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INSIDE
SPECIAL DOUBLE FEATURE:

FAMILY GROUP CONFERENCING
&
ADOPTION AND PERMANENCY



Ontario Association of
Children's Aid Societies

The voice of child welfare in Ontario

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MESSAGE FROM THE EXECUTIVE DIRECTOR

Welcome to the Fall 2011 edition of the OACAS Journal, an issue with a double-feature on Family Group Conferencing/Family Group Decision-Making (FGC/FGDM), and adoption and permanency. This fall has been a busy and productive season for child welfare, with some positive momentum in keeping with our established priorities: ensuring protection for children of all ages, making sure all children have a family where they belong, improving the life chances of Aboriginal children, and allowing youth to stay at home until they have a fair chance to achieve their potential.

This September our joint conference with the American Humane Association (AHA) on FGC/FGDM marked the first summit on FGC/FGDM in Canada. The FGC/FGDM conference offered us a unique opportunity to showcase the wonderful work of Aboriginal communities. We are truly honoured to have had so many Aboriginal experts from across Canada and from the United States connecting to impart their knowledge and wisdom with others. We look forward to the progress these models of discussion and decision-making can bring us in the field as we move to incorporate more traditional and alternative methods into child welfare practice.

Earlier this fall we were also pleased with the proclamation of Bill 179 – the *Building Families and Supporting Youth to be Successful Act*. This new legislation removes barriers so that more children in the care of Children's Aid Societies (CASs) can be adopted. To help with the transition to adulthood, the Act also allows older youth whose care was terminated at ages 16 or 17 to return to their CASs and receive financial and other supports until the age of 21. These changes mean that children in care have a better chance at permanency and that youth will be better supported as they transition to adulthood.

For this issue of the OACAS Journal, we're fortunate to have contributions from some of our speakers and presenters at the FGC/FGDM conference, including Gail Aitken, Mike Doolan and Tony Vanon. OACAS would like to offer our most heartfelt gratitude and appreciation to all guests, presenters and participants at the FGC/FGDM conference from across disciplines and all over North America, as well as our thanks to all authors who contributed their unique expertise to this issue of the Journal.

As always, we would be interested in hearing your feedback. Are there topics or issues you would like to read about? Are there different types of articles, such as academic papers or book reviews, you'd like to see more of, or authors you'd like to hear from? Send us an e-mail at journal@oacas.org with your thoughts.



Mary Ballantyne
Executive Director

A FRONTIER OF NEW BEGINNINGS: AN EXPLORATORY EXAMINATION OF THE SHIFTS IN CHILD WELFARE SINCE THE IMPLEMENTATION OF THE TRANSFORMATION AGENDA

By Dr. Connie Cheung & Dr. Deborah Goodman, care of The Child Welfare Institute of the Children's Aid Society of Toronto and the Ontario Association for Children's Aid Societies (OACAS)

Since the implementation of the Transformation Agenda in 2005, the child welfare sector in the province of Ontario has seen a dramatic shift. Although the Transformation Agenda is linked to seven key elements, three core areas of clinical practice are addressed: 1) Differential Response: providing more case-sensitive, customized response to case management, 2) Permanency Planning: expanding the use of family-based placements and 3) Alternative to Court Processes: reducing delays in child welfare proceedings and volume of cases that go to trial. As such, an important question that arises for the child welfare sector is whether changes related to the Transformation Agenda are associated with shifts in practice and child outcomes. The Transformation project attempts to address this question by providing some preliminary insights into how important child-welfare trends have changed since the implementation of the Transformation Agenda. More importantly, this project highlights current constraints and the significance of continued investigations into understanding the influence of the Transformation Agenda on child-welfare practice. This article attempts to synthesize key findings and outlines some possible directions for future research. In the sections below, scope of the Transformation project and preliminary results followed by recommendations and directions for future research will be discussed.

THE SCOPE OF THE TRANSFORMATION PROJECT

Project background and purpose

The purpose of the Transformation project was to systematically compare existing Ontario child welfare data to examine whether important benchmarks related to Transformation were achieved. The Transformation project represents a preliminary description of how important child welfare trends have changed since the implementation of the Transformation Agenda. The project was initiated under the leadership of the Ontario Association for Children's Aid Societies (OACAS) in response to the growing needs of the field to understand implications of the Transformation Agenda on practice, service delivery and child outcomes. To help guide project-related activities and decisions, a Transformation Steering Committee, comprised of key stakeholders from the

child-welfare sector was established. Data analysis of child welfare data was lead by the Child Welfare Institute of the Children's Aid Society of Toronto.

Availability of child-welfare data

The Funding and Service dataset was particularly useful as it tracked changes in important trends related to differential response, permanency planning and alternatives to court processes. Similarly, the Ontario Looking after Children (OnLAC) data were used to examine changes in developmental outcomes in children and youth in care. The process of identifying appropriate metrics used for data analysis was guided by the Transformation Steering Committee. Although Transformation metrics have yet to be formally operationalized and measured, the use of 'good enough' measures have provided the critical and necessary first steps in understanding how practice and service delivery may be influenced by the Transformation Agenda.

Data analysis plan

To examine trends in key Transformation indicators since the implementation of the Transformation Agenda, data across pre-transformation and transformation-implementation periods were compared. Pre-transformation was identified as the time period prior to the implementation of the Transformation Agenda and depending on the availability of the data, statistics from 2003-2004 and 2004-2005 were used. Transformation implementation period represented the consecutive time period between years 2006-2007 to 2009-2010. Scores across the transformation implementation period were averaged to create a mean score. When possible, a one-sample t-test was used to examine whether pre-transformation and transformation implementation scores were significantly different from one another. During instances when pre-transformation scores were not available, trends within the transformation implementation period were examined. Proportionate scores, accounting for different demographic trends across years were used.

Preliminary Results

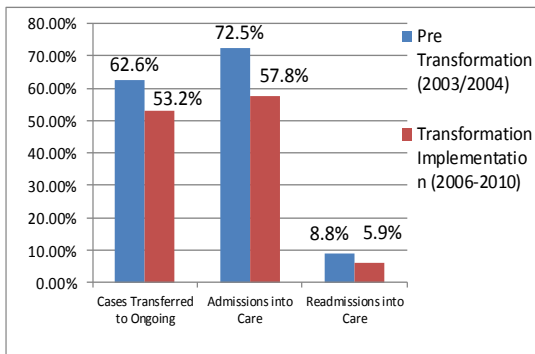
The goal of the analysis was to examine trends in key

Transformation metrics since the implementation of the Transformation Agenda in 2005. To this end, important metrics related to differential response, permanency planning and alternative to court processes were examined.

Differential response

Several key metrics were used to index differential response. They include cases opened for investigation, cases transferred to ongoing protection services, admissions into care, re-admissions into care, and community links. Since cases opened for investigations differed substantially across years, raw statistics related to differential response metrics can be over or underestimated if cases moving to ongoing services are significantly different across years. To account for this possibility, proportionate scores accounting for differences in the number of investigations for a particular year were used in the analyses.

Overall, results suggested that there was a general decline in the number of ongoing protection cases, admissions into care and re-admissions into care. Taken together, trends seem to suggest that a larger percentage of children are staying out of care and more families are referred to community supports since the implementation of the Transformation Agenda.

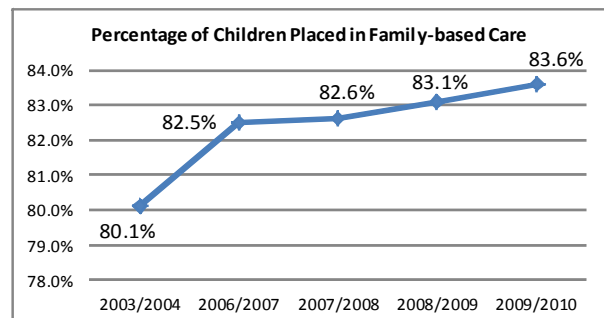


Placement Permanency

The key metrics used to index placement permanency included number of days children spent in family-based care (including foster care, kinship care, customary care, and adoption probation), and proportion of children receiving care in kinship care, kinship service, customary care, Crown wards and adoption placements. Proportionate scores were used to account for differences in the number of children who are placed in-care across years.

With respect to number of days spent in family-based care, results suggested that there was an upward trend

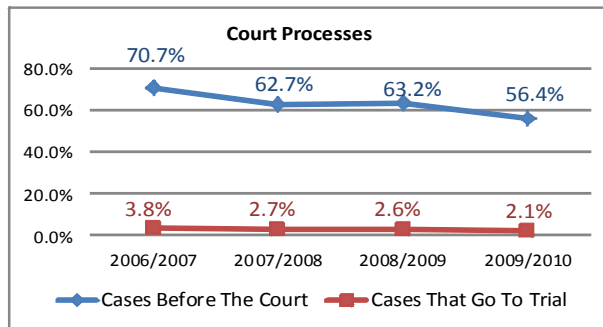
where children were spending more time in family-based care during the transformation-implementation period relative to pre-transformation. However, it is important to be mindful that over the past decade important shifts in the provision of out-of-home care have occurred in child-welfare practice. Consequently, metrics such as days spent in kinship service and customary care were not available during the pre-transformation phase. As such, for these metrics only, trends within the transformation-implementation period were examined. Similar to other types of care, both kinship service and customary care both demonstrated an upward trend. Taken together, there is a consistent finding that a higher proportion of children are placed in family-based care. This trend can be seen for all care types.



Alternatives to court processes

The metrics used to index alternative to court processes included new protection applications, cases that go before the court, cases that go to trial, and alternative dispute resolution. To account for the difference in the total number of cases transferred to on-going services for any given year, proportionate scores were used. Moreover, since important metrics related to this element were not collected during the pre-transformation phase, only trends in transformation-implementation data were examined.

Trends consistently demonstrated a decline in court involvement across pre-transformation and transformation implementation periods. Specifically, the proportion of new protection applications, cases transferred to ongoing that go before the court, and cases that go to trial decreased over time. More importantly, trends in the proportion of families accessing alternative dispute resolution increased across time periods. Although highly speculative, it is possible that with a decline in court involvement, more families are opting to utilize alternative dispute resolution. Perhaps increased efforts by the child-welfare sector to promote alternative dispute resolution may in part explain some of these trends.



Ontario Looking after Children data

Lastly, to examine adjustment in children and youth in care since the implementation of the Transformation Agenda, several child outcomes were examined with Ontario Looking after Children (OnLAC) data. Specifically, trends in children's problematic behaviours, anxiety and helping behaviours were examined. Results suggested that although levels of problematic behaviours were not different across time periods, there is some suggestive evidence to demonstrate that anxiety scores in children were lower during the transformation-implementation period. However, helping behaviours in children also appeared to be lower during the transformation-implementation period.

When interpreting these results, it is important to be mindful of several constraints related to the analysis. Specifically, analysis occurred at the aggregate level and change in individual children was not examined. Also, respondents across pre-transformation and transformation-implementation periods were different. Specifically, parents reported on children's behaviours during the pre-transformation period while children reported on their own behaviours during the transformation-implementation period. Lastly, only data from children between 10-15 years of age was examined, partly because this age cohort represented the largest one. Clearly, more research is required to examine these issues further. Despite these limitations, current trends provide a critical starting point in helping us understand how child outcomes have changed since the implementation of the Transformation Agenda.

Recommendations and Directions for Future Research

Evidently, results from the Transformation project are encouraging. These provide us with some indication of how trends in important child-welfare metrics have shifted since the implementation of the Transformation

Agenda in 2005. Not only do trends suggest that a differential response model may have been adapted by the sector but there is also an overall general increase in the use of family-based care and decline in court involvement. Taken together, these observations provide some promising evidence to suggest that important practice outcomes are moving towards the anticipated direction since the implementation of the Transformation Agenda.

However, despite these findings, it is not possible to attribute these changes specifically to the Transformation Agenda. The difficulty of attributing results to the Transformation Agenda stems from a lack of a systematic evaluation framework and operationalization of standardized measures of important Transformation constructs. A possible next step for the child-welfare sector would be to: 1) examine the causal relationship between Transformation and practice outcomes and further extend our understanding of processes, and 2) identify mechanisms that can help explain why changes in these trends are occurring. To evaluate the effectiveness of the Transformation Agenda, several changes in research methodology and data analysis are recommended.

Operationalize important transformation outcomes

Constructs of the Transformation Agenda to be evaluated must be operationalized such that constructs are measurable in a standardized (measured in the same way), reliable (the measurement captures the construct it is designed to measure) and valid (when measure is administered repeatedly, similar results are obtained) manner. For instance, a component of differential response includes the extent to which customized planning was used during the initial intake process. As such, statistics that monitor the degree to which customized planning was used can help us understand how a process-related measure (e.g., the use of more customized planning) influences outcome (e.g., the percentage of children who were admitted into care). To date, important process-level measures are missing and despite significant changes in transformation outcome statistics, it is difficult to assess the processes that can account for these changes. Lastly, by engaging in data collection that involves frequent assessment of Transformation metrics, we can detect small, minute changes in practice outcomes. This will allow us to identify what practices related to Transformation can be attributable to change in service outcomes. An important next step for the child-welfare sector to consider would be to develop a system that operationalizes Transformation in which reliable and valid outcome and process data is

systematically collected and tracked over time.

Standardize data collection tools and constructs measured

To be able to monitor and track changes in Transformation outcomes over time, data collection tools are required to be standardized and evaluated on the same metric. This will allow the direct comparison of statistics over time. Moreover, given the inconsistency of how constructs are defined in the child-welfare sector (e.g., kinship service vs. kinship out of care), a glossary that standardizes how constructs are defined would be helpful. This will ensure that variables are interpreted in the same way across analyses. Lastly, pertaining specifically to the OnLAC data set, in order to ensure results across multiple analyses and studies are comparable, the construction of scales should be standardized for the data set.

Use of control groups and random assignment

Another concern with how results can be interpreted is the lack of a baseline or control group to which the experimental group (e.g., those who have experienced transformation) can be compared to. Although some researchers have used random assignment to examine the effectiveness of certain aspects of Transformation (i.e., differential response; Loman et al., 2010), to our knowledge, the effectiveness of the Transformation Agenda has not been empirically tested, although encouraging descriptive results have been demonstrated across multiple jurisdictions. Without systematically accounting for other variables that may be driving the results (e.g., changes in trends may be due to the broader political climate of the country) it is difficult to establish a causal association between transformation and changes in practice and outcomes. It is acknowledged that negotiation between research, organizational and ethical demands occur frequently in the field. However, ideally, to examine the causal association between Transformation and outcome, random assignment should be used to assign societies into two groups where one group implements the Transformation Agenda while the other does not and outcomes are compared over time. Important demographic factors (e.g., geographical location, budget) should be similar across both groups and baseline measures established. Again, it is recognized that important ethical, and practice issues must also be considered and a study of this methodology may not be feasible.

Merge existing child-welfare data sets to expand research questions

Since there are a number of child-welfare data sets providing different types of information drawn from multiple sources, it may be beneficial to merge data sets where possible. This can help the field expand the repertoire of research questions they can address. For instance, by merging the Service and Funding data set with the OnLAC data set, it is possible to examine how organizational-level factors may influence child outcomes. Moreover, for data sets assessing similar constructs, it may be helpful to triangulate results (e.g., examine whether separate data sets draw the same conclusions) to substantiate findings.

Participate in knowledge translation

Community-based research provides a certain degree of flexibility with respect to knowledge translation where researchers are afforded the unique opportunity to make explicit connections between research findings and practice. By informing the field of preliminary findings, results can help facilitate evidence-informed practice. Moreover, thorough consultation with various personnel from the child-welfare sector (e.g., front-line service workers, management), can assist with interpretation of the data and inform effective dissemination strategies. More importantly, involvement of various stakeholders in the research process can result in a more collaborative research culture within the child-welfare sector.

Examine outcomes in vulnerable families served by child welfare

Although there are existing datasets that examine child outcomes, they are limited to children in care, with the exception of the MAP dataset (PI – Dr. Christine Wekerle). From a research perspective, it would be helpful if similar data were collected on intact families who are involved with the child-welfare sector. Comparisons across children who are in care with those who are not in care can help the field understand important influences of out-of-home care on child development.

Extend data collection methods to more objective measures

To date, surveys and questionnaires have been used exclusively to collect data. Although there are many practical reasons for using these methods, the quality of data may be influenced by demand characteristics (e.g., respondents answering in a socially desirable way). Moreover, different respondents may be biased

in their reporting (e.g., workers may have different experiences with children than foster parents). Although some of these concerns are circumvented through the inclusion of multiple informants, it is difficult to address the issue of bias. Thus, it is recommended that the field consider the inclusion of more objective measures of organizational- and child-processes through observations of an independent evaluator. This can strengthen measurement of variables and aid in the interpretation of results.

In summary, results from the Transformation project provide some preliminary trend results to suggest that important indices related to the effectiveness of Transformation may be met. Specifically, trends in the data seem to suggest that generally less children are being admitted into care, more children are spending time in family-based care and there is less court involvement since the implementation of the Transformation Agenda. However, given the constraints related to the quality of existing data and the lack of a systematic evaluative framework, observations are very preliminary. Nevertheless, the Transformation project represents a critical first step in understanding the potential implications of the Transformation Agenda on service and child outcomes. The challenge now lies within the field to further explore this new frontier.

All of the data in this report is taken from the OACAS Quarterly Reports.

ABOUT THE AUTHORS

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Dr. Deborah Goodman is a Director of the Child Welfare Institute, Children's Aid Society of Toronto, and Manager of Research and Program Evaluation. Deborah has worked in child welfare for more than 20 years and helped launch the Institute in 2006.

GAIL AITKEN: A LIFELONG ADVOCATE FOR ADOPTION WITH OPENNESS

By Colleen Westendorf, OACAS Communications Coordinator/Writer

This piece is the product of a personal interview with Gail Aitken; the content and positions expressed do not necessarily reflect those of OACAS or any OACAS member organizations.

A lifelong advocate for adoption and permanency, Gail Aitken began her career as a nurse and taught Nursing at Sick Kids Hospital before leaving that field to move to Burlington, where she became the president of the Board for a group home for youth.

By her own account, though her career trajectory was not exactly linear or clear to her in advance, everything was connected, and each area of her experience enriched her capacity for every new undertaking. "All of it was grist for the mill," she explained. Gail credits presiding on the group home Board with beginning her interest and involvement in the field of social work. Pursuing this interest encouraged her to go back to school, first taking some undergraduate classes and then moving on to complete a MA in Social Welfare Policy at McMaster, all while maintaining her involvement with the group home. After completing her MA, Gail worked for the Ontario Welfare Council, before enrolling in a PhD program in Social Work at the University of Toronto, and eventually moving on to teach Social Work at Ryerson University for 19 years in the areas of Social Policy and Health Policy.

Currently, among other activities, Gail is currently a member of the Children in Limbo Task Force, which she calls "a wonderful group of people from diverse disciplines who are particularly focused on the needs of children in care." The Task Force is chaired by Dr. James Wilkes, who now works alongside Gitte Granofsky. Gail has lessened her involvements with other voluntary agencies for the time being while she takes several courses, mainly politically-related, does some traveling, and spends time with her family, which includes four fascinating grandsons ages 10 through 17.

Gail is a proud parent to two children adopted through Hamilton CAS. Her oldest child was adopted at seven weeks of age, and weighed only seven pounds at the time of his adoption. When Gail took her son home, he had been starving. In the first four weeks in Gail's care, he put on four pounds. One month after that, his dangerously low body weight had increased by 50% to a healthy size. What Gail remembers most about those early days was that his need to be fed and

loved was endless. "He constantly wanted to be fed, cuddled and held". Her daughter was brought home at five weeks of age, with a severe diaper rash and heels that were scarred from the intensity of her kicking and crying in her crib. When Gail initially took on the immensely rewarding challenge of being a new mother and providing her children with permanent homes, she remembers wondering how anyone who was not a trained paediatric nurse managed to care for a new baby around the clock.

According to Gail, adoption functioned very differently in the 1960's when she adopted her children, in an adoption era she describes as "shrouded in secrecy". She also recalls that it was not easy for a woman who had been married less than two years to adopt a child at that time, never mind two of them. Her experiences with her own children as well as her work as a professional in the field of social work are what have inspired her continued and determined advocacy for openness in adoption. Gail contends that even in very closed adoptions, there are differences between biological parenting and parenting an adoptive child. She notes that it is very important to give adoptive children the information that they require about their history, something that is never a consideration with biological children.

Gail calls an adopted child's curiosity about their origins 'natural and inevitable'. She recalled an instance when her daughter started crying when they were drawing up a family tree. Not seeing herself in the genealogy, she said, somewhat despairingly, 'that's not my family!' According to Gail, fantasy life is a part of any child's life; however, for adoptive children, at least part of this fantasy life often includes fantasizing about their birth parents. The fantasy life of adoptive children is most likely to become problematic when they have little information about their birth parents and there is secrecy surrounding their origins. Often, adoptive children will use the knowledge that their adoptive parents are not their biological parents against their parents in moments where they are at a loss or don't like something that's happening. This can manifest in statements like 'My real mom would never do (or say) that.' This can be destructive to the bond between the adoptive parent and the child. "When information is provided," Gail explained, "it has never been a secret, so children can bond more readily with their adoptive parents. They are much less likely to feel they have

been deprived of their relationship with their biological parents."

Gail remembered a time when her son was 8 years old, and a neighbourhood friend of her son's came over wanting confirmation that her son was adopted. He said (in shock) that he'd never known anyone who had been adopted before. Gail immediately wrapped her arms around her son, and lovingly said "yes, he is adopted, and we're so happy he's a part of our family". Afterwards, her son told her that he was glad he had been gifted with a stable childhood ("not shunted from foster home to foster home") and was really grateful to be a part of their family.

Gail pointed out that this does not necessarily mean that a child must be told all of the details of their past, especially those that may be unpleasant. She clarified that "realistic information about their past" and an honest account of "why they are where they are" is essential. When it comes to her own kids, Gail provided each of them with all of the information she had access to, including their birth names. Her kids have not chosen to research parentage to date, but they've made that choice with the knowledge that Gail would be fully supportive of their efforts if they ever wanted to do so. Gail went on to say that openness is also good for birth parents, especially mothers. They don't have to wonder forever without any resolution if the choice that they made was good for their child, and if their child is safe and happy with a loving, permanent family. Gail insisted that it's least-often the case that the biological mother or family wants to be around all the time or have a major stake in the child's life; what she's seen happen far more is that the family who gave up the child wants to be reassured of the child's well-being. According to Gail, in an open adoption, the biological parents can be at peace with their decision, the child is not deprived of any connection to their roots, and the adoptive parents can more readily bond with a child who will not resent them. This means that all parties involved are better-off, in comparison to a closed, secretive system like the one she remembers back in the 1960's.

When it comes to the children in care as Crown wards, Gail had additional perspectives to offer on why openness is an important factor in achieving improved permanency outcomes and providing children and youth with what they need to become successful adults. Because CASs do everything in their power to provide supports to families and keep children with their families of origin, often by the time children come into care as Crown wards, Gail said, the average age is 8. The implications are that by this point in their lives, they will already have memories and an established

history of their lives up until the point they became a Crown ward. Gail says that it is both "unfair and unrealistic" to expect a child to ignore their origins or to pretend that they have no past. She also added that an individual having access to their family's medical history can be crucially important. This is especially true as they age and may want to have children of their own, develop health problems, or just want to make decisions concerning lifestyle factors and need to have an awareness of their hereditary risk levels.

Gail did acknowledge that a less-than straightforward family structure can be confusing for young children—though less an issue as families in general become more varied and diverse. However, this doesn't mean that secrecy is preferable. It only further underscores the need for supports to families and children beyond the finalization of an adoption, which, she says, currently don't exist. In Gail's case, she reached out to the adoption worker for her children and invited her over for tea one day long after the adoptions were finalized, feeling that it might be nice to have a follow-up and for the worker to see that the placement was successful. "Even if not everyone will need that support, it's always nice to know that it's there, and it would go a long way towards preventing placements from falling through."

With regards to children and youth in care, when providing children with information, it's also necessary to provide them with supports so that they don't return to the problematic situations from which they were removed in the first place. Recalling earlier days before better Extended Care and Maintenance (ECM) supports were in place, Gail mentioned, "When these kids at 16 had inadequate supports, it was not reasonable to expect that they'd be ready to finish school, get a job, and become fully self-sufficient at that age without supports. Often they'd end up going back to their birth family and sleeping on the couch, the floor, wherever, and going back to bad situations, simply because the ties remain strong to birth families, and they'd have nowhere else to go and no support." According to Gail, children aging out of care will often contact their families when in limbo and if they have no alternatives or supports, even if the situations at home were abusive or neglectful.

Another type of support Gail believes is absolutely essential is providing subsidies to adoptive and foster parents. Gail mentioned that "80% of Crown wards are special needs – educational, medical, and otherwise. It's not necessarily the most affluent people who will be the best-suited as parents to these children. However, without subsidies, they're often the only people who can parent them." This lack of subsidies creates a

barrier to a child being matched with the best family for them. She also emphasized that in our current economic climate, where healthcare services and services for those with learning disabilities come at the current exorbitant costs, the need for subsidies is more pronounced than ever. "Kids with special needs can excel with the right care. I knew of one infant in foster care whose foster mom was told she would never walk or talk. By the age of 11, she spoke normally and could dance."

Gail also spoke about the Ontario-legislated option of legal custody. This option can be permanent, but is not technically an adoption. Some kids want forever families, but still do not want to give up their last name or remaining family ties. Gail related a case where a 17 year-old did not want to lose his connection with his biological grandmother, and so did not want to be adopted. In that boy's situation, legal custody provided a stable home without him having to choose between stability and his ties to his biological family. Additionally, a guardian may continue to get support from the CAS, which means that a foster family who wants to adopt a child, but needs help to address the cost of raising a child can have an option "that creates a middle ground, and creates permanency for the child."

According to Gail, "Permanency planning is the way out of having thousands of Crown wards in care with nobody to go home to for the holidays and living with different circumstances than their peers, and having children bounced around to multiple placements and group homes, sometimes with numerous workers on their case, creating a lot of instability." Given all of these factors, Gail is delighted with the recently-proclaimed Bill 179, the *Building Families and Supporting Youth to be Successful Act*. This action removes barriers so more kids in the care of Children's Aid Societies (CASs) can be adopted. To help with the transition to adulthood, older youth whose care ended at ages 16 or 17 are now able to return to their CAS and receive financial and other supports until the age of 21. Gail also pointed to the importance of options like kinship care and service, and customary care as other ways to provide stability for children and youth in need of supports.

Gail reflected on how long changes like that of the proclamation of Bill 179 can take. She pulled out a research survey and subsequent paper that she compiled in 1997, almost 15 years ago. Over the course of collecting data, both public and private adoption agencies were talked to about openness in adoption. Gail said that throughout the study she was surprised at how consistently adoption workers were receptive to

the suggestion of openness beyond infancy, even when this thinking was still relatively new in the field.

Gail connected all of these points to the bigger picture –that in the long run, society as a whole benefits. According to Gail, data from the criminal justice, healthcare and unemployment sectors all consistently demonstrate a disproportionate amount of former youth in care among their populations in comparison to the general population. "Many youth in care run away, get into trouble, are generally not supported, and are unable to become self-sufficient."

Gail concluded by saying that "Overall what's most important is providing permanency for the child while satisfying the emotional needs of all participants involved. It's imperative that we talk responsibly about adoption policies that are the best for kids, and put kids first." Gail stated once again that children have a right to know about their pasts—especially now, when families are more diverse and there's less of a standard for 'normality' across Canadian families, it's important that we take this opportunity for the voices of children be heard and for them to not be kept in the dark. Though Gail is very pleased with some of the progress that has been made in the child welfare field over the last few decades, she continues to look ahead and knows that the work isn't over yet. "As a society, we have to take responsibility for giving people the chance to make the most of themselves; we have to keep pushing for essential reforms. If we don't pay now, we'll pay later."

THE CASE FOR ADOPTION WITH OPENNESS

By Dr. Gail Aitken

INTRODUCTION

This brief paper first reviews why it is extremely important to provide the approximately 9000 Crown wards of Ontario with permanency, helping them to achieve a sense of identity and belonging. Second, a case is made for adoption with openness as the preferred way of providing children who cannot be raised by a birth parent to gain a "forever" family. Other options, such as custody (assigned guardianship) and kinship care are also mentioned as having the potential to provide the stability and security young people require. Attention is given to using Family Group Conferencing/Family Group Decision-Making in making placement decisions, especially those involving Aboriginal children or adoption by relatives. Finally emphasis is given to adoption subsidy, and post-adoption counselling as means to increase the number of adoptions and the proportion of adoptions with openness.

Children Needing "Forever" Families

Currently there are about 9000 children in the permanent care of the fifty Children's Aid Societies (CAS's) that are members of the Ontario Association of Children's Aid Societies (OACAS), (OACAS, Children in Care and Permanency Fact Sheets, 2009-10, p.4). This number is predicted to decline considerably in the next few years as the large number of children who became permanent wards during the late nineties leave CAS care. That influx was due in part to the introduction of new legislative provisions related to abuse, neglect and the risk of either, as well as increased requirements to report and mandatory standard risk assessment procedures. Current numbers are expected to decline not only due to demographic trends but also due to growing emphasis on kin care and increased focus on adoption. Over 5000 of these 9000 children are between the ages of 6 and 15 years (Ibid.). Many of these children came into permanent care when they were of school age; the Ministry of Children and Youth Services (MCYS) has stated that the average age at which children become Crown wards is about 8 years (Ministry of Children and Youth Services, Child Welfare Review, Oct., 2008, p.12).

These children for whom the provincial government has assumed responsibility have, in most instances,

had lives of turmoil. Often they have been in temporary care two or three times before the province has taken permanent custody, and many have had a series of foster homes as well as a succession of workers (MCYS, Child Welfare Review, Oct., 2008, pp.21-22). Over 80% of all children in permanent care are categorized as "special needs children" due to mental, emotional or physical problems, and about half of these children have been so traumatized that they are on psychotropic medications to manage behavioral issues (OACAS, 2009-10, p.4; MCYS, Child Welfare Review, Oct. 2008, p.26). To thrive they need stability, as well as the love, security, and sense of belongingness of a "forever" family.

The Changing Nature of Adoption

In Ontario, since the very brief *Adoption Act* of 1921, adoption has been the legal means to transfer parenting responsibility and permanent custody from the birth parent to the adoptive parents. For decades adoption was shrouded in secrecy and stigmatized. Gradually, many young parents have contended with the increasing complexity of raising their children. Since the late 20th century, as children frequently have been taken into permanent provincial care well beyond infancy, many birth mothers and other family members have been granted access orders enabling a degree of continuing contact (Aitken, G., Morrison, J., Burgess, S., 2010). In 2007, the last year for which provincial Crown ward data are available, 75% of Crown wards had access orders (MCYS, Child Welfare Review, Oct. 2008, p.21).

The Impacts of Access Orders

At present, over 6000 children who are Crown wards have access orders (OACAS, 2009-10, p.4). Until recently, however, an Access Order had to be cancelled if an Adoption Order was to be issued, and a reapplication for access could be made subsequent to the adoption. As an Act to Amend the *Child and Family Services Act, Bill 179 – the Building Families and Supporting Youth to Be Successful Act* received royal assent in June 2011. Now, access orders will not be the barrier to adoption that they have been in recent years. The amended legislation states that "Nothing in this Act prohibits a society from planning for the adoption of a Crown ward in respect of whom there is an access order in effect under Part 111 (Child

Protection)" (Bill 179, s.3, ss.141.1.1(1)). "Where a society begins planning for a child who is a Crown ward, the society shall consider the benefits of an openness order or openness agreement in respect of the child" (Ibid., s.3, ss.141.1.1(2)). When a child is placed for adoption by a licensee or society, any outstanding access order automatically terminates (Ibid., s.4(1)). After due notification, persons who had access have 30 days in which to apply for an openness order, with the knowledge of the adoptive parents (Ibid., s.6, ss.145.1.1(3)). The agreement of the child is also required if he or she is 12 years of age or older (Ibid., s.6., ss.145.1.2(6)(c)). Bill 179 is a major move towards facilitating adoptions with openness.

The Need to Promote Adoption, Especially Adoption with Openness

Over the past two years the number of adoptions through Children's Aid Societies has increased from 819 in the year ending March 31, 2009, to 993 in the year ending March 31, 2010 (OACAS, 2009-10, p.4). These increases are significant when considered in terms of the proportion of children in permanent care. Agencies recorded 16 adoptions with openness orders and 46 with openness agreements in 2009 (Ibid., p.4.). This is a positive trend that should lead to many more adoptions with openness agreements in the near future. Also, it seems far preferable to work towards achieving openness agreements rather than openness orders, which involve a court process. By contrast, openness agreements reflect a cooperative process to achieve an outcome that seems suitable to both birth and adoptive families, and often indicate the satisfaction of both sets of parents with surprisingly limited contact (Children in Limbo Task Force, Submission to the Standing Committee on Social Policy, 2011).

Private adoption workers have for many years involved the birth mother, and sometimes the father in choosing from among several families the one they wish to parent the child (Aitken, 1996, Improving Permanency Planning and Openness in Adoption). In many cases this has led to a continuing relationship between the birth and adoptive parents, one not always entirely problem free, but one that has, particularly with the facilitation of a competent worker, usually been beneficial to the child as well as the parents involved. These private adoptions are most often of very young children, and generally, the young mother, sometimes with family support, is attempting to act responsibly.

The circumstances of Crown wards in CAS foster homes usually present a clear contrast to those who are the concern of the private adoption worker. Some foster mothers have reported that they have not been

assisted to develop a relationship with the birth parents, and in many cases they have been reluctant to have any direct contact (Aitken, et al, 2010). Often contact between the birth and adoptive parents has not been encouraged. This gulf may be traumatic for the child, as well as a factor in exacerbating a child's negative self-image, and impeding bonding with the adoptive parents.

To date, when a child in foster care is available for adoption, often neither the child's worker nor the foster parents have been in a position to recommend or to facilitate adoption with openness because this has been one of the barriers in the past. With the proclamation of Bill 179 on September 1, 2011, the paths are now cleared for greater promotion and acceptance of adoption with openness. Under amended legislation, the birth parents can apply for an openness order, involving the court, or work out an openness agreement, indicating cooperation with the prospective adoptive parents. In most situations, an openness order or, preferably, an openness agreement, is beneficial for the young person (Berry. M., et al, Risks and Benefits of Open Adoption, The Future of Children, Spring, 1993; Orme, J. G. et al, Foster family characteristics and behavioral and Emotional Problems of Foster children: a Narrative Review. Family Relations, Vol.50, No.1 Jan. 2001). Prospective adoptive parents need to recognize that a child may bond with adoptive parents more readily if she or he is not plagued with feelings of guilt or disloyalty for leaving a troubled birth mother or siblings who are at risk (Aitken, et. al, Voices of Youth in Care, OACAS Journal, Fall 2005). Often foster parents, particularly with appropriate information and support, can play an important role in encouraging a favourable relationship between birth and adoptive parents even though they may not be directly involved. Their attitude and comments can greatly influence the child. With appropriate communication among the parties involved, including the child, and if skillfully facilitated, adoption with openness is desirable for a great many children, particularly for those well beyond infancy.

Benefits of Some Contact After Adoption

Some degree of contact with the birth family members, for instance a birthday card or gift, or an occasional visit, may help children understand who they are and why they were adopted. Openness orders or agreements vary widely with regard to specifying the nature, frequency and conditions of contact. Sometimes they reflect that the birth parents want to be reassured that their child is in a beneficial situation, but accept that they do not need, nor necessarily want, frequent contact. If a child thinks foster parents

and adoptive parents are positive towards birth family members, this may have a salutary effect on the child's attitude toward the new parents. When adoptive parents have a negative attitude and are secretive about the birth family, this may adversely affect the child's developing identity. We all need knowledge of our roots (Rella, M., 2010). While children do not require complete details of their past, they require honest information about the past if they are to develop a healthy self-image, and avoid fantasizing.

Positive Effects of Sharing Information

Adoption with openness can be beneficial to all parties, including the birth mother, the child, and the adoptive parents. There are several reasons why adoptions with openness are appropriate to these times. Certainly this is an era of increasingly rapid and diverse means of information exchange, an era when secretiveness is less feasible than formerly. Also, children have a right to information about themselves as we all do (Granofsky, B., 2010). It is a much healthier outcome for adopted children to have accurate knowledge about themselves than to compile inaccuracies from various sources over time. For this reason it is important that the foster parents are given reliable information about a child in their care in order that this can be shared with the child as appropriate, and also with adoptive parents. In some circumstances foster parents can support the development of an amicable relationship between birth and adoptive birth parents, and can assist birth parents to adjust to the prospect of adoption with openness.

Family Group Conferencing as a Means to Facilitate Successful Placement

If adoptions with openness are to be successful, selected professionals need to specialize in facilitating positive relationships among the parties involved. Agencies require workers with the experience and skills to help people who are generally committed to establishing a stable, permanent family for the child. To ease the processes around adoptions with openness, mediation and Family Centred Conferencing involving primarily the birth parents and prospective adoptive parents, are being used to help develop positive relationships among the birth and adoptive families. However in many instances, Family Group Conferencing/ Family Group Decision Making (FGC/FGDM) may be the way to ensure positive attitudes and support for a permanent placement. Family Group Conferencing involves significant members of the extended birth and adoptive families and links with foster parents and workers or therapists closely connected to the child (American Humane Association, 2009, Protecting children; family group

decision decision-making, Denver, USA, AHA; Ashley, C (Ed.) 2006, The family group conference tool kit: a practical guide for setting up and running a FGC service, London, Family Rights Group; Brown, L, (2007) The adoption and implementation of a service innovation in a social work setting-A case study of family group conferencing in the U.K., Social Policy and Society, 6(3)). FGC/FGDM has the benefit of changing the balance of power in the decision process as the extended family members involved in this sometimes lengthy discussion are expected to make a decision about the child's placement that the agency will follow, providing it seems to be a safe choice. It goes without saying that if it is to be successful, the facilitator requires specific training and skills. It is a technique that has the potential to help reduce the widespread reluctance towards adoption with openness, to assist those involved in realizing its benefits, and to avoid unnecessary adoption breakdowns.

Post-Adoption Support

If adoption with openness is to be successful, however, it is essential that two other conditions are met. First, adoption placements should be followed by counselling and support from a skilled worker to whom the adoptive parents can turn for help. At present, workers have indicated that post-adoption counselling is inconsistently available. Individual and group support can help new adoptive parents deal with issues as they arise, and in many instances avoid crises. Also, frequently children can benefit from the assistance of a skilled worker while adjusting to their new situation.

Second, if adoption with openness is to be successful, financial pressures on the newly constituted family should be avoided, and adoption subsidy must be much more available than at present. As 82% of children requiring permanent families are categorized as special needs children, the expenses of obtaining the required health and educational services should be subsidized in numerous situations (OACAS, 2009-10, p.4). As many of these children present challenges, the major criterion in selecting adoptive parents must not be their level of affluence. Suitable adoptive parents are those who can navigate rather rough waters and do not expect smooth sailing. However, financial pressures should not add to their challenges.

Other Means of Providing "Forever" Families

To achieve the essential objective of providing children in care with a permanent placement and a "forever" family, adoption with openness may be the most desirable option for many. However, in recent years another alternative has been available. Since 2006,

amendments to the Child and Family Services Act of Ontario have allowed custody (or, a preferable term would be "guardianship") to be assigned by the province for permanent wards (Child and Family Services Statute Law Amendment Act, 2006, s. 63.1; *Ibid.* s. 65.2(1)). Frequently, this designation is given to foster parents for a child who has been in their care for some time. This arrangement allows the assigned guardian to continue to receive support similar to a foster care allowance, and provides them with greater parental authority and prestige. In most instances the child keeps the birth family name and may have some contact with birth family members. A special advantage of custody (guardianship) is that the child has an enhanced sense of belonging and permanence, and some expectation that this will be a "forever" family available beyond the age of protection and care. Assigned guardianship is more economical than foster care as less contact is needed by CAS staff with the guardians than with foster parents. While there are few of these arrangements to date, there are distinct benefits over foster care, particularly for pubescent and teenaged children if adoption does not seem feasible or desirable.

Kinship care with ongoing financial and other supports offers in some instances another means of providing Crown wards with greater permanence than foster care. The success of such arrangements very much depends on the people involved. Also, these situations require financial support and access to ongoing counselling. In some instances kinship care arrangements and relative adoptions provide the child with the stability and security required. Here again, Family Group Conferencing can contribute to successful permanent placements.

Circumventing Future Costs

There will always be many competing demands for scarce tax dollars. However, it is exceedingly important to provide the resources necessary to find and maintain permanent placements for children in the care of Children's Aid Societies. Too often Children's Aid Societies flounder in the face of serious financial shortfalls (OACAS, Pre-Budget Consultation Submission, December, 2008). Too frequently children in care who have not been provided with the support of a "forever" family nor the necessary education, emotional or financial support to succeed, and struggle unsuccessfully to become independent (Toronto Star, Sunday, June 12, 2011, p.A1). That there are numerous casualties is evident from data with regard to youth in care (MCYS, Oct. 2008), and to people who have graduated from the system but who become entrenched in the social welfare, mental health, and /or

correctional systems. Most parents attempt to provide the support necessary for their children to become healthy, independent and productive members of society. Children in Ontario's care deserve the same. Therefore, it is gratifying that recent preliminary reports of the Transformation Goals in Child Welfare Practices indicate positive effects of the multi-pronged focus on achieving permanent placements for provincial wards (OACAS, Transformation Results 2005 to 2010, 2011). This progress is to be applauded as is the recent announcement that the Ministry of Children and Youth is allocating "\$9.5 million dollars to help with difficult adoptions" (Toronto Star, September 2, 2011, p.A16). If we don't provide the necessary resources and effort now, we shall pay later.

For many children in permanent care, especially those beyond infancy, adoption with openness presents the best option for providing them with the "forever" families they seek and require. Ontario must provide the resources required to promote and implement adoption with openness successfully. The benefits to these children and to our society will soon become evident.

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THE FGC: CHANGING THE FACE OF CHILD WELFARE

By Mike Doolan, ONZM; MSW (Distinction) BA; Diploma in Social Science; MANZASW

INTRODUCTION

In 1989, New Zealand legislators reformed the country's child welfare (and youth justice¹) system. The system had, in common with those of many other Western countries, morphed into a child protection system, with emphasis on risk and evidence gathering edging out a focus on need and helping families become strong protectors and providers. The system was seen to be not performing adequately. Officials had reported extensively to Government on the ineffectiveness of the law. There were concerns about the emergence of a medical/legal model of child welfare that relied heavily on forensic processes and the opinions of professionals. There were concerns about the relative importance placed on professional and agency conceptualisations of child protection and welfare compared with those emanating from family, cultural and community perspectives; (Renouf, Lagzdins and Angus, 1989).

New Zealand was a country in some turmoil during the decade of the 1980's. A sharp contraction in the wealth of the country was the spur needed for a reformist Government to roll back the influence and cost of Government in the lives of ordinary citizens. Economic reform was accompanied by reforms of the social security system and of public services with many former government services either privatised or established as State owned enterprises under a business model. How much these reforms contributed to a growing distrust of professional and governmental intervention in the lives of families is speculative, but there is little doubt that proposed changes to the child welfare system resonated with these 'less state and more family and community' movements.

Hand in hand with, and contributing to, a growing awareness and agitation about ineffectiveness, were the following factors: a growth in legal and rights advocacy for children (following the 1979 International

Year of the Child); the emergence of women's advocacy which resulted in a greater focus on such issues as sexual abuse of children; and a number of reports and documents critical of the monocultural biases evident in law, policy and practice which resulted in major impacts on non-European citizens (HRC, 1982; Tauroa, 1983; WARAG, 1985).

The impact of indigenous understandings and processes

Arguably, the most significant contribution to the reform debate came from Maori, the country's first inhabitants. Maori are closely related culturally to the Polynesian peoples of the Pacific Island groups. They populated the previously uninhabited islands of New Zealand in the beginning centuries of the second millennium. They are not one people, but rather a collection of sovereign tribal groups each of which springs from an eponymous ancestor. When European contact began during the 1700's, Maori iwi (tribes) were seen to be well-organised social systems, which were, in the main, open to interaction with European whalers and seal hunters. In 1840, most Maori iwi entered into a treaty with the British Crown, which ceded to the Crown the right to govern but also provided for the protection of Maori and the self-management of their lands, fisheries and other taonga, or treasures, of whom children are regarded as one. The Treaty of Waitangi, and the different understanding by Maori and British settlers of its meaning, proved an inadequate mechanism for managing the relationships between the signatories in the face of a tide of immigration and the unrelenting pursuit of land for settler farming and forestry. Land wars were fought in the 1860's with devastating effect on iwi and their dispossession, coupled with huge mortality rates from imported diseases against which they had no immunity, resulting in their decimation and demoralization as a people.

For a major part of the 20th century, the government of New Zealand had assimilationist policies in relation to the Maori people. Although not eugenic in philosophy, these policies were undoubtedly racist. The social policy was underpinned by a white worldview and placed little worth on the customs, beliefs, and values

1. For an account of the changes to the Youth Justice System featuring Family Group Conferences, see: Doolan, M (2008). Youth Justice in New Zealand. *Jeugdbeleid* (The Netherlands), 2 (2): 151-158

of the Maori. Despite official policy or perhaps because of it, Maori culture began to flourish and traditional models of care for Maori remained relatively intact while Maori remained a rural people living on what remained of their traditional lands (Dalley, 1998; Department of Social Welfare, 1988). New Zealand's population almost doubled in the twenty years following World War II. The work of statutory children's services expanded at an enormous rate in the 20 years following the war and for the first time, Maori children rapidly began to feature in a disproportionate number of cases (Dalley, 1998). A system of professional practice that had been designed to respond to the needs of settler families and their children – a system based on what were regarded as the progressive systems operating in the United Kingdom and the United States from the early years of the 20th century – was applied to this new intake of families. There was no adjustment of method that recognized the change in clientele. As a consequence, professionals doing their duty presided over the alienation of thousands of Maori children from their families, communities, and hereditary rights, "in their interests and for their own good." New Zealand still bears the scars of that practice today.

A major consultation occurred between Maori tribes and the government of the day during 1986 about the impacts on their families and children of the professionally directed system of child welfare. Conclusions were drawn that Maori family and societal structure had been harmed by agencies of social control, particularly since urbanisation. Law, policy and practices based on the worldview of the dominant white population had resulted in decision-making that impacted disproportionately on Maori and resulted in their overrepresentation as clients of control agencies. Reform became possible when government recognised the harmful effects on minority populations of decision-making by professional and agencies when extended family, cultural and community perspectives were excluded (DSW, 1988).

The objectives of law reform were established as:

- (a) To advance the well-being of families and the well being of children and young persons as members of families and family groups;
- (b) To make provision for families and family groups to receive assistance in caring for their children and young persons; and
- (c) To make provision for matters relating to children and young persons who are in need of care or protection or who offended against the law to be resolved, wherever possible, by their own family and family group.²

A FOCUS ON DECISION-MAKING: The Family Group Conference

The culmination of almost a decade of debate about the direction of child welfare was the *Children, Young Persons and their Families Act 1989*. This comprehensive Act of 11 parts and more than 450 sections, spelled out in considerable detail new pathways for child welfare (and youth justice) in New Zealand. Central to both jurisdictions was a new decision-making construct called the Family Group Conference, which displaced previous decision constructs such as the Children's Board, the Youth Aid Conference and the Child Protection Conference – all conferences of professionals with each other. Under the new law, professional conferences were eschewed in favour of professionals meeting with Family Groups and such meetings being convened by an independent person known as Coordinator.

The Family Group Conference process borrows heavily in three major aspects from the decision making practices of Maori people – practices that are uncannily congruent with those of indigenous populations in other parts of the world. Firstly, as many people as possible affected by the issue are gathered together as problem solvers, with everyone present having equal rights to participation. Secondly, as much time as is necessary is taken to examine and talk through the issues, seeking to understand what has happened and its impacts rather than to ascribe blame. And thirdly, there is a search for consensus, recognising that consensus is fundamental to collective ownership and responsibility.

The term 'Family Group' is significant of itself. The law resists any attempt to define 'family,' recognising that the right to define family rests with the family itself and is a major aspect of personal and cultural identity. The term 'Family Group' was formulated to incorporate the culturally varied understandings of who and what constitutes family. Nonetheless, the law is not entirely

2. Paraphrasing the Long Title to the Children, Young Persons and their Families Act 1989.

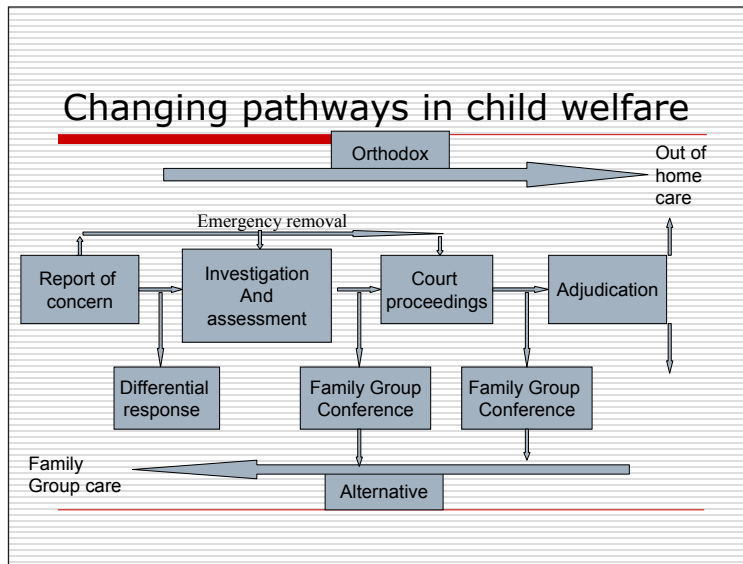
silent on who should be involved in a Family Group Conference. In addition to the professional(s) who has the concern about the welfare or protection of a child, the Family Group Conference includes the child, the child's parents, members of the child's extended family, and any other person (such as a family friend) that the family wishes to attend.

The Family Group Conference has been instituted to ensure that professional and agency investigations and assessments about children and their parents are subject to the scrutiny of their 'significant others' – the persons to whom they are connected by kinship and relationships of psychological significance – before proposals to intervene in the life of those households are instituted. The process seeks to avoid unreasonable or unnecessary intrusion by the state into the lives of parents and children and instead positions the family group as having primary responsibility for the protection, care and behaviour of its children. The Act establishes expectations that professionals will provide family groups with information and analysis but will ensure family groups have the first opportunity to propose courses of action and ongoing plans for children. Implicit in these provisions is the expectation

professionals under these terms, and has a legal status, including a requirement that the state child welfare agency "...give effect...to the plan by the provision of such services and resources, and taking such action and steps as are necessary and appropriate in the circumstances..."³.

All matters that now go to Family Group Conference would have gone to court under pre-1989 legislation. Family Group Conferences are empowered to arrive at decisions and plans about children that preclude the need for Family Court involvement. The law envisages that court involvement will only occur when the matters are serious and of significant public interest, or Family Group Conferences are unable to reach consensus about a plan. Thus, the Family Group Conference interrupts orthodox pathways in child welfare – pathways that had catapulted large numbers of children and young persons into the custody of state agencies or the courts – and seeks to keep children and young persons in their communities and in their families, with family groups taking the lead in how this can occur.

FIGURE 1



that where families formulate plans that meet and address the concerns of professionals, it will be the family group's plan that takes precedence over any other possible plan. A Family Group Conference Plan is one agreed upon by the family group and agency

3. S.34, Children, Young Persons and their Families Act 1989.

The Family Group Conference model – the 5 key elements

The Family Group Conference seeks to empower family groups and their communities to take responsibility as agents for the protection and care of their young. It is based on some core values that distinguish the approach from traditional professional processes. These values translate into elements that are visible and able to be assessed. Core elements of Family Group Conferencing are (Doolan, 2007):

- There is a case-independent Coordinator of the process. There is always significant imbalance in the power relationship between those with statutory powers and authorities and those that are subject to them. Effective dialogue about what should happen next and what long-term plan should be formulated for the child cannot happen successfully under these conditions. Those subject to authority and intervention can react with hostility on the one hand or passive resistance on the other. Unfortunately this can result in professional judgements that parents are uncooperative, unwilling to care or uninterested in their children. Research in kinship care has shown how such judgements are extrapolated to whole family systems, which are then discounted as potential carers and protectors of children to whom they are related. (Doolan, Nixon & Lawrence, 2004). The commitment to ensuring Family Group Conferences are convened and managed by an independent Coordinator recognizes the inherent (but not deliberate) oppressiveness of professional systems and is a commitment to fair process that enables conversations with family groups about their children to happen safely, from the family's perspective.
- There are time and resources for searching out and assembling as broad a family group as possible. Whenever a control agency forms a view that there are concerns about a child that need to be addressed, there needs to be dialogue with the child's family about this. Typically, this dialogue tends to occur with parent(s) only, and control agencies either ignore or do not see the importance of other family members in the life of the household under scrutiny. The Family Group Conference process cannot be effective unless the

affected family unit is surrounded and supported by its kin network, including important child and family friends. A conference of officials only with the family household where the concerns exist cannot be described as a family group conference. This commitment recognizes that households are nested in family systems and have a right to their mobilization and support on their behalf.

- Family groups have private time. Families have information and knowledge which belongs to them and which is not readily accessible by professionals. If ultimate decisions are to be safe, this information needs to be employed and stand alongside all the other information provided by the referring agency and other information providers at the conference. Private time is not an option provided by professionals but a right that is exercised by the family group. This commitment recognizes the unique family and cultural processes of each family group that are inevitably changed and even submerged in the presence of outsiders, and evidences respect for family groups and their privacy as well as trust in their processes.
- Family plans are given priority. Officials and professionals at a Family Group Conference have an obligation to support a family group's proposals unless they clearly place the child at risk of significant harm or are impracticable. In entering this process, family groups must have the assurance that, unless there is cause, it will be their plan that will be adopted in preference to all the other plans that might be possible. This commitment recognizes that real empowerment derives from ownership and trust.
- The referring Agency implements the plan in accordance with the decision of a Family Group Conference. Once a conference has reached consensus, the statutory agency is required to give effect to that decision. This commitment signals trust in family groups and trust in the process from which the plan has emerged.

The concept of family engagement in decision-making has taken root in children's services over the last 20 years or so. Some of the approaches to family engagement that have developed, while commendable, have been designed by agencies in ways that entrench agency ownership and control of

the process. Examples of such approaches are Team Decision-Making and Family Team Meetings that have developed in the United States. The Family Group Conference springs from community roots and the stories of many thousands of people harmed by service provision over many years. It is a carefully crafted process to ensure that the objectives established for law reform in New Zealand are achieved. The process seeks the empowerment of family groups to manage their own affairs without unnecessary intrusion by statutory officials and professionals. It is a competency building process, in that a family group's experiences of being trusted and enabled to make decisions and plans for their own children can translate to the management of other family issues, helping to build connections within families and ensuring that households within family groups draw support and help from each other. For this to occur, each of the five key elements needs to be evident and upheld, in law, in policy and in procedure.

Implementation Issues

While law changes were radical and unlike anything existing in the developed world, in a very real sense they ratified what was emerging practice in New Zealand. The 1980's evidenced goodwill toward Maori and real efforts to hear and respond to them and to be led by them in shaping services, of which they were the majority user. Thus, while the law changes necessitated a deconstruction of the existing child welfare system and a reconstruction of a new system in a very short timeframe, there was little agency, practitioner or community dissent. The changes were regarded as fair and just and where there were doubts there was also a willingness to give the reforms a chance. In a very real sense, the fact that these were changes to law and not simply proposals to change practice, forestalled any major resistance to the change – rather, the period of implementation was characterised by excitement and hope, strengthened significantly when family groups proved willing and able to meet the challenges.

Implementation is, however, an ongoing issue. From time to time, practice can drift from the ideal (Connolly, 2005) and there is a continual need to educate and train workers in core philosophy and principles across the child welfare inter-agency network. There is also the difficulty of sustaining the resource commitment to this process, particularly the provision of an independent coordinator. While resources have not

decreased in New Zealand, they have not increased markedly in line with population and intake growth, and the inevitable result is some rationing of services or the raising of access thresholds. On the whole, however, there have not been significant implementation barriers in New Zealand, although when law is not the driving force, barriers become evident as attempts have been made to introduce the practice elsewhere.

While developed for the unique set of circumstances that existed in New Zealand more than two decades ago, the implementation of the Family Group Conference there sparked interest around the world. Not only did the Family Group Conference jump national boundaries, but also boundaries of services (Connolly, 2004). Recognised as an effective problem resolution and case planning methodology, the process is now used to: connect schools, families and children to avoid school failure or refusal; help plan adequately for adolescents leaving care; put supportive plans around adults with mental health issues; provide for family-centred decision making around the care of the aged, particularly when elders are at risk of losing their independence or have suffered abuse; and has influenced a range of what are known as restorative practices. An international survey (Nixon, Burford & Quinn, 2005) indicates that more than 30 countries now have some form of Family Group Conferencing, although none has the comprehensive approach adopted by New Zealand. Many Family Group Conference projects have developed, achieved excellent results and then petered out or remained small-scale, largely because these have been practitioner initiatives and have not been embedded in or owned by the agencies concerned. Where projects have survived, they have remained marginal 'add-ons' to orthodox procedures in the main.

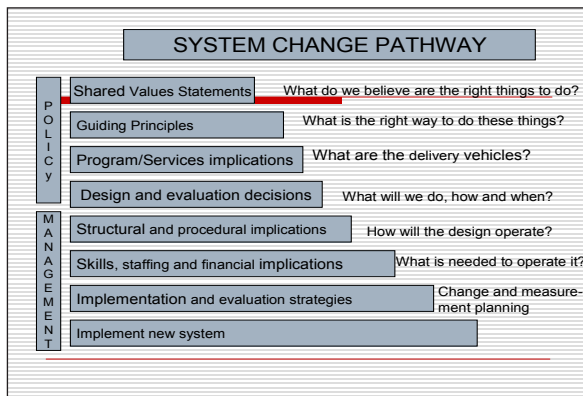
Three aspects seem to be important for ensuring this way of working becomes everyday child welfare practice and for ensuring ongoing sustainability:

- (i) Taking a strategic approach;
- (ii) Having an effective mandate for the process; and
- (iii) Agency alignment of systems with the purposes and processes of the Family Group Conference.

The introduction of Family Group Conferencing as a core decision making process in statutory agencies

is initially counter-cultural. Investing the time and resources in a strategic plan to build consensus about values and what are the right things to do will bring benefits. While never a linear process, there do seem to be some stages in system change that need to be followed to produce a sustainable result. Figure 2 presents these as a type of cascade, with each level of the cascade needing to be determined before moving to the level below it. There are, for example, several levels to be developed before the issue of resources are examined. Introducing considerations of finance before its proper level will have the affect of limiting the design to what is affordable rather than what is right. The right design may not be affordable, but following this process enables the identification of any gap between what is affordable and what is desirable so that future investment is applied according to design rather than more arbitrarily.

FIGURE 2



It seems clear that practitioner-driven reform will not maintain traction within statutory agencies unless the agencies themselves adopt and own the process and mandate their staff to use it⁴. Similarly, even with mandate, the process will struggle to become common, everyday child welfare practice where agencies have not aligned their major systems to support the process. Supporting staff to enter into flexible and, by definition, unique conversations with family groups and to agree upon collaborative plans

4. For a more extensive analysis of the issue of mandate, see Doolan, M. (2007). Working towards and effective agency mandate for family group conferences. In C. Ashley & P. Nixon (Eds.) Family Group Conferences – Where Next? London: Family Rights Group.

with them has implications for the way agencies strategize and plan, structure, manage finances, organise their staff support arrangements; and train and supervise their staff, amongst other things. A significant challenge for agencies is achieving the sort of cultural change from within that will enable practice to move from residual, forensic and control foci to engaging with and supporting family groups to take ownership of situations that are rightfully theirs to manage.

What is known about how it works?

The New Zealand reforms were not based on evidence that a radically different approach to decision making would be more effective. No such evidence existed. Rather than a 'what works' approach to social policy development in child welfare, the country pursued a 'what's right' agenda. Nonetheless, the importance of the inherent benefits of participation and forming collaborative relationships with client families were intuitively understood as key elements in achieving ownership and commitment, and these, along with the benefits of working with people in their own context and helping them build connections in their families and communities have been consistently recognised in human services literature both before and since (for example, see McKeowan, 2000).

While the research relates mainly to small-scale evaluative studies (apart from one extensive youth justice study in New Zealand – see Maxwell, Robertson, Kingi, Morris & Cunningham, 2004), there is a consistency in findings that is persuasive (for examples, see: Hamilton, 2004; Rasmussen, 2002; Shore, Wirth, Cahn, Yancey & Gunderson, 2001; O'Sullivan, McKinney & Gallagher, 2001; O'Brien, 2000; Burford & Hudson, 2000; Smith & Hennessey, 1998; Crow & Marsh 1997; Lupton & Stevens 1997; Pennell & Burford, 1997; Lupton, Barnard & Swall-Yarrington, 1995).

Studies of more than 90 family engagement strategies (of which many are Family Group Conference projects) conducted since 2003 are currently being analysed and an annotated bibliography is growing and may be found on the website http://www.americanhumane.org/protecting-children/programs/family-group-decision-making/re_annotated_bibliography/

This important collection enables us to have confidence that family groups want to be involved, can take part safely, do make plans, do volunteer

their homes and other resources and that all cultures respond to and like the process. Multiple studies indicate increased safety resulting for children and many others report no compromise to safety. Only one study raised questions about safety that need further examination. The process is associated with the increased use of placements with a child's kin rather than with strangers, faster return to kin placements from stranger placements, and faster return to biological parents. Important patterns emerging are that agencies are building more trust in family and cultural networks in communities, and that engaging family groups earlier in the process of investigation of child abuse or neglect allegations has the effect of calming the legal process and enabling less formalized approaches to problem resolution (Burford, Connolly, Morris & Pennell, 2008 Ongoing).

CONCLUSION

Family Group Conferences have strengthened the involvement of children and their family groups in matters that impinge on them and their right to direct their own affairs. Cultural and ethnic communities are able to work within the process according to their own norms for problem solving and decision-making and thus can challenge and counter the impact of the dominant culture interpretations of their customs, values and beliefs. Under New Zealand law, there is no problem, no family functioning issue, no family type excluded from the process. Over time, as communities hear family groups' own interpretations of need and what would help, service providers are able to move away from a service menu approach and adapt their provision to enable flexible responses to the uniqueness of each family. After 20 years, the Family Group Conference is entrenched as the way decisions about serious matters are made in the New Zealand child welfare system. It enjoys multi-party political support and there has not been a serious attempt to challenge its centrality.

This formula can change the face of Child Welfare.

ABOUT THE AUTHOR

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Mike Doolan is in private practice as a social work consultant and educator, based on his extensive practice, management and policy experience in child protection, child welfare and work with young people who offend. He has assisted with family group conference development in England and Wales, Scotland, Northern Ireland, the Republic of Ireland, The Netherlands, Denmark, Sweden, Canada and the United States. He is the co-author of two books: *Growing up in the care of Relatives and Friends* (2004) and *Lives Cut Short* (2007) and has published in the fields of family group conferences, kinship care, violence in society, child homicide, and youth justice. He was made an Officer of the New Zealand Order of Merit in 2001.

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YOUTH TRANSITION CONFERENCING: A COLLABORATIVE, STRENGTH-BASED METHOD TO ENGAGE/SUPPORT YOUTH IN THEIR TRANSITION FROM TEEN TO YOUNG ADULT

By Tony Vanon, Youth Transition Conferencing Facilitator

Note from the Author: This piece provides field notes and information regarding how a practice called Youth Transition Conferencing is used in Child Welfare in British Columbia. Youth Transition Conferencing is led by the youth, who identifies the people the youth believes will help them meet their goals during their transition to adulthood.

YTC grew out of the writer's experience as a FGC coordinator, and represents a coming together of youth-identified supports, including formal and informal supports. Informal supports are those who will be 'there' for the youth after they are discharged from care at the age of majority (age 19 in B.C.). While lifelong supports are hoped for with this process, the decision to be a lifelong support is a commitment that should not be taken lightly and is seen as a decision between the youth and potential support people.

YOUTH TRANSITION CONFERENCING

The worst part of it (independence) is that you won't have anyone around. No one to give you a hug on those inevitable lousy days or help you out with that science project that's due the next morning. And you can't ask anyone how to get an orange juice stain out of your favorite white shirt!"

- Victoria Youth in Care Network's newsletter
Reality

"When I was aging out of care independence didn't really mean anything because I wasn't ready and didn't have the tools. Now it just means fear."

- former youth in care

Research suggests that assisting youth to achieving self sufficiency and a successful transition to adulthood should be based on the following: establishing lifelong connections with adults and peers; teaching skills that prepare them to live interdependently; and participating in and having control over this process, as it is their lives. The question is "What type of process could best facilitate a successful transition to adulthood?"

Youth Transitioning Conferences (YTC) are youth-

focused, planned and prepared for meetings designed to assist a youth to create or to firm up a plan for their future as they prepare to leave the care of the Ministry of Children and Family Development. The youth has the choice to engage or not, who to invite, what their goals will be, a say over the agenda, choice of meal, etc. The process of Youth Transition Conferencing is intended to give the youth another set of tools to assist them in making the difficult transition to adulthood.

Youth Transition Conferences are strengths-based and solution focussed. Active youth participation is essential to the process. The broad purpose of Youth Transition Conferencing is to increase the number of youth who successfully transition from care or from youth agreements and who successfully live in the community.

Objectives of a Youth Transition Conference

The objectives of a Youth Transition Conference are that:

- The youth will have increased motivation, participation and ownership in the development of plans for a successful transition out of care and successful living in the community because they have more control over the who comes and what their goals will be.
- Before age 19, the youth will have an individualized youth-driven plan that identifies the youth's goals and how the participants will actively support the young person to attain them.
- The plan will include a process for reviewing and supporting the youth's progress on their goals over time.
- The youth will have increased knowledge and understanding of resources and services available in the community. Examples are health and medical matters, education and training, employment, recreation, friendships, finances, housing and community involvement.
- The youth will obtain the skills to prepare them to live interdependently.
- The youth will have a strong support network when discharged from care.

- Last, but not least, that those people the youth has chosen to be a part of her/his support circle see the value of looking at positives, instead of the focus being on problems and "fixing" the "child".

Skills and Attributes of the Youth Transition Conference Facilitator

Youth Transition Conference Facilitators are to:

- Have a thorough understanding of adolescent development
- Have knowledge about and sensitivity to abuse, neglect and trauma
- Have a thorough understanding of the issues of youth including safety, special needs, permanency and well being, with particular focus on transition issues
- Be dedicated to ensuring that every interaction with the youth is marked with respect and trust
- Be responsive to the youth's needs and preferences
- Be able to network and collaborate
- Understand the importance of including persons who have knowledge of and sensitivity to the cultural background of the family
- Understand and respect the cultural expectations of families; be aware of first and second generation cultural issues
- Be strength-based and inclusive in their practice
- Be flexible, patient, and persistent
- Be adept at facilitating communication and managing potentially difficult conflicts

In addition to the above skills and attributes, it is important that Facilitators receive initial and ongoing training in:

- Collaborative practices
- Partnership building
- Community development
- Mediation and conflict resolution; and,
- The youth transitioning process, including:
 - Facilitation
 - Group work

- Process and outcome evaluations
- Child welfare principles, policies and laws
- Sharing power in decision making; and,
- Developing realistic plans and measurable outcomes

Referral Process

The referral process for YTCs was simplified in response to feedback from frontline social workers. Initially there was a form the guardianship social worker was to have the youth sign. However, as social workers stated that this was too cumbersome and that they had little time to meet with a youth and have them sign the form, the referral/intake process was altered.

As it works now, the youth's social worker speaks with the youth, either in person or by telephone, and asks if they would be interested in speaking with the YTC facilitator about what life will look like at 19. If the youth is interested, the YTC facilitator meets with the youth and presents the concept of a YTC in youth-friendly language. The youth is informed that, in meeting with the YTC coordinator, this is all that they have agreed to do – to meet. The decision about following through with the YTC process is the youth's alone, unless they decide to confide in someone else.

If the youth agrees, then a YTC Participant Agreement is signed and the youth decides who they would like to attend their Conference. If the youth declines the YTC, the facilitator will offer a business card and ask the youth if it is okay to call them in a few months to see if they have changed their mind.

Using this method, according to referrals and youth who are agreeing to the YTC process, youth agree to engage approximately 80% of the time.

Preparation for YTCs

As with Family Group Conferencing, the success of a Youth Transition Conference is significantly enhanced by the degree and quality of preparation prior to the conference. Throughout the process the Facilitator will work with the youth to prepare him or her for the conference. At the same time the facilitator prepares the people the youth has invited to the YTC.

The importance of this preparation work cannot be understated. It is crucial that participants understand that the focus of the YTC is on what the youth wants, not what participants think s/he needs. This is a primary focus of preparatory work with those who are

invited to the conference by the youth. Youth have stated repeatedly that they would like to assume more control over their lives that they do not want to "jump through hoops" and, most of all, that they know best what they need. YTCs respond to this by placing the youth in the position where:

- The youth decides if they want a YTC
- The youth decides who attends
- The youth decides what goals they want to work on

Facilitating the Youth Transition Conference and Development of the Plan

YTC Agenda

- Welcome and introductions
Participants introduce themselves in terms of their relationship with the youth.
- The youth or an Elder or spiritual person may say a prayer. The youth may choose to play a song or read a passage or poem.
- The Facilitator explains that the reason for the YTC is to celebrate the youth moving to adulthood and to help support the youth as they find their way. Articulate that the youth is not expected to do this alone and those present can help provide the youth with support as she or he travels this road.
- A list is circulated for the youth and participants to provide their name, address, telephone numbers and e-mail address.
- The Facilitator asks the adults in the room to share their experiences of people who helped them make the shift from being a teenager to being an adult.

This has two purposes:

- It reminds the adults that the youth will need support to make the transition
- It illustrates for the youth that they do not have to make the transition alone

Guidelines for the Conference:

- One person speaks at a time

This keeps order to the meeting.

- Participants agree to remain positive and focus on the youth's future and strengths

Many youth have said that meetings they go to involving systems speak about problems as the main focus. What this does, youth say, is put them on the defensive right away and the meeting is usually lost within the first ten minutes for the youth.

- Everyone speaks clearly and plainly

Youth and informal supports have said that they do not always understand what is being said and they often go along with the flow of a meeting. Professionals are at an advantage in this regard, as they control the meeting by using jargon.

- Confidentiality of information is to be respected. What is said in the room remains in the room unless the youth agrees with sharing it

This is a fairly obvious proviso.

- Be present and listen attentively – no note taking

The facilitator takes notes on a flipchart. In this way the professionals are freed up to think collaboratively. For the youth and informal supports, the pens and paper are taken away and they are not left to wonder what is being written about them, which can pull their focus off the reason for the meeting being held.

- Please speak to the young person, not about her/him

Experience over the last five years has demonstrated that youth have often spoken of not being directly addressed at a meeting, with their first name being used or "she" or "he". The general sentiment from youth (and many of their informal and even formal supports) is that this is disrespectful and negates the youth's involvement.

Note: At this point, the Facilitator, who has discussed this already in the preparation, reminds the youth and the participants including professionals that they are not to take notes. It has been observed that when this is said to a youth and informal support persons, some become visibly relieved. It can be difficult for some professionals not to have a pen and paper in hand, but they are reminded that this frees them up to listen, think flexibly about the information and their role as professionals.

With the youth's permission, a copy of the YTC plan arising from the discussion will be given to each participant.

A copy of the YTC plan will be given to the youth's social worker for placing on the youth's Child Service or Youth Service file

The Facilitator asks the youth's permission for the social worker to incorporate elements of the transition plan into the youth's Comprehensive Plan of Care (CPOC) or the youth's Plan for Independence (which are broader documents than the YTC). Experience indicates that youth are always agreeable to this request, and the Facilitator explains that the youth has ownership in this document because it is including their thoughts and their support group's thoughts, not the impressions of one person.

Development of the Youth Transition Plan:

Now begins the process of developing the youth's transition plan. The YTC Facilitator guides the discussion based on the following items and writes the information on a flipchart for all to see. This is where the Facilitator starts to take notes on the flip chart.

- The Facilitator asks the youth:
- What is your proudest accomplishment(s) in your life so far?
- What are five qualities that you look for in a friend e.g. trustworthy, someone I can talk to, respects me and themselves, has a drive to do what they want to do, loyalty?

Next is a three part question to break down the word "strengths"

- What does the youth have going for him/her self e.g. job, school?
- What does the youth like about him/her self?
- What are her or his skills, abilities, talents and/or gifts?

The Facilitator then invites the participants to answer the three questions about the youth's "strengths"

The reason others are asked these questions is for the youth to see beyond themselves, to see their larger world. The Facilitator is clear with the participants during the preparation meetings that they are not to just say something about the youth to make the youth feel good. They are to identify the youth's strengths so that

strategies and solutions are built from those strengths.

- The Facilitator asks the youth what skills, abilities, talents and/or gifts the youth sees in the participants that would be helpful to the youth in making the transition from care to being an adult.

The reason for this is for the youth to be able to identify who can help with what.

- The Facilitator asks the participants what skills, abilities, talents and/or gifts they bring that would be helpful, and what they see that other group members bring, that would be helpful for the youth in making the transition.

This is the point where the participants can see what they are able to accomplish with the youth based on what people do well. Sometimes people are unaware of a particular skill, ability, talent or gift and it may take another person to bring this out.

- The Facilitator asks the participants to define what the word "support" means to them.

This process of defining "support" makes the word theirs and they can look at how they function as a group to support the upcoming goals that the youth will articulate. It is interesting to note that many professionals struggle with how to define this word.

- The Facilitator asks the youth what kinds of support the youth needs from people over the next six months as they make the transition to adulthood.
- The Facilitator asks the participants what kinds of support any young person leaving care would need to make the transition to adulthood.

The Facilitator does not ask about the specific youth in the YTC because experience has shown that participants move from identifying support to giving advice, giving direction or lecturing, all of which result in the youth's disengagement and can undermine the credibility of the YTC. By taking the youth out of the equation, the group can be more objective and offer types of support for any youth transitioning to adulthood. If there are glaring differences between what the youth says s/he needs and what the other participants think a young person needs, this represents an opportunity to clarify and come to some kind of understanding about the youth's needs.

The following are some examples of support:

- Financial support
 - Cultural support
 - Emotional support
 - Practical support – negotiating systems
 - Decision making support
 - Advocacy
 - Consistency, i.e. of relationships
 - Encouragement
 - A place to go, a person to talk with
 - A sense of belonging
- The Facilitator asks the whole group: What are the characteristics of a well set goal?
 - The Facilitator then asks: What are the keys to success for achieving goals?
 - The Facilitator asks the youth to identify 3 to 5 goals that the youth wants to work on over the next six months as they move towards their 19th birthday.
 - As the youth identifies each goal, the group brainstorms how to support the youth to accomplish the goal. This is the opportunity for participants to say what they will do to support the youth in attaining his or her goal and to suggest a time frame to accomplish it, e.g. "I know someone who works at the mall and they saw a job opening at the toy store yesterday. Do you want to go get an application tomorrow with me?"
 - During the preparation phase of the Youth Transition Conference, support people are asked to consider what they are able to comfortably do to actively support the youth's attempts to achieve their goals. The idea is to consider what support people can realistically provide in terms of active support, so that if a commitment is made it is followed through on.
 - The Facilitator asks the group to brainstorm resources and options based on the youth's goals and objectives.

It is crucial for the YTC Facilitator to pay close attention during this part of the process, as it is very easy for support group members to go from brainstorming to advice-giving and from there to criticizing and moving to negative or deficit-based

responses.

- The Facilitator asks the youth if s/he sees any obstacles to reaching their goals, and how the support group can help them get past the obstacles if they occur.
- This question is the youth's to answer only. It is the writer's opinion that the group can easily move to looking at problems. Therefore, the youth alone answers this question, again to keep the negatives out of the meeting.
- The Facilitator asks the youth what they are hoping for themselves over the next six months as they move towards 19.
- The Facilitator asks the support group what they hope to see for the youth over the next six months as they move towards 19.
- The Facilitator asks the support group members if there is anything that they are currently doing or that they would like to do to support the youth that is outside of the youth's identified goals.

This is the place where people can say things such as, "You know we watch Hockey Night in Canada on Saturday nights and we would like you to come over for supper and watch the games with us," or "I know that money is tight on Independent Living, so bring your laundry over to my place and we can have lunch and visit while your clothes go through the laundry."

- The Facilitator ensures that everyone is clear on the specific tasks/actions they will be doing and their commitment for follow-up action.
- The Facilitator summarizes the information, the youth's goals and specific plans for support and identifies the next steps.
- The Facilitator reminds the participants that the goals and progress of the plan will be reviewed at the next conference.
- Food is served and everyone debriefs over the meal.
- The Facilitator distributes and receives back evaluations.

Youth Transition Conference Evaluation Comments

- Caregiver – “Every single 19 year old needs this process – whether in or out of care. Write a book – or more!
- Special needs youth – “It made me feel better about myself and I felt like I could accomplish the goals we made”.
- Mother of youth – “Very friendly, straightforward and informative”.
- Stepfather of youth – “I like the way this was presented and the concern that was shown to his future well-being”.
- FASD Youth – “It was cool”.
- Social worker – “Just a little long for people after full day’s work but getting a warm dinner by Tony was great compensation”.
- Aunt – “I feel this is very informative and valuable program. I’m very happy that this kind of program is available for youth”.
- Grandmother – “I was very happy with the conference. It was a positive and informative meeting and I know will benefit my grandson. I benefited greatly from the discussions”.
- Federation of BC Youth in Care Networks – “Good meeting – lots of energy and tons of people who care about this youth”.
- Forensic social worker – “Glad to see there is a plan for youth who age out of MCFD. Pro-active practice while a youth is in “care” is important for when they do age out. A meeting like this should be held one year before aging out”.
- Youth – “Everything was good, I appreciated it”.
- Aboriginal FASD Key worker – “This is a much needed resource for our children and youth departments. From my observation this is a service to be modeled in all communities. I look forward to future conferencing needs of our youth”.
- FASD key worker – “Please make this a permanent program for youth! It is a much needed service for youth who are ‘aging out’”.
- Social worker – “The process was smooth and I was very impressed with the outcome... tangible roles for each participant and A (youth)”.
- Former caregiver – “Extremely valuable for any young person who does not have a functional support group (family, etc). I cannot over emphasize this point”.
- Youth – “Overall, I think that it was one of the best meetings I have had to do with the Ministry”.
- Social worker – “The best part, is to give the youth the power to explore her/his options and to know that they won’t be alone when they are transitioning into adulthood”.
- Father of youth – “More teenagers should have this, not just teenagers in the Ministry”.
- Adult friend of youth – “This program is long overdue and would serve the needs of every foster child very well. Excellent use of Ministry resources – defines a clear course of action and in so doing gives confidence to the foster child”.
- Teacher – “This conference has been valuable – it has eased M’s mind and has assured me that ‘kids in care’ are not just dropped and forgotten after they leave school”.

ABOUT THE AUTHOR

Tony Vanon has worked with children, youth and families for over 30 years. Tony graduated from Centennial College in 1984 with a diploma in Child and Youth Work, and in 1996 he graduated from Carlton University as a Social Worker. Tony and family moved to the Lower Mainland of British Columbia in 1996 where Tony worked for several years as a child welfare social worker, then as a family group conference coordinator before spearheading the Youth Transition Conference Project since 2004. Tony is a Youth Transition Conferencing Facilitator for Burbaby, New Westminster, Tri Cities, Maple Ridge for the Maple Ridge Ministry of Children and Family Development.

FAMILY GROUP CONFERENCING AND FAMILY GROUP DECISION-MAKING: WHERE CHILD ABUSE AND DOMESTIC VIOLENCE INTERSECT

By Susan Longtin, SSW, Denise Morton-Sayles, MSW Rosanne Nunn, RSSW, Marilee Sherry, MSW, RSW

We are all trying to achieve the same thing.

Nova Vita Domestic Violence Prevention Services¹, the Children's Aid Society (CAS) of Brant and Brant County's Family Group Decision Making (FGDM)² service work collaboratively when a family who is receiving services from both agencies is referred for an FGDM.

Nova Vita and Brant CAS have a long history of collaborating together, including Brant CAS child welfare staff having offices at Nova Vita and working together with Nova Vita to serve families where domestic violence and child abuse intersect. More recently, Nova Vita and Brant CAS have begun to go out on home visits together when issues of domestic violence have been identified.

When Brant CAS makes a referral to FGDM where domestic violence is identified as one of the child protection concerns, the coordinator is able to consult with Nova Vita staff about safety planning for the FGDM

1 This article is based on a workshop given at the 1st Canadian Conference for FGC in Toronto, Ontario on September 26, 2011.

2 Nova Vita Domestic Violence Prevention Services is a registered non-profit, charitable social service organization caring for the communities of Brantford and the County of Brant. Our reputation as a leading authority in the area of domestic violence is a result of almost 30 years providing relevant, quality programs that meet the changing needs of the community. Nova Vita offers a wide range of essential services and programs for both the victims and perpetrators of domestic violence:

- 24-hour crisis line
- 30 bed Shelter.
- Transitional Housing
- Transitional Support Services
- Community Counselling
- Family Outreach Program
- Children Exposed to Domestic Violence
- The Challenge to Change Program which incorporates the Partner Assault Response (PAR) Program
- Partner Contact Program
- Caring Families
- Violence Prevention and Education Outreach

For further information please visit Nova Vita's website – www.novavita.org

3 For the purposes of this article, the terms Family Group Conference and Family Group Decision Making are interchangeable and both refer to the New Zealand model of Family Group Conferencing.

conference. Nova Vita staff are able to support the family member(s) receiving service (one or both parents and/or children) throughout the FGDM process.

The common goal is safety for the whole family, which includes both parents and children. Nova Vita and Brant CAS each work with members of the family to achieve this common goal. Our experience is that working together in this way offers the best opportunity for successfully achieving safety for the whole family.

FGDM where there is conflict between parents: What the research says

FGC/FGDM can be defined as "a culturally sensitive decision making process that brings together the family group - nuclear and extended family as well as friends - and service providers to develop a plan that meets the needs for safety and well-being of the child and the family as a whole." (FGC Ontario Provincial Resource, 2006, p. 10). The family group includes maternal and paternal family members as well as friends.

Overall, FGDM's help to "maintain lifelong connections to family, kin and culture without further endangering children and young people's safety" (Pennell, 2007, p. 4). Pennell (2004) explored how the family group generally feels about inviting both sides of the family to an FGDM and determined that over time, the family group often sees the benefit of including both sides.

Pennell and Burford (2003) reviewed the results of their FGDM project in Newfoundland and Labrador which included families where there was domestic violence. They found that overall abuse and neglect were reduced and that family violence decreased after an FGDM. Pennell (2005) further observed that "The conference offers a way of educating the family group about the dynamics of domestic violence and helping them plan together for the welfare of their relatives" (p. 163).

Pennell (2007) points out that it would be nearly impossible to screen out all families who experience domestic violence since domestic violence is highly prevalent in child welfare caseloads and because workers may be unaware of the domestic violence.

Pennell (2007) addresses some of the worries service providers may have about bringing everyone together

in an FGC. She states: "On the one hand, holding FGC's raises questions about their putting survivors at risk. On the other hand, not holding FGC's raises questions about perpetuating institutional racism against children and their families who are marginalised because of income, colour, heritage or nationality" (p. 4). Inglis (undated) also names some of the fears and concerns, including that "survivors will be blamed, abusers will be exonerated, participants will be overwhelmed, survivors will be coerced into forgiveness, perpetrators will manipulate the group, the conference will provoke later retaliation, survivors will be shamed and silenced, families will be kept together at all costs, and conferences will be used to negotiate lighter sentences" (p. 13).

Pennell (2007) suggests that while the worries need to be addressed in the FGC process, "the solution, however, is not to be found in reverting to professionally driven decision making. Such an approach ... has a history of reinforcing institutional racism rather than empowering families and their communities to stop family violence...While sanctuary may be the only recourse, refuges and secret locations are not healthy places for children and their families to live over the long-term." (p. 5).

These worries highlight the need for the FGC/FGDM coordinator to pay careful attention throughout the FGC/FGDM process to creating enough safety for everyone to have a voice, including the child(ren) during preparation, during the conference, and after the conference. It is also helpful for the coordinator to have opportunities to consult with those who work in the domestic violence field as needed. Pennell (2007) stresses that "conference preparations should be thorough, plans should be carefully scrutinised in terms of safeguarding all family members, and follow-through on the plans after the conferences is crucial." (p. 7).

Pennell (2004) concludes that:

"Concerns can be resolved and peaceful solutions found by bringing together a larger group in which participants listen closely, respect diversity, and form a unity of spirit. Experience with FGC shows that this is the case even when a family has a history of domestic violence. The conference is an opportunity to bring together members of his and her sides of the family, who all care for the same children and young people, to break the conspiracy of silence around the violence, and to reach consensus on how to move forward together" (p. 2).

Two paradigms: inclusion and separation

FGDM is based on the paradigm that safety is created through the collective and through widening the circle to include the child's extended family and friend group. FGC is based on the Maori people's traditional decision making processes so that a child's extended family and friend group could assume the leadership in addressing the reasons that child welfare was involved with a child in their family group. In other words, safety is created through bringing everyone together to decide how to proceed after a serious safety concern has been identified by child welfare.

The dominant paradigm in child welfare and the violence against women sector is that safety is created through separating the victim and offender. Separation is needed at the extreme end of the continuum of domestic violence or child abuse. Separation may be needed for the short term to ensure safety. However, separation is also the time of highest risk when there is domestic violence. In fact, separation may increase the stress levels because the two parents are unable to talk with each other about their children. The insistence on separation to create safety often leads to 'the illusion of separation', where the couple are having contact but trying to keep it a secret which may in fact decrease the safety for everyone in the family.

Merkel-Holguin (2003) and Boshier (2006) both point out that the child welfare systems and the domestic violence systems (including the judicial systems for both processes) may be reinforcing this paradigm difference. Child welfare is moving toward more collaborative and inclusive work with families in safeguarding a child from abuse or neglect. The domestic violence systems tend to stress separation.

As Boshier (2006) points out, "A parent who has abused their child attends an FGC with that child but an abusive partner is kept completely separate in DV proceedings ...Children are arguably more vulnerable than an abused adult partner, so what is so different to staging such a conference in the context of the DV Act proceedings...?" (p. 21).

How will the whole family heal after they have experienced violence and child abuse/neglect? How will the family interact so that they can have safe contact with one another? For a family to heal and for everyone to be safe, the secrecy about the conflict, violence and child abuse/neglect needs to be broken. How is it possible to do this in a way that keeps everyone safe?

What do you mean that you are going to have everyone together for a FGC/FGDM? Denise's journey

When Brant CAS began using FGDM, it was initially viewed by many of us an alternative option to being more intrusive and bringing families to court for those more challenging cases. I can remember a specific moment in 2005 sitting in the back patio where Marilee's office was located and she was talking to social workers on our team. I can remember saying "of course we will never use family group conferencing for domestic violence cases". I was somewhat baffled by Marilee's willingness to do FGDM when these issues were present.

I worried about using FGDM where domestic violence was present because I felt that:

- the parent who was being abused was at tremendous risk of harm;
- there would be a power imbalance throughout the process of the conference, the truth would not be spoken freely;
- women and children would be vulnerable afterwards (if not during the process if there is abuse during the process);
- It just seemed like really poor practice and irresponsible to me because I couldn't get my head around how to make that process safe.

Critical reflection of practice led me to consider I was participating in that which I had been hoping to avoid: focusing in on the mother's role to protect her children and further narrowing in the lens on her if she didn't protect the children; 'mother blaming' and further alienating children from their fathers and often times letting dads 'off the hook' related to their responsibility in child rearing. The reality of many family situations was/is that parents were staying together- whether that was the CAS plan or not, and how to deal with that head on to avoid bringing children into care was a challenge.

As my journey continued, my experience with domestic violence increased as the calls from community partners and citizens continued to rise. As a manager over a period of several years who received all these cases and heard narratives back from social workers about their work with families, I recognized that the calls we were receiving were a window into seeing how violence and conflict look different in different homes. I began to see that not every case had its roots

in gender imbalance and power imbalances. I began to realize that not every family could fit into one simplistic model for best practice, or best outcome for the family, including the children, and that we were creating a lot of trauma apprehending children and leaving children further at risk.

I came to see how varied, different and complex the concerns and issues were in each unique family. Not every call required the same response. Not every call was serious and at the high end where someone had been seriously assaulted. I started to ask critical questions about practice such as: What else could intervention look like? If 'our' plans for families weren't working, what else could be put into place to look at how to keep children and victims safe as well as the perpetrators supported?

As a result, I began to ask myself what else is there? Who else can help? While the collaboration with other service providers was great, some other opportunities for safety and change had been missed. I realized that collaboration and safety planning with families had to include extended family and/or kin in a much larger way that might reflect the power of family decision making and not CAS decision making.

My journey to acknowledging benefits of FGDM came through learning that a service provider or a counselor helping a victim of violence or a perpetrator of violence sort through all of his or her experiences does not mean that profound insight will equal profound change in all cases. Sometimes change will come after years of therapy and support. Child welfare is not so patient about the time it takes for people to 'do what they need to do to keep their kids safe'. We have time lines, and more often than not, people and families cannot meet these timelines. I wondered how we could be more patient? How can things look different? How can we focus not only on long term outcomes for child welfare but also on safety planning and keeping children supported and connected and also safe? What opportunities were we missing when people who are connected to the families receiving service are not part of the plan for safety of family members?

I started to consider FGDM in domestic violence cases, recognizing I might be missing something valuable if I did not first try to bring the family group to the table to help to create and support a plan that rests outside CAS defining what the plan and safety look like. FGDM addresses the issue of CAS workers' impatience, because while we recognize that some things take time, collaborating with family around what our worries are and how they build safety often supports the other work that needs to happen. It is like the back bone of

everything else for the family and children.

FGDM has helped me to realize that the real challenge in our work is not in identifying risk for children but instead it is in building safety plans that are realistic and in engaging perpetrators in real and meaningful ways that will benefit everybody.

Building safety for the whole family through FGC/FGDM

Without having an FGDM, the children are in a riskier place. With FGDM, the wider family group takes responsibility for the safety of everyone in the family group, particularly the children. The risk of lethality is reduced through building supports. The secrets about the violence and child abuse are out in the open which increases the safety for everyone and means that the family group can then talk about how to protect the child(ren) from the serious arguments and fights between their parents. The family group can help the couple decide on the future of their relationship.

FGDM supports a family group's conversation with each other rather than only an individual couple's conversation. This increases safety for everyone. FGDM supports conversations between those who perpetrate, are abused and are both abused and have been abused.

FGDM provides an inclusive process that can go beyond the narrow and segregated focus on victim and offender, and can include a way to provide safety when the offender is female or the couple is in a same-sex relationship.

The FGDM coordinator helps to create a space where everyone has a voice to make decisions about safety. The coordinator, in consultation with the service providers and the family group, determines whether it is safe enough to proceed with an FGDM. The coordinator also needs to be aware of any court orders, including bail conditions and probation orders, which might affect the offender's participation in the FGDM process. The coordinator pays particular attention to safety planning prior to the FGDM meeting, during the meeting, and after the meeting. Key points for the coordinator to consider include:

- Where does the violence/risk of lethality fall on the continuum?
- Are there enough people to create enough safety so that everyone has a voice?

Those who are at low or moderate risk of violence/ lethality (the majority) need to be treated differently than the high risk group (the minority). Differential response is helping the child welfare field respond to this dilemma. Separation may be needed for a time but rarely is the long-term solution to stopping the violence and to keeping everyone safe. FGDM offers a way for the extended family group to address both the violence and the need for safety in a way that meets the mandate of the child welfare service providers and concerns of other service providers.

How can Nova Vita help support FGDM?

"Women's advocates can contribute to safety by helping to develop local protocols for organizing conferences, educating child welfare workers about domestic violence, serving as consultants to FGC coordinators, and supporting the plan's implementation" (Pennell, 2005, p. 176).

Nova Vita can help by introducing the idea of an FGDM to a client as well as supporting clients through the FGDM process. This may include helping both parents look at the pros and cons of a FGDM, help the parent address their fears, help the parent safety plan for the meeting, and help the parent prepare emotionally for the meeting. Nova Vita can help a Partner Assault Program (PAR) participant prepare for the secret to come out about the violence. After the referral PAR group leaders can support the participant through the process, to have them face the reality of their actions and how the domestic violence is going to be addressed as the extended family discusses and prepares to provide ongoing supportive care for the children. Nova Vita can help encourage and support the client's plan that is developed through FGDM.

CONCLUSION

There have been many FGDM conferences held in our community over the past nine years. We continue to learn how to work collaboratively in the FGDM process. FGDM conferences continue to build support for the victim and accountability for the offender, which creates safety for the whole family group.

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Marilee Sherry, MSW, RSW is a FGDM Coordinator for The Children's Aid Society of Brant in Brantford, Ontario. Marilee has worked in the child welfare field since 1998 and became a FGDM coordinator in 2005. Marilee is a provincial trainer and mentor for new coordinators and has also provided workshops and ongoing development within Ontario, New Brunswick and internationally since 2006. Marilee is passionate about Family Group Decision Making and pays careful attention to helping to create a climate safe enough for everyone to have a voice at the FGDM. Over the past six years Marilee is continually humbled by the courage that families show by coming together to address the difficulties facing some of their family members.

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ACCIDENTAL DEATHS OF CHILDREN IN ONTARIO, 5 TO 10 YEARS OLD, DURING THE YEARS 2004 TO 2007

By Sonia Syed HBSc, Karen Bridgman-Acker, M.S.W., Dr. James Edwards, Dr. Bert Lauwers, University of Toronto Mississauga, Office of the Chief Coroner of Ontario

ABSTRACT

Every year in Ontario, children die in accidents that may be prevented. The purpose of this study was to determine the kinds of accidents that are killing children. This will aid in the creation of prevention programs targeted towards the appropriate group. Data was collected from the Office of the Chief Coroner of Ontario's (OCCO) database on all closed cases of accidental deaths of children in Ontario between the ages of 5-10 years old during the years 2004-2007 (n = 89). Information about the child and the accident were input into Microsoft Excel and Minitab statistical software so Chi-Square tests for homogeneity could be performed. The leading cause of death was motor vehicle collisions where the child victim was a passenger (n = 27), followed by drowning deaths (n = 24), and motor vehicle-pedestrian collisions where the victim was struck by a motor vehicle (n = 10). Recommendations include recording the presence or absence of snow tires on vehicles involved in collisions, to further study whether snow tire use would be beneficial, and the presence or absence of lifejackets in drowning deaths. Given the larger number of male victims (54 males as opposed to 35 females), particularly in drowning-related accidents, it would be warranted to tailor aspects of prevention programs towards boys and their caregivers, in combination with other aspects of prevention programs aimed preventing injury and death in children.

INTRODUCTION

Every year in Ontario, children die in accidents that may be prevented by taking the appropriate safety measures and educating the public about the associated risks. Research and statistics on accidental deaths in children available from other regions generally encompass all children 0-18 years of age. While useful as an overview, the obviously vast differences between infants and teenagers necessitate that the age range be broken down into more practical groups. Until now, a study specifically of accidental deaths involving children 5-10 years of age in Ontario had not been undertaken. The purpose of this study is to determine the types of fatal accidents 5-10 year olds are involved

in. In addition, possible measures which may have prevented the accident from occurring are considered. This information may aid in the creation of prevention programs and targeting such programs towards the appropriate group.

METHOD

The database of the Office of the Chief Coroner of Ontario (OCCO) was searched for all accidental deaths of children in Ontario between the ages of 5-10 during the years 2004-2007. All cases from this time period which had been closed at the beginning of this study were included in the analysis (n = 89). While the majority had been closed, not all death investigations from 2007 had been completed at the time of this research, and as such, could not be included in this study. Since this only relates to a few deaths from 2007 it was assumed that including the incomplete data from 2007 would be of benefit. Information about the child's age and gender, the date and year of death, and the location and type of accident was input into Microsoft Excel and Minitab statistical software. Possible preventative measures and any comments about each accident were also recorded.

Chi-square tests for homogeneity were performed in order to determine if differences between groups were significant. The number of accidental deaths for each age was graphed for both males and females. In order to clarify the difference due to gender, all deaths where the child was a passenger in a motor vehicle were removed because it can be generally assumed that in this type of fatal accident, all of the children played passive roles (Figure 2). The child's gender would not have contributed to their death in a motor vehicle collision. Not all of the deaths are independent of one another and deaths of siblings caused by the same or related accidents were recorded. In those cases where related deaths affect the interpretation of results, the relationships were noted.

RESULTS

Of the 89 accidental deaths involving children between the ages of 5 and 10 during the years 2004 to 2007, 27 (30.3%) were caused by single or multiple-vehicle collisions where the child was a passenger in one of the motor vehicles (Figure 1). The second leading

cause of death in this age group was drowning, accounting for 24 deaths (27.0%) (Figure 1). Accidents where the victim was a pedestrian struck by a motor vehicle caused 10 deaths (11.2%) in this age group. In addition, the "Other" fatal accidents category also had 10 deaths (Figure 1). Fire, which is usually observed as the third leading cause of death among children, was responsible for 6 of the deaths (6.7%) during this time period. However, four of these six deaths were of siblings who died in the same house fire (Figure 1). For all fatal accidents, males outnumbered females ($n = 54$ and $n = 35$, respectively) and this difference between the two groups was determined to be significant ($p = 0.02$). This difference between the two genders exists for the 5 to 9 year olds. Any fluctuation in the accidental death rate from one year to another is paralleled in both genders and the female death rate is always lower (Figure 2). However, the difference between male and female accidental death rates seems to disappear when looking at fatalities among 10 year olds (Figure 2).

The annual trend for the number of all accidental deaths in this age range was examined and demonstrated as insignificant ($p = 0.307$, Chi-Square = 3.610, DF = 3, Chi-Square Analysis for Homogeneity). The slightly lower number of accidental deaths observed for 2007 ($n = 16$) may be related to the fact that a small number of death investigations from that year may not yet have been completed, and as such, were not included in the study. Accidental deaths were found to be unevenly distributed throughout the year, with significant increases in the number of fatalities during March, July, and August ($p = 0.005$, Chi-Square = 27.016, DF = 11, Chi-Square Analysis for Homogeneity). Together, these three months accounted for 44.9% of all the accidental deaths in this age group. Accidental deaths were evenly distributed across age with no significant trend demonstrated ($p = 0.737$, Chi-Square = 2.762, DF = 5, Chi-Square Analysis for Homogeneity).

Of the 27 motor vehicle collisions where the child victims were passengers, the number of accidents is too small by month to perform any statistical tests, however August and December were found to have the highest number of fatal MVCs among this age group ($n = 5$ each) (Figure 3). Although these two months with very different weather conditions appear to be equally dangerous, 10 of the 27 motor vehicle collision-related deaths (37.0%), corresponding to 8 accidents, involved hazardous winter road conditions as a contributing factor. Of the 27 motor vehicle collision deaths, 2 involved the child sitting in the front passenger seat or in an unknown position in the vehicle, 5 involved the child not wearing a seatbelt (however, one of

these children was on a school bus), and 7 involved not using a car or booster seat for a child 8 or under. Interestingly, only 2 of the 7 cases where car seats were not used occurred before the law was changed in September of 2005 to extend car seat use to children under 36 kg or 8 years old (Ontario Ministry of Transportation, 2005). Of the 42 accidental deaths involving motor vehicles (MVC, MVC-Pedestrian, and MVC-Bicycle collisions), 6 (14.3%) involved negligent or illegal behaviour on the part of one of the drivers, such as running a stop sign or driving under the influence. Between the years 2004 and 2007, four deaths of children between the ages of 5 and 10 involved all-terrain vehicles (ATVs). Three of the four deaths involved the child flipping the ATV onto their self and being unable to get out from underneath due to the weight of the vehicle. One of these three children drowned in the shallow water they had driven into and the other two died of asphyxia.

Drowning was the second leading cause of accidental death with 24 drowning deaths of 5 to 10 year olds in total. Interestingly, no 10 year olds drowned during the years included in this study (Figure 4). This could be the reason for the drop in the male death rate among 10 year olds observed in Figure 2 because in this study population, males were found to be almost four times more likely to be involved in a fatal drowning accident than females ($n = 19$ and $n = 5$, respectively, $p = 0.0002$). Nationally, males are only two to three times more likely to be involved in a fatal drowning incident than females (Canadian Red Cross, 2006). Drowning deaths in lakes, ponds, rivers, streams, and quarries accounted for 14 of the 24 deaths (58.3%) (Figure 5). The annual trend for the number of all drowning deaths was examined and demonstrated as insignificant ($p = 0.129$, Chi-Square = 5.658, DF = 3, Chi-Square Analysis for Homogeneity) however, the P-value was close to threshold. Again this could be due to the lower number of drowning deaths in 2007, possibly due to cases that had not as yet, been completed and were therefore not included in the study from that year. The number of drowning deaths is too small to permit statistical analyses by age or month of death. However, 79.2% ($n = 19$) of the fatalities occurred in the summer months (June, July, and August) (Figure 6).

The main concerns with the drowning deaths were a lack of active supervision and life jacket or personal flotation device use. Fourteen of the drowning deaths (58.3%), plus one incident where the child died of late complications from a near drowning incident, involved a lack of supervision. Six of the drowning deaths involved not wearing lifejackets/personal flotation devices when they should have been used, and in another 10 drowning deaths, lifejacket/personal

flotation device use could not be established in the case file or Coroner's Report. These ten unknown lifejacket involvement cases included all seven deaths which occurred at either public or private pools. Ten of the drowning deaths had both supervision and lifejacket/personal flotation device use issues.

DISCUSSION

It is clear that motor vehicle collisions and drowning accidents cause the majority of accidental deaths among children 5 to 10 years of age. Given the larger number of male victims, particularly in drowning-related accidents, it would be warranted to tailor aspects of prevention programs towards boys and their caregivers, in combination with other aspects of prevention programs aimed at all children.

Hazardous winter weather conditions contributed to more than one third of all the motor vehicle collision-related deaths. It may be that utilization of snow tires could reduce deaths due to motor vehicle collisions. Recording the presence or absence of snow tires on vehicles involved in accidents in dangerous winter weather would be beneficial in assisting in the determination of whether or not snow tire use would be effective in preventing these deaths. While only 4.5% (n = 4) of the deaths in this study involved All Terrain Vehicles (ATVs), they are noteworthy due to the current lack of legislation regarding their use. Currently, there is no minimum driver age for ATVs in Ontario except on public property (age 12) and helmets are not mandatory on the vehicle owner's property (Canadian Paediatric Society, 2009). It may be that consideration directed at the development of driving restrictions based on age for ATVs should be developed.

All of the fatal drowning accidents which occurred in public or private pools did not have lifejacket/personal flotation device use listed in their Coroner's reports or OCCO case files. It may be that lifejackets are still thought of as intended for use only in outdoor and/or natural bodies of water. It should be the swimming ability of the child, not where they swim, which dictates their use of life jackets/personal flotation devices. It is important that the use of lifejackets and personal flotation devices is promoted to children and parents and that complete records are kept regarding their use or lack of use in fatal drowning accidents. Also, more than half the drowning deaths involved supervision issues. It is recommended that preventative programs continue to stress the importance and definition of active supervision to parents and caregivers.

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APPENDIX: FIGURES

Note: Some bar graphs show lines running across at a specific value of the y-axis. This indicates the value which each bar in the graph would have if the number of deaths was evenly distributed and consequently the values which were used in any chi-square tests for

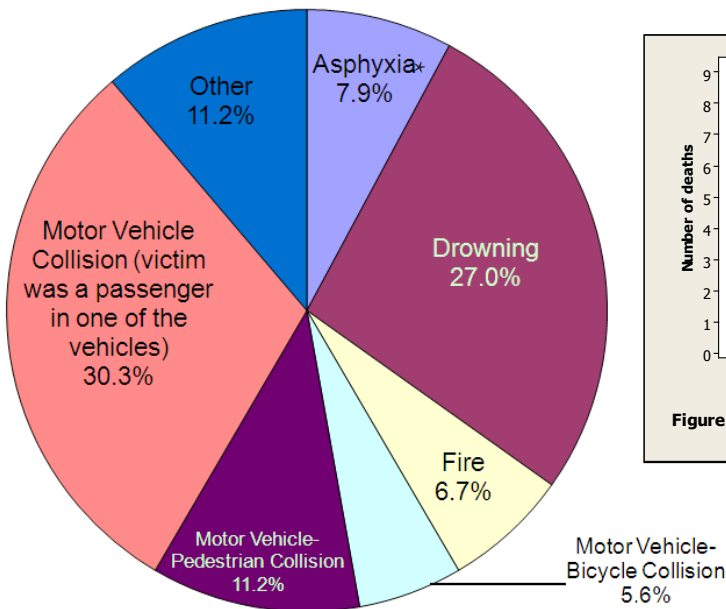


Figure 1. Accidental deaths of children 5-10 years old between the years 2004-2007 by deathfactor.

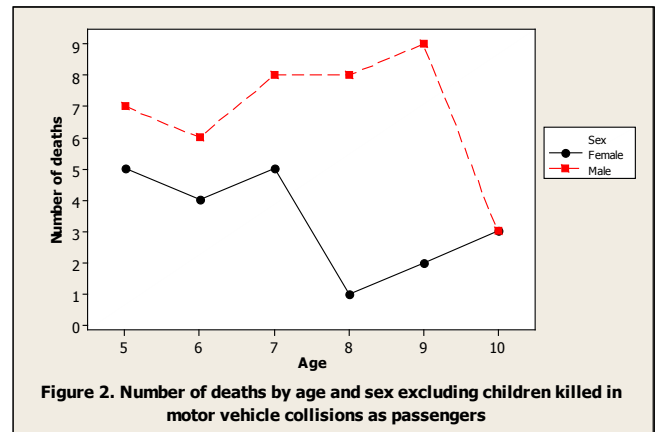


Figure 2. Number of deaths by age and sex excluding children killed in motor vehicle collisions as passengers

*Asphyxia deaths include: accidental choking on objects/food, accidental smothering, compression of neck, positional asphyxia, etc.

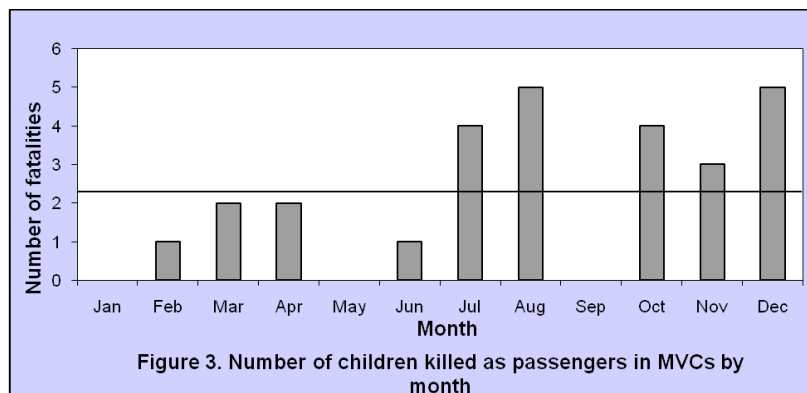


Figure 3. Number of children killed as passengers in MVCs by month

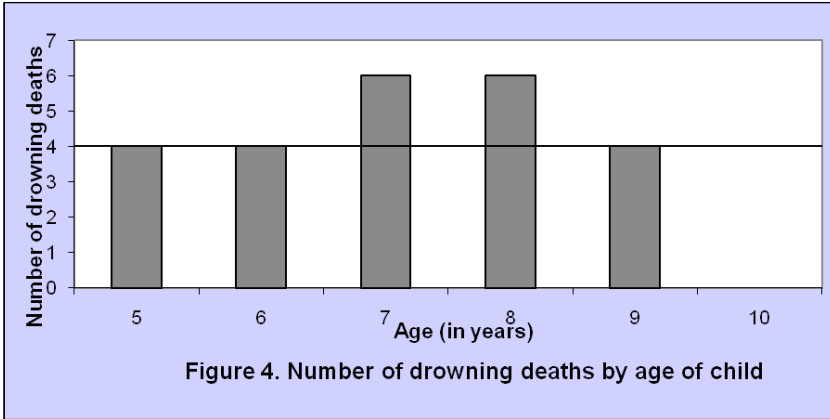
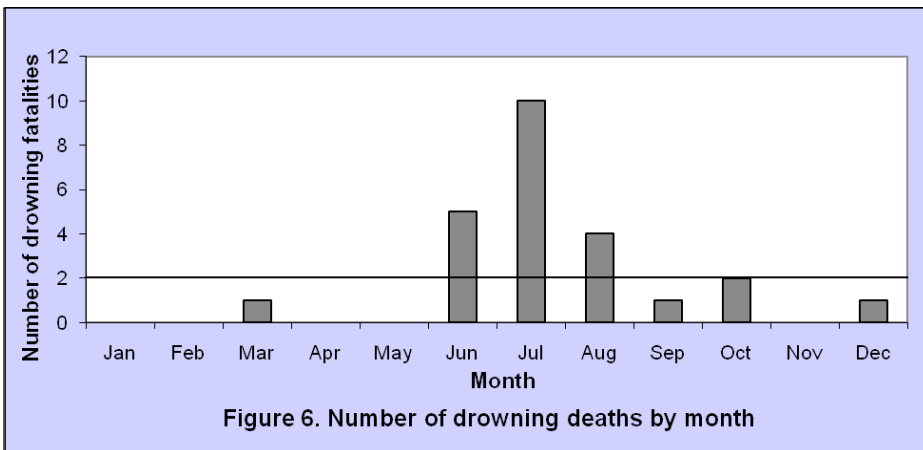
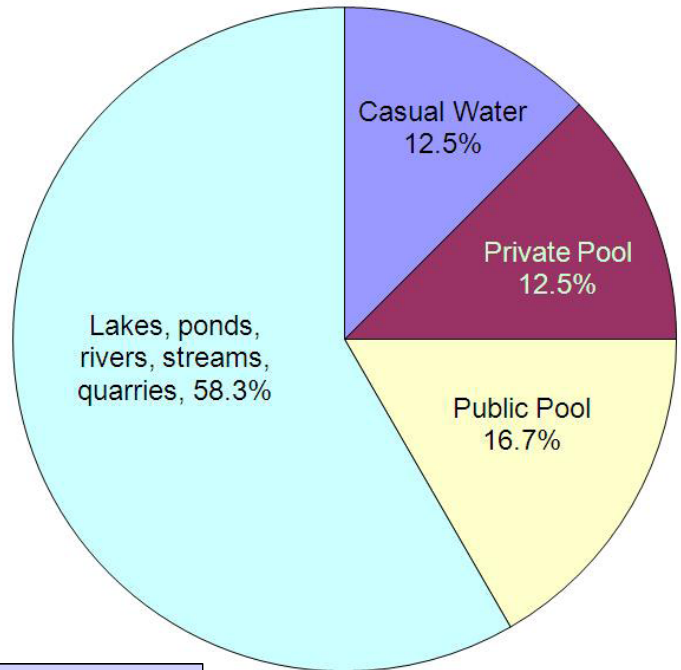


Figure 5: Drowning deaths of children 5-10 years old by location.
 *Casual water refers to small containers of water, for example: cooking pots, toilet bowls, etc.



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