has provided a high level of support to all foster-to-adopt families, including grief and loss groups and EAP services if necessary. Grief and loss are a reality of the program and there needs to be a sensitive and timely response. Having identified that as a challenge, it is also important to note that the agency would much rather support our foster-to-adopt families through the difficult times than

require children in care to move homes and experience separation, grief, and loss, sometimes numerous times. Strong foster-to-adopt families are better able to handle the emotions and resolve them than a child in care is able to.

The model also has had an impact on those foster families in the community that want to foster in the traditional manner. Foster homes are now rarely used for children under the age of 12. This has created a situation where the agency has some excellent foster care resources that are not being fully utilized.

BARRIERS AND MYTHS

Throughout the years, many criticisms and misunderstandings have been levied at Elgin's foster-to-adopt program. The top four are outlined below as well as Elgin's response:

1.   *"It's too emotionally difficult for foster–to–adopt families and there won't be enough people who will take the risk."*

Our experience has consistently demonstrated that there are more than enough people who will take the risk for the sake of Elgin's children in care. The vast majority of people who contact the agency wanting to adopt agree to the foster-to-adopt program. It is emotionally difficult at times but foster-to-adopt families maintain it is worth it for the children. They eloquently express that they are the adults who can handle grief, pain, loss, and fear much better than the child who has come into care and has negatively experienced so much in his young life already.

2. *"Once foster parents adopt, they will stop fostering/adopting and you can't maintain enough homes."*

Elgin is currently in a unique position of having more homes than we need. This provides us with choice for children who enter care.

3. *"The foster–to–adopt parents will not work with the birth family and will sabotage reunification efforts. They will oppose any reunification plans in court."*

Foster-to-adopt parents know that for nearly every child, the primary goal is reunification with their family and that they are the "backup plan" if reunification does not work. There are circumstances that arise where people have different opinions but the responsibility lies with the adults involved to discuss the issues and come to problem resolution. Foster-to-adopt parents are required to participate in the PRIDE pre-service training which incorporates adoption and Elgin's unique model throughout. One of the core competencies of PRIDE is supporting relationships between children and their birth families.

4. *"Judges will think we're pre–determining the outcome of a case."*

When the program becomes the norm for every child admitted to care regardless of the circumstances, the concern is eliminated – the agency cannot pre-determine that every child admitted to care is going to be made a Crown ward and available for adoption. Because the program has been in existence for so long, this issue does not exist in the Elgin community.

OUTCOMES– MEASURING SUCCESS

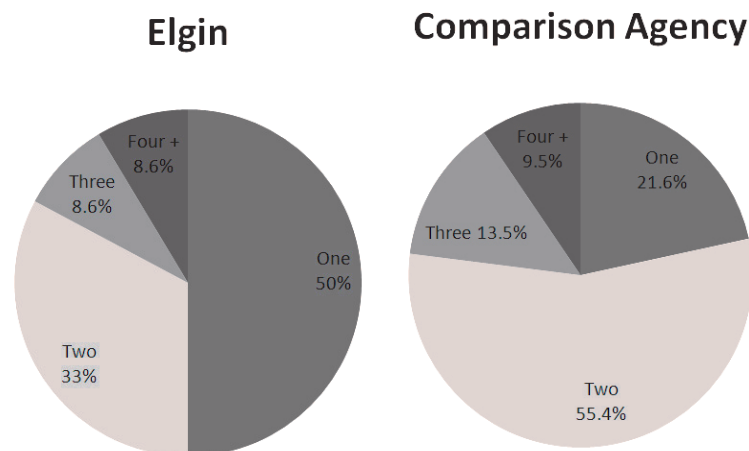In order to evaluate the success of the program, three key outcomes were selected:

1. Children experience one placement from admission to care to adoption finalization.
2. Children who are legally available for adoption are adopted.
3. Adoption breakdowns are reduced.

The results are presented below:

1. How many adopted children experienced one placement?

Information was collected on all children who had experienced adoption in the last five years (n=58). For comparison purposes, a similar sized Children's Aid Society without an identified foster-to-adopt program generously allowed us to review the completed adoptions within their agency in the last five years (n=74). Fifty percent of Elgin's adopted children had only one placement from admission to care to adoption finalization compared with 21.6% of the children from the comparison agency. The comparison between the two agencies is seen in the chart below. The difference between the agencies is significant ($\chi^2_{(2)} = 7.47$, $p < .05$).

TABLE 1– ONE PLACEMENT PERCENTAGES

Elgin

Four + 8.6%
Three 8.6%
One 50%
Two 33%

Comparison Agency

Four + 9.5%
One 21.6%
Three 13.5%
Two 55.4%

2. How many children who are legally available for adoption are adopted?

While we did not gather data from the comparison agency on this question, there is data comparing numbers of children available for adoption in Elgin over time. On April 1, 2005, there were 16 children legally available for adoption. All 16 children were age 12 or younger. Of those 16 children, half of them have grown up in foster care. Only 50% of children age 12 or younger who were legally available for adoption were adopted.

On April 1, 2010, there were 13 children legally available for adoption. Of the 13 children, four of them were 12 years or younger. All four of the

children are already with their foster-to-adopt families and the adoptions are proceeding. One hundred percent of children age 12 or younger legally available for adoption have been or are in the process of being adopted. Eight of the 13 children are the same children from 2005 (now all teenagers) and there is one additional teen. This finding indicates that the changes to Elgin's model in placing every child under 12 in a foster-to-adopt home, in conjunction with the Transformation Agenda, and a renewed focus on permanency, have been successful in achieving adoptions. Elgin's children no longer grow up in foster care.

3. *Have adoption breakdowns been reduced?*

Prior to the model's implementation, 10–15% of all admissions to care were the result of adoption breakdowns. This number is consistent with other research and statistics available (Livingston-Smith, Howard, Garnier, & Ryan, 2006; Rushton, 1999). Following implementation of the model, the number of adoption breakdowns diminished significantly (S. Bailey & J. Hummel, personal communications, 2010). Over the past five years, none of the admissions to care were the result of adoption breakdowns for children placed by Elgin through the foster-to-adopt model.

DISCUSSION

This paper sought to provide some preliminary education and information about 25 years of the successful use of a foster-to-adopt model. Its current state offers a very different experience for children entering care – one continuous placement. If children are unable to return home, they remain where they are and adoption proceeds. There is no searching for an adoptive family, no trying to select the right one for an older child, no change in schools, community, friends, or supports.

This model develops naturally from the attachment literature that has consistently found that young children involved with the child welfare system develop insecure attachment relationships with their biological parents that affect their ability to form stable intimate relationships later in life (Crittenden, 1995; Main, & Hesse, 1990). It has been suggested that it may be the early attachment relationship between the biological parent and the child that may help to explain the intergenerational nature of maltreatment (Mennen, & O'Keefe, 2005).

When children must be removed from the biological family, it becomes even more important to ensure that they learn the relationship skills that will be so crucial later in life. "Felt security" comes from more than a stable placement. Schofield, Thoburn, Howell, and Dickens (2007) argue that the welfare of the child in out-of-home care depends on the quality of the relationships established between the caregiver and the child. Therefore, Mennen and O'Keefe (2005) advocate placing children, especially infants, in permanent homes as soon as possible in order to promote healthy relationship development. When children are moved frequently, the opportunity to develop secure attachment relationships greatly diminishes.

These points are supported by Ponciano (2010) who found that attachment security was higher in infants who were in foster-to-adopt homes than in traditional foster homes. Specifically, she found that foster mothers in foster-to-adopt homes were more sensitive and attentive to children's signals and needs than mothers in traditional foster homes. Ponciano (2010) speculates that this may be due to a greater investment in the relationship by the foster-to-adopt mother.

Maternal investment has also been suggested as a factor in the maintenance of problem behaviours in children who reside in traditional foster homes. McAuley and Trew (2000) found that, contrary to expectation, children with behaviour problems in foster home settings showed no improvement over a two year period. In addition, they found that it was the foster mother's rating of behaviour problems at the four month mark of the placement that was

related to placement disruption two years later. McAuley and Trew (2000) interpreted this finding as a lack of long term commitment on the part of traditional foster mothers.

Taken together, the research evidence and the results of the current project argue strongly for a foster-to-adopt model in which the children are afforded early, stable placements with committed families where strong relationships can flourish. For this reason, within the Elgin foster-to-adopt model, very close attention is paid to unnecessary placement changes. We believe the system needs to shift to make things more stable for children; even when the shifting may make things more difficult for the adults involved. Today, we stay very true to the roots of the model–the child is the primary person that we are here to serve.

The potential is enormous for Ontario's children if this program is implemented province wide. Children tend to be older by the time they become available for adoption. Adoptive families are often more difficult to find for older children. This is partly why there are so many children in Ontario currently without an adoptive family. The alternative to this situation is to have children placed with a family at a younger age and let them stay if they cannot go home.

The current direction of the province to highlight and recruit adoptive families, hold Adoption Resource Exchanges, link adoption to infertility, create a centralized adoption agency, and place children for adoption once they are legally free for adoption, does not serve Ontario's children well. Our evidence shows it is possible for children to enter care and experience one continuous placement. Our resources, time, and energy need to be re-directed toward recruiting interchangeable foster-to-adopt families, explaining and promoting the model, and actively encouraging foster families to adopt the children they care for. Training,

education, homestudies, and support need to be entirely geared to foster-to-adopt families.

Children do not need foster homes; they do not need adoptive homes. Children need homes where they belong, where they are attached, where they can stay if they are unable to return to their biological families.

The reasons for not taking this approach are grounded in adult problems and a lack of information and misunderstandings about the program. The adults in Ontario's child welfare system can and should figure out and assume all the inherent risks in this approach so the children do not have to.

ABOUT THE AUTHORS:

Dawn Flegel, MSW, has spent the past 18 years in Child Welfare in a variety of roles in the Intake, Protection Services, and Children in Care. Since 2004, she has been the Director of Services, overseeing all clinical services at Family and Children's Services of St. Thomas and Elgin. Dawn is a passionate advocate for the foster-to-adopt service model.

Deborah Ellison received her PHD in Developmental Psychology from the University of Western Ontario. She has a background in attachment theory and developmental disabilities. Deborah has worked in a clinical setting managing several programs for children with developmental disabilities and mental health disorders. In 2006, she moved to child welfare consulting agencies on quality assurance and research. Deborah is currently the Quality Assurance Consultant at Family and Children's Services of St. Thomas and Elgin.

REFERENCES

Bailey, S. (1994). *Calling the Children's Aid: 100 Years of Child Welfare in Elgin County*. Aylmer, ON: Aylmer Express Limited.

Crittenden, P. M. (1995). Attachment and risk for psychopathology: The early years. *Developmental and Behavioral Pediatrics*, 16, 12–16.

Hartley, E.K. (1984). Government leadership to protect children from foster care "drift". *Child Abuse and Neglect*, 8, 337–342.

Livingston-Smith, S., Howard, J.A., Garnier, P.C., & Ryan, S.D. (2006). Where are we now? A post-ASFA examination of adoption disruption. *Adoption Quarterly*, 9, 19–44.

Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant attachment status: Is frightened/frightening parental behavior the linking mechanism? In M.T. Greenberg, D. Cicchetti, & E.M. Cummings (Eds.) *Attachment in the preschool years: Theory, research, and intervention* (pp. 161–182). Chicago, IL: University of Chicago Press.

McAuley, C., & Trew, K. (2000). Children's adjustment over time in foster care: Cross informant agreement, stability, and placement disruption. *British Journal of Social Work*, 30, 91–107.

Mennen, F.E., & O'Keefe, M. (2005). Informed decisions in child welfare: The use of attachment theory. Children and Youth Services Review, 27, 577–593.

Ponciano, L. (2010). Attachment in foster care: The role of maternal sensitivity, adoption and foster mother experience. *Child and Adolescent Social Work Journal*, 27, 97–114.

Rushton, A. (1999). *Adoption as a placement choice: Arguments and evidence*. (Maudsley Discussion Paper No. 9). London: Maudsley Publications.

Scholfield, G., Thoburn, J., Howell, D., & Dickens, J. (2007). The search for stability and permanence: Modeling the pathways of long-stay looked after children. *British Journal of Social Work*, 37, 619–642.

Hidden Abuse–Hidden Crime. The Domestic Trafficking of Children in Canada: The Relationship to Sexual Exploitation, Running Away, and Children at Risk of Harm

By Dr. Marlene Dalley, PHD

EXECUTIVE SUMMARY OF THE FINAL REPORT

In 2008, National Missing Children Services, RCMP, conducted an exploratory research study to determine if the domestic trafficking of Canadian children exists in Canada and if so, to identify the characteristics, trends, and challenges. This is the first Pan-Canadian study to examine child trafficking as it may be occurring within our provinces, cities, and surrounding areas.

Similarly to the UN Convention on the Rights of the Child, this study defines a child as anyone under 18 years of age. Since many persons do not perceive a teenager as a child, the term child/youth is used throughout the study. This study also examined whether there are linkages between child trafficking and runaway children, homelessness, drug addiction, the sex trade, and other at risk factors and situations. Also, attempts were made to identify other groups of children possibly at risk of being trafficked.

Since information on the domestic trafficking of Canadian children is sparse, the study sought to explore characteristics and trends related to child trafficking. Further nationally-focused studies are required to strengthen some findings and observations contained within the study.

The first part of this study is an analysis of primary and secondary literature as related directly and indirectly to the issue of human trafficking. A separate literature review on runaway children provides additional facts useful in the discussion on runaway children/youth.

The second part of this study provides an analysis of interviews conducted over a two-year period with law enforcement agencies and front-line service providers across Canada. In total, 175 interviews were conducted with police and service agencies in Vancouver, Prince George, Kamloops/Kelowna, Calgary, Edmonton, Prince Albert, Fort McMurray, Regina, Winnipeg, Greater Toronto Area (GTA), Ottawa, Montreal, Fredericton/Marysville, Moncton, St. John, Halifax, Gander, and St. John's.

An analysis of the interviews and reports highlighted the following findings:

- Several groups of children were found to be at particular risk of sexual exploitation, increasing their vulnerability for sex trade involvement and trafficking for sexual exploitation. They are as follows: runaway children; throwaway (unwanted) children; youth living independently when they reach 16 years of age; and children using Internet communications to solicit sex trade clients. It was observed that these groups of children lacked supervision, which placed them in situations of risk while underage and developmentally unprepared to deal with the dangers associated with the sex trade, like drug addiction and manipulation and control by others. In some cities and towns, black and Aboriginal children/youth within some of these groups were particularly vulnerable to sexual exploitation and possibly being trafficked.

- Some parents did not report their runaway child to authorities as missing for fear of losing their child welfare benefit, apprehension of and charges against their child by authorities, and possible exposure as abusers and exploiters, if investigated by authorities. However, by not reporting their missing child to authorities, the child/youth are without any police protection and may be vulnerable to exploitation and abuse.

- The reasons why children end up in sexually exploitative situations were varied. In some cases, children became involved in the sex trade for survival or to support an addiction. Other children became involved because a boyfriend, friend, or family member encouraged them to do so, while

in other cases force was used to compel their participation. Also, underage girls were often groomed to enter into high-end sex trade when they reached 18 years of age, which is operated indoors, highly organized, expensive, and exclusive.

- To fully understand sexual exploitation, the following categorizations of sex trade involvement were developed from the findings. They are as follows: survival and needs-driven; boyfriend-girlfriend relationship-driven (mutual or controlled dependency situations); high-end sex trade involvement; gang-driven; family member-controlled driven; and Internet-driven.

- The sexual exploitation of boys tended to be less visible. They operated independently in the sex trade and were less often controlled by another person. However, there was sparse information on the sex trade or the trafficking of boys.

- Children/youth were recruited into the sex trade by the following individuals: friends, parents, siblings, pseudo boyfriends, older men preying on younger girls, gang leaders, girls working for gang leaders, and by girls working in the sex trade generally. Often, when a girl already involved in the sex trade recruited a new girl, she was rewarded by her controller.

- The recruitment of girls mostly, and boys, occurred in areas like shopping centres, bus and subway stations, child/youth centres, shelters, libraries, schools, and youth hang outs.

- The activities used by recruiters to solicit or lure children/youth into the sex trade included the following:

  1. staged parties;
  2. community events, where children/youth were in the majority;
  3. situations where children/youth were invited to join a gang;
  4. discreet meetings and gave promises, including a better way of life;
  5. regular visit to places where children/youth participate in age-related activities;
  6. contacted and befriended children over the Internet;
  7. arranged meetings with vulnerable girls, and pretended to be in love with them (love bombing), most often to intentionally develop a dependency relationship; and
  8. created situations and targeted Aboriginal children when they left their reserves to visit or enjoy the city life or to attend high school.

- Victims, who were inexperienced, separated from support structures, and generally lacked awareness, were found to be easy target for recruiters.

- Drug use and addiction was common among children/youth involved in the sex trade. It can be a reason why children enter the sex trade and also, a mechanism used to cope with the situation. In extreme situations, pimps and gang leaders used drug debt bondage to control victims.

- Recruiters and controllers moved or transported children from place-to-place, city-to-city, province-to-province, and within cities, and in some situations from 'crack house' to 'crack house' (related to heavy drug usage).

- There was not enough research evidence to show that children moved (or were moved) to work in the sex trade in cities and towns hosting major events or to booming towns of migrant workers. More research is required to fully explore this issue.

- A common luring and recruiting process was described by participants as follows: girls mostly, but some boys, were lured away from home or care by persons they trusted with promises of a "better way of life". In the beginning stages, they

did not recognize the recruitment process. To elaborate further, a boyfriend (controller, recruiter) lures the victim away from her family and friends to another city, and at that time, the grooming or training and exploitation process begins. Many ways are used to ensure compliance. One way is described as follows: the controller stages a gang rape and photographs the act. The victim feels compelled to join the group so that the photos will not be sent to her family and friends, characteristically a blackmail situation. In other instances, control is established by moving victims within cities from 'crack house' to 'crack house' (linked to drug usage and dealing) and province-to-province (mostly urban centres).

- Some characteristics describing these victimized children and preventing them from exiting their situation were as follows: self-destructive behaviours; controlled by others; drug addiction; acceptance as business commodities; drug bondage; and feeling entrapped. At the onset, many children/youth did not recognize that they were on the path toward sex trade involvement and vulnerable to trafficking. They became victims of persons who established a friendly or loving relationship with them; sometimes the situation escalated to a serious control situation. Control factors include the following: sexual assault (rape), isolation, burnings, and violence. Consequently, they were made to feel they did not have any choice but to remain in this exploitative environment to which they were exposed.

- Children victimized through their involvement in the sex trade often lacked the knowledge of where to turn for help for many situations, including leaving the sex trade. Several support mechanisms, as identified, would help protect them from further harm and ensure their safety. These are as follows: strengthening the investigative coordination between child services

and police; assigning a higher level of priority to the investigation of missing runaway and other marginalized children missing reports; and where necessary, developing additional screening tools to identify more accurately children at risk of recruitment and possible trafficking when they leave home or care.

In essence, this study showed that some Canadian children involved in the sex trade were recruited, transported, and exploited - some more openly and extensively than others. In such instances, Canada's anti-trafficking laws would apply. To elaborate further, the Criminal Code of Canada, Section 279.01 states that:

(1) Every person who recruits, transports, transfers, receives, holds, conceals or harbours a person, or exercises control, direction or influence over the movements of a person, for the purpose of exploiting them or facilitating their exploitation is guilty of an indictable offence and liable (a.) to imprisonment for life if they kidnap, commit an aggravated assault or aggravated sexual assault against, or cause death to, the victim during the commission of the offence; or (b.) to imprisonment for a term of not more than fourteen years in any other case.

It is clear that some of these elements were present in many of the situations identified in this study, a study that explored and showed how to identify some of them. In essence, the findings showed the urgency and necessity to protect children's rights with national, regional, and municipal plans, which will combat this hidden crime and hidden abuse of children.

Worthy of note, is that the involvement of children and youth in the sex trade increases their chances of harm, which may include, among others, physical assault and psychological trauma. Consequently, in an attempt to cope, these vulnerable victims become involved in other crimes - some of which are serious offences. Therefore, it is critical that continued

efforts are taken to prevent and protect children from such harm and further victimization.

The following matters, as identified by participants, require consideration and, where appropriate, action by law enforcement, policy makers, child/youth services, government, and non-government services. They are as follows:

1. Review the effectiveness of existing law enforcement guidelines and practices, especially as they relate to runaway children and marginalized child investigations, and develop additional ones as required.

2. Develop and/or enhance law enforcement policy and response plans as related to the search for missing marginalized children.

3. Review and determine the effectiveness of the police screening tools currently used to prioritize a missing child report, especially runaway children, and their relationship to the start of an investigation.

4. Enhance law enforcement and service agency training specifically related to the missing children (runaways) and child trafficking.

5. Cooperate and collaborate across agencies and seek effective ways to handle missing reports, child abuse, and reported sexual exploitation incidents.

6. Develop measures to address parents' and caregivers' fears so they will report their child as missing and the investigative search will begin sooner.

7. Develop more effective incident and information gathering methods and make this information readily accessible to agencies that protect children from predators, such as recruiters.

8. Conduct additional educational awareness training sessions on sexual exploitation

generally, as a form of trafficking that is targeted for children, parents, educators, service professionals, and communities.

9. Enhance police and community-based services, including collaborative approaches to the issue, so community programs and services can be tailored to fit, and based on need. See www.zebracentre.ca for an example of a collaborative approach.

10. Conduct additional child trafficking issue-related research so sexual exploitation, and therefore trafficking, is better understood, including the role of drug addiction and bondage, gang recruitment, child grooming for the sex trade, the recruitment risks to minors living in community sponsored shelters and designated hotels, those attending festivals and events, and those living on their own at age 16.

In conclusion, as reflected in the action statements identified throughout the study by the participants interviewed, and the literature findings, Canada must continue to address domestic child trafficking and therefore, eliminate the hidden abuse and hidden crime affecting its children. In so doing, it will better protect their rights under The Convention on the Rights of the Child (Articles 34-36), against all forms of neglect, cruelty, and exploitation.

To read the full article visit http:// cpc.phippsinc.com/cpclib/pdf/74192.pdf

ABOUT THE AUTHOR:

Dr. Marlene Dalley has served in the development of National Missing Children Services program for over 20 years. Dr. Dalley has published three books on child development, numerous articles and papers on missing children and related issues, including the research study reports on stranger abduction, parental abduction and the domestic trafficking of Canadian children at-risk, recently released, titled Hidden Crime, Hidden Abuse.

Where is the Harm? Technology Mediated Abuse and Exploitation of Children

By Dr. Ethel Quayle and Tink Palmer

INTRODUCTION

Technological advances have brought with them many benefits but have also been associated with potential challenges to young people and those tasked with their care. These may include: online solicitation or 'grooming'; the production, distribution and use of materials depicting child sexual abuse; exposure to materials that can cause psychological harm, lead to physical harm, or facilitate other detriment to a child; exposure to a medium that can facilitate harmful behaviour; and harassment and intimidation, including bullying. Clearly these are not caused by technology, but rather that technology affords new opportunities for them to take place. In the context of child protection we can see such activities as being part of a spectrum of sexually abusive and exploitative behaviours involving individuals, groups, and also peers. Sexually abusive practices towards children do not originate with the Internet and largely remain the same, but the contexts, and the opportunities they afford, have changed. For many practitioners working in the area of child protection, technology mediated sexual crimes are new and may at times be perceived as either irrelevant or posing challenges to existing knowledge and procedural frameworks (von Weiler, 2010). In part this may arise out of confusion as to what additional harm may be associated with the addition of technology over and above that related to other sexually abusive practices (Renold & Creighton, 2003).

Research in this area is still in its infancy in operationalizing definitions of sexual crimes against children associated with technology (Palmer, 2004; Gallagher, 2007), examining the associated harms, and understanding the needs of young people in response to such crimes. Our ability to demonstrate harm has posed a considerable challenge to those lobbying for the political goodwill to effect change in legislation, policy, and procedure (Jones & Skogrand,

2005) in relation to the Internet and as Stewart (2010) has argued "in a state founded on liberal values, it is intuitively plausible to think that the criminal law should permit individuals to do what they wish unless their conduct harms others" (p.17). It is apparent that historically such arguments have justified the decriminalization of the sexual conduct of sexual minorities and the creation of new offenses as the harms caused by conduct, formerly thought benign, became clear. What we seek to do in this publication is to explore some of these challenges and to use case material to illustrate the ways in which children have been abused and exploited in the online environment and how we might, as policy makers and practitioners, respond to this.

SEXUAL SOLICITATION OR GROOMING

Much of the research related to sexual solicitation and grooming of young people in the online environment has come from the University of New Hampshire. They conducted telephone interviews with two cohorts of young people (Finkelhor, Mitchell, & Wolak, 2000; Wolak, Mitchell, & Finkelhor 2006). In the first survey, they found that one in five young people had been subjected to an attempted solicitation, 66% of which were female, 77% were aged 14 or older, and 22% were aged 10-13 (and expressed more distress). While the majority of those soliciting young people were adults, juveniles may add up to 48% of the overall solicitations and 48% of aggressive solicitations, with one quarter coming from females. Five years later it was found that there was less sexual solicitation (although aggressive solicitations did not decline) and more exposure to unwanted material. In this second survey, 4% were asked for sexually explicit photographs and acquaintances played a growing role. It was suggested that "being female, using chat rooms, talking with people met online, talking about sex with someone met online, and offline sexual or physical abuse were all associated with increased risk

for aggressive and online limited solicitations". The risk characteristics unique to aggressive solicitations included: sending personal information, using a cell phone, and feeling isolated, misunderstood, and depressed, with one warning sign possibly being a request for pictures (Mitchell, Wolak, & Finkelhor, 2007). In contrast, a Swedish survey indicated much higher aggressive sexual solicitations with 46% of the girls and 16% of the boys reporting requests for offline meetings. These young people also suggested that requests were 'commonly' made for adolescents to strip in front of the web cam or to watch the adult while he was masturbating into his web cam (Brottsförebyggande Rådet, 2007). The assumption has commonly been made that such acts of solicitation or grooming necessarily involve deception (Quayle & Taylor, 2002) but Wolak, Finkelhor, Mitchell, and Ybarra (2008) concluded that when deception does occur, it often involves promises of love and romance by offenders whose intentions are primarily sexual. Importantly, Hines and Finkelhor (2007) have argued that it is important to recognize the role that some youth—particularly older teens—play in these types of relationships. This is an important policy issue, because "if some young people are initiating sexual activities with adults they meet on the Internet, we cannot be effective if we assume that all such relationships start with a predatory or criminally inclined adult" (p. 301).

THE PRODUCTION, DISTRIBUTION, AND USE OF MATERIALS DEPICTING CHILD SEXUAL ABUSE

Sexual abuse and exploitation involving the production of child abuse images, usually defined by law as child pornography, involve a spectrum of abusive and exploitative practices from the child who is sexually assaulted and photographed through to the young person who models adult clothes and sexual poses. Many of these images are clearly not illegal across most jurisdictions and raises yet again the question of whether harm has been done both in their production and use. Within an ethical

framework, King (2008) has argued that child pornography not only harms its immediate victims, the children whose abuse is at its centre, but also harms other children through the actions and attitudes of its consumers. Viewed in this way, harm may be done not only to the children photographed but to other children either through providing a catalyst for the further abuse of children or through the establishment of normative values of children as legitimate sexual objects.

However, defining harm in relation to images that are legal is more of a challenge. We might wonder where the harm is when a child is photographed getting undressed on the beach with her family, or where there is a hidden camera in the showerhead, or when a young person takes photographs of themselves and uploads them onto their blog. Indeed our understanding of Stewart (2010) provides a useful framework for thinking about this not only in the context of harm but in relation to basic human rights. Kelly & Pringle (2009) consider that the question of what constitutes harm to children is a critical one and that might be considered in the context of the United Nations (UN) Convention on the Rights of the Child (UN, 1990). This demands that we consider the responsibilities for states to act with 'due diligence' in fulfilling their obligations to children as 'rights bearers'.

EXPOSURE TO MATERIALS THAT MIGHT CAUSE HARM

A recent review by Papadopoulos (2010) argued a clear link between sexualized imagery and violence against children, although the empirical evidence for this remains inconclusive. She argues that a "drip-drip" exposure of young people to sexualized materials was distorting young peoples' perceptions of themselves, encouraging boys to become fixated on being macho and dominant, while girls in turn presented themselves as sexually available and permissive. One outcome had been the rise of sexual bullying in which girls felt compelled to post topless

or naked pictures on social networks. This report, commissioned by the Home Office in the United Kingdom, went on to recommend: a ban on "sexualized" music videos before the TV watershed; a ban on job centres advertising positions in lap-dancing clubs and massage parlours; that Internet service providers should block access to pro-bulimia and pro-anorexia websites; and the creation of a website where parents can report any "irresponsible marketing" they believe sexualizes young children. Sexualization is, not withstanding, a complex and nuanced term (Smith, 2010) that may refer to changes in the way that young people are perceived and the practices that follow from this, but also may refer to changes in the behaviour of young people themselves (Palmer, 2005) and may refer to a range of sexually problematic behaviours in both the online and offline environment.

However, the report does not consider some of the difficulties in imposing solutions on young people, particularly in the context of the role of the Internet in sexual exploration and development, and that accessing sexual content online may be 'normative' (Mossige, Ainsaar, & Svedin 2007). Many young people, including those whose sexual preferences leave them feeling confused or marginalized, may find that the Internet is one social space in which they can be themselves and can explore their emerging sexuality. Basic human rights in relation to young people cannot be construed as unidimensional, even though sexual agency in young people is often a source of anxiety in adults (Cassell & Cramer, 2008).

WHAT ABOUT RESPONSES TO CHILDREN AND FAMILIES CAUGHT UP WITH THESE ABUSES?

At present there is no cohesive, uniform approach to the identification of young people at the centre of these abusive scenarios, or what constitutes best practice in relation to investigation, assessment, or intervention. Equally little consideration has been given to the parents or carers involved. In the UK where an adult is suspected to be accessing illegal material online, response from police forces vary from dawn raids on the house to the offender receiving a letter notifying him of police concern. At present, we have a very fragmented view of the factors that indicate risk of an association between downloading illegal images of children and the commission of a contact offence against a child. The need to understand this is driven, not only by law enforcement but also by child protection agencies, and at present decisions are based on a paucity of empirical evidence. Practitioner questions that we need to ask include:

1. Does the carer accessing abusive images put the child/children within the immediate household at risk?
2. Should the carer or child be removed from the family home?
3. Is the risk so low that to do so would further traumatize the very children we are trying to protect?
4. Does the fact that the offending carer is also part of a distribution network increase the risk to children in his immediate surroundings?

We also need to be mindful of the potential support needed by the family and their immediate social network. These include the wife/partner and mother/carer of the children; the children living in the household; the extended family; friendship groups; schools; nurseries; and after-school clubs.

In the context of children engaged in abusive practices that have involved images, it is going to be necessary for police officers, social welfare workers, and child professionals to re-evaluate their working practices in the light of what we have learned. Palmer (2005) suggested that there are three key areas which need to be addressed: managing the discovery/disclosure process and the investigative interview of the child; assessment of the recovery needs for the child; and the nature and content of the ensuing intervention programmes. We need to rethink how we approach child victims of abusive images once they have been identified and their whereabouts discovered. Söderström (2006) has argued that the impact of disclosure on child victims should never be underestimated and that when they are informed that their images have been discovered the children feel impotent because they will have had no control over the disclosure process – they have not been able to choose when to disclose, what to disclose, how to disclose, and to whom they want to disclose.

In some cases, the child victims are so acclimatized to their situation that they see what is happening to them as 'normal' and reject any assistance. One implication of this is that more thought needs to be given to the timing and necessity of investigative interviews. In these situations, the police have first hand evidence of what has occurred 'objectively' to the child and need to tailor their interviews to specific information they may need to know rather than expecting the child to relate what occurred. The discussion above on the silencing of children who are subjects of abusive images would contend that they would get little information from the child other than that suggested/prompted by the interviewer (Quayle, Lööf, & Palmer, 2008). Thus, to improve our forensic and investigative practice we need to address the following questions:

1. Is it always necessary, for evidential purposes, to interview children made the subjects of abusive images?
2. In what circumstances might it not be necessary?
3. Might we need to interview the child for other purposes?
4. When would we do this and why?

5. How do we need to change the way we assist children whose abuse has been the subject of photography and disclose what has happened to them?

To conclude, offences against children in both the online and offline environment are not discrete, take place within a context, and challenge some of the assumptions that we make regarding the agency of children. For practitioners there are challenges regarding the heterogeneity of the offences and the responses of the children and their families caught up in these scenarios (Jonsson, Warfvinge, & Banck 2009) which require a willingness to ask questions and to be tolerant of the ambiguity of not always knowing more than the young people with whom we work.

ABOUT THE AUTHORS

Dr. Ethel Quayle is currently working with the Scottish Policing authority on a project called Aiding and abetting: The role of social networks in Internet facilitated crimes against children. She was a researcher and project director with the Combating Paedophile Information Networks in Europe (COPINE) project. Dr. Quayle specializes in internet offending behaviour and has co-authored 'Child Pornography: An Internet Crime' (2003), Brunner and Routledge; 'Only Pictures? Therapeutic Approaches with Internet offenders' (2006) and 'Viewing Child Pornography on the Internet: Understanding the Offence, Managing the Offender, Helping the Victims' (2005) both by Russell House Publishing, and has published in academic and professional journals. Dr. Quayle is currently a lecturer in clinical psychology at the University of Edinborough.

Tink Palmer has specialized for the last 25 years in child sexual abuse and is an experienced clinical and forensic practitioner, manager, trainer, policy maker and strategist. Between 1995 and 2002, Tink was the manager of Bridgeway, a project run by the children's charity Barnardo's that offered assessment and therapeutic intervention to children and their families where sexual abuse occurred.

In 2004, she jointly authored a report entitled "Just one click!" which outlined the ways in which the new technology can act as a conduit for the abuse of children, the differential impacts on the young victims and new approaches to intervention programs. In 2008, she co-authored the thematic report for the World Congress III against Sexual Exploitation of Children and Adolescents entitled "Child pornography and sexual exploitation of children online". In 2009, she started the Marie Collins Foundation to raise awareness regarding the abuse of children and young people via the internet and mobile phones and to offer services to children, young people and their families affected in this way. Currently, Tink is the Chief Executive Officer of the Marie Collins Foundation.

REFERENCES

Brottsförebyggande Rådet (2007). *Vuxnas sexualla kontakter med barn via Internet*. [Adults' sexual contacts with Children via the Internet] Report 2007:11. Stockholm: Brottsförebyggande Rådet.

Cassell, J. & Cramer, M. (2008). High tech or high risk: Moral panics about girls online. In T. McPherson (Ed.) *Digital Youth, Innovation, and the Unexpected*. The John D. and Catherine T. MacArthur Foundation Series on Digital Media and Learning. (Cambridge, MA: The MIT Press), pp 53–76.

Finkelhor, D., Mitchell, K.J., & Wolak, J. (2000). Online victimization: A report on the nation's youth. *National Center for Missing and Exploited Children*, June 2000. (http://www.unh.edu/ccrc/pdf/jvq/CV38.pdf).

Gallagher, B. (2007). Internet-initiated incitement and conspiracy to commit child sexual abuse (CSA): The typology, extent and nature of known cases. *Journal of Sexual Aggression*, 13, 101-119.

Hines, D. A., & Finkelhor, D. (2007). Statutory sex crime relationships between juveniles and adults: A review of social scientific research. *Aggression and Violent Behavior*, 12, 300–314.

Jones, V. & Skogrand, E. (2005). Position Paper Regarding *Online Images of Sexual Abuse and other Internet related Sexual Exploitation of Children*. Denmark: Save the Children Europe Group.

Jonsson, L., Warfvinge, C., & Banck, L. (2009). *Children and sexual abuse* via IT. Tallinn: BUP-Elefanten.

Kelly, L. & Pringle, K. (2009). Gender and child harm. Child *Abuse Review*, 18, 367–371.

King, P.J. (2008). No plaything: Ethical issues concerning child pornography. *Ethic Theory Moral Practice*, 11, 327-345.

Mitchell, K. J., Wolak, J., & Finkelhor, D. (2007). Online requests for sexual pictures from youth: Risk factors and incident characteristics. *Journal of Adolescent Health*, 41,196–203.

Mossige, S., Ainsaar, M., & Svedin, C.G. (2007). The Baltic Sea Regional Study on Adolescent´s Sexuality. NOVA Rapport 18/07. NOVA. Oslo. pp. 93-111.

Palmer, T. (2004). *Just One Click*. London: Barnardos.

Palmer, T. (2005). Behind the Screen: Children who are the Subjects of Abusive Images. In E. Quayle and M.Taylor (Eds.), *Viewing Child Pornography on the Internet*. Lyme Regis,   UK: Russell House Publishing.

Papadopoulos, L. (2010). *Sexualisation of young people*. Crown copyright. February 2010. Ref. 299136. ISBN: 978-1-84987-186-0

Quayle, E. & Taylor, M. (2001). Child Seduction and Self-Representation on the Internet. *CyberPsychology & Behavior,* 4(5), 597–608.

Quayle, E., Lööf, L., & Palmer, T. (2008) *Child Pornography and Sexual Exploitation of Children Online*. Bangkok: ECPAT International.

Renold, E., & Creighton, S.J. (2003). *Images of Abuse: A Review of the Evidence on Child Pornography*. London: NSPCC.

Smith, C. (2010). Review: Papadopoulos, Linda: Sexualisation of Young People Review, London: Home Office Publication, February 2010. *Journal of Audience and Reception Studies*, 7 (1), 175-179.

Söderström, B. (2006). Experiences from and questions raised in clinical practice. In *Children and Young Persons with Abusive and Violent Experiences Connected to Cyberspace*. Stockholm: Swedish Children's Welfare Foundation.

Stewart, H. (2010). The limits of the harm principle. *Criminal Law and Philosophy*, 4, 17-35.

Von Weiler, J. (2010). Care and treatment of child victims of child pornographic exploitation (CPE) in Germany. *Journal of Sexual Aggression*, 16 (2), 211-222.

Wolak, J., Finkelhor, D., Mitchell, K.,& Ybarra, M. (2008). Online "predators" and their victims: Myths, realities, and implications for prevention and treatment. *American Psychologist,* 63 (2), 111-128.

Wolak, J. Mitchell, K., & Finkelhor, D. (2006). Online victimization: 5 years later (NCMEC 07-06-025).*National Center for Missing and Exploited Children*. Alexandria, VA.

CONGRATULATIONS ON A SUCCESSFUL EVENT!

TD Insurance Meloche Monnex wants to extend its best wishes to the Ontario Association of Children's Aid Societies' organizing committee.

We congratulate the members for their dedication in promoting child welfare issues in a variety of ways aiming to influence public commitment and opinion.

As the undisputed leader in group insurance for 60 years, TD Insurance Meloche Monnex offers high-quality insurance coverage, outstanding client service and preferred group rates to members of select associations, including the Ontario Association of Children's Aid Societies.

1 866 296 0888
www.oacas.tdinsurance.com

In partnership with

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

TD **Insurance**
Meloche Monnex

ORLENA
Radio and Television Personality

"I Am Your Children's Aid."

"Child abuse is like an invisible war. I know. I was abused from the time I was four until I was fourteen. Children's Aid saved me. They gave me the support and counseling I needed so that I'd grow up to be healthy. Sure the scars are there, but trust me, the feisty and talkative kid that I once was—I am again! So, when it comes to Children's Aid, count me in."

OCTOBER IS CHILD ABUSE PREVENTION MONTH.
Help protect children in your community.
GET INVOLVED WITH YOUR CHILDREN'S AID. GO TO USEYOURVOICE.CA

Ontario Association of Children's Aid Societies

Photography: Robert Popkin. Creative: stcworks.ca