

JOURNAL

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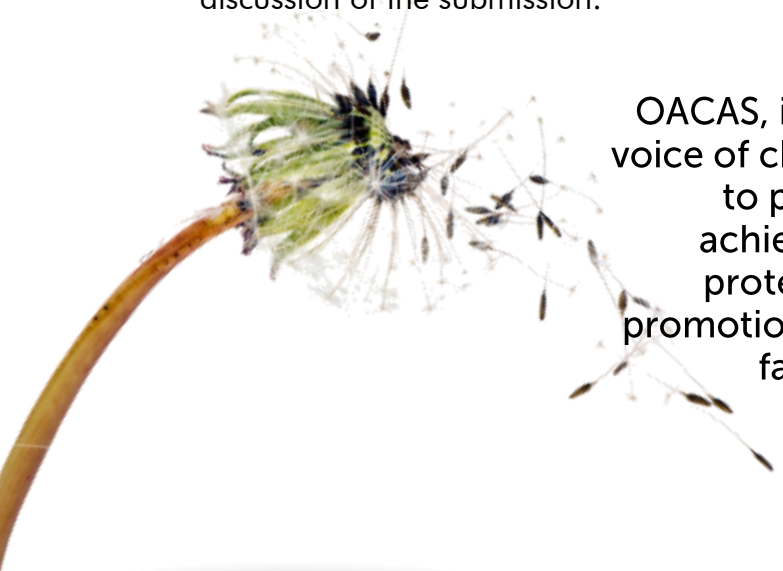


Ontario Association of
Children's Aid Societies
The voice of child welfare in Ontario

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Submissions to the *OACAS Journal* are reviewed anonymously by the Editorial Board and compared against a review matrix that questions the logic, research, content and discussion of the submission.



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



Message from the Executive Director

Over the last year, we have been working on improving the quality and standard of the Journal. The Ontario Association of Children's Aid Societies (OACAS) recruited scholars and researchers from across Canada to voluntarily participate in a new process to review and select articles for publication. That being said, I am excited to officially announce the Journal's new Editorial Board and peer review process. The review process has been pilot-testing over the last two editions and has been streamlined

to benefit from the academic, research and service expertise of the Board. Articles are reviewed anonymously and compared against a review matrix that questions the logic, research, content and discussion of the submission. This practice has further elevated the quality of the publication and has given our submitting authors the benefit of peer review and feedback.

This edition of the Journal features an article from each member of our Editorial Board. There is a balance of academic papers and reflections on child welfare that present a cross-section of issues and ideas in child welfare today. Editorial Board Chair Dr. Bernadette Gallagher wrote about recent outcomes from Looking After Children, while Andrew Koster submitted an article about his experiences as front-line staff and how they have affected him throughout his years in child welfare. Gordon Pon's article makes an argument that cultural competence repeats an ontology of forgetting Canada's history of colonialism and racism, drawing on child welfare examples. Ken Barter's article looks to create discussion about the current state of child welfare and the need for a conceptual shift in protection practices. Deborah Ellison focuses on the importance of quality assurance, highlighting the Volunteer Homework Program, while Marie Boone discusses an initiative to build community capacities to promote the health and well-being of children and youth in Cape Breton, NS. Cyndy Baskin's article explores structural determinants as possible causes of homelessness of Aboriginal youth in Toronto. We are very impressed by this collection of articles and topics and believe they will both interest and create discussion within the child welfare field.

In addition to the Editorial Board articles, this edition of the Journal includes "Clinical Counselling: A vital part of child welfare services - Part Two" produced by the Clinical Counselling in Child Welfare Committee. The second part of the paper looks at relationship-based practice, elaborating on the importance of the worker-client relationship in child welfare, its connections to client outcomes and connections to clinical counselling. Included in Part Two is a thank you letter from a client that puts the importance of the worker-client relationship into perspective and acts as a reminder of the reason we do what we do. Editorial Board member Andy Koster was the project champion for this paper. The Journal will continue to highlight papers endorsed by the Provincial Project Committee through 2011 to share research, knowledge, consulting and expertise on trend-setting and thought-provoking topics.

The Editorial Board and Coordinating Editor are interested in hearing your thoughts on the new process and content in this edition. We would appreciate your feedback at journal@oacas.org.

Mary Ballantyne
Executive Director

2011-2012 Editorial Board**DR. BERNADETTE GALLAGHER, PhD, Chair, Editorial Board**

Bernadette is the Director of Education at the Ontario Association of Children's Aid Societies. She has 20 years of child welfare experience and her research interests include community capacity building and social inclusion of service user's voice in child welfare service. Bernadette's worldview is through a social justice lens and she has a passion for child welfare practice. Bernadette's undergraduate BSW degree is from the University of Western Ontario, MSW from McMaster University and doctorate from Memorial University. Currently, Bernadette is working on an Aboriginal Practice Guide designed to support child welfare workers and specifically to develop: personal knowledge and understanding of worldview and that of others; skills and abilities as a worker working with Aboriginal families; skills and abilities in working with Aboriginal communities; and the ability to be an advocate to support systemic change both in Children's Aid Societies and in Ontario, so that Aboriginal communities can assume full responsibility for the protection of their children.

DR. KEN BARTER, PhD, RSW

Ken is a Professor with the School of Social Work, Memorial University of Newfoundland. He has a BA degree from Memorial University, a Masters degree in Social Work from the University of Calgary, and a PhD degree in Social Work from Wilfred Laurier University. His PhD is in the field of public child welfare and administration. Ken worked for 30 years in public child welfare systems in Newfoundland, Northwest Territories, and Prince Edward Island before entering academia in 1995. During these years he held positions at the front line, supervision, management, and social policy.

Ken has published extensively in the form of book chapters, journal articles, research reports, and conference proceedings. He has presented to audiences at provincial, national and international conferences. His publications, presentations, teaching, and research are in the field of child protection and social work.

Ken served as a Board member with the Child Welfare League of Canada for six years and as a Board member with the Canadian Association for Social Work Education for six years. From September 1998 until the end of April 2003, Ken held the research position of Chair in Child Protection at the School of Social Work, Memorial University.

DR. CYNDY BASKIN, PhD

Cyndy is of Mi'kmaq and Celtic descent, originally from New Brunswick, has been living in Toronto for many years. Her clan is the fish and her spirit name translates as something like "The Woman Who Passes On The Teachings." She is currently an Associate Professor in the School of Social Work at Ryerson University. Her teaching and research interests involve working with Aboriginal communities - especially on how Aboriginal worldviews can inform social work education, spirituality in social work practice, anti-racist inclusive schooling, post-colonial theories and practices, and decolonizing research methodologies. Cyndy is the Chair of Ryerson University's Aboriginal Education Council and the Chair of the Toronto District School Board's Aboriginal Community Education Council.

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Prior to joining Ryerson, Cyndy worked as a helper/social worker for many years within Aboriginal agencies in Toronto and assisted many First Nations communities to set-up culture-based programs, the latter of which she continues to do today. She is also a consultant in the area of Aboriginal programming within various components of mainstream social services.

MARIE BOONE, MSW

Marie is a retired social worker who was employed with the Children's Aid Society of Cape Breton-Victoria for 34 years. She held various positions as front line worker, supervisor and her last seven years as Executive Director. Her work focused on building community partnerships and promoting collaboration between service recipients and service providers. One of her professional and personal goals is to work collaboratively to build a healthy community where all children can be free of abuse and neglect. She was an active member of various boards, including a past executive member of the Child Welfare League of Canada. During her years working in child welfare she was passionate about her work, met many people in the field across Canada and enjoyed staying informed about practice.

In her retirement she continues to be actively involved in her community as a volunteer serving on numerous community agency boards. She is the Chair of the Cape Breton Affordable Housing Renovation Partnership and Vice-President of the Cape Breton Transition House Board. She is also a member of the Department of Community Studies at Cape Breton University where she has been teaching on a part-time basis since 2000.

Marie graduated from Mount Saint Vincent University with a BA and from the University of Toronto with a Masters in Social Work.

DR. DEBORAH ELLISON, PhD

Deborah received her PhD in Developmental Psychology from the University of Western Ontario. She has a background in attachment theory and developmental disabilities. Deborah has worked in a clinical setting managing several programs for children with developmental disabilities and mental health disorders. In 2006, she moved to child welfare as Director of Quality Assurance and Research for the Windsor-Essex Children's Aid Society. In 2009, Deborah formed her own consulting company providing quality assurance and research services to several Children's Aid Societies in Southwestern Ontario.

ANDY KOSTER, MSW, RSW

Andy is the Executive Director of The Children's Aid Society of Brant. In his extensive child welfare career he has special memories of his 12 years working with colleagues on the front line at Niagara Family and Children Services and another five years as an Intake Supervisor at Hamilton Catholic CAS.

Andy has written or assisted in curriculum development and provided workshops for conferences, agencies, child protection managers and staff under the auspices of the IPCA and later, OACAS. For ten years, he was a part-time faculty member of the School of Social Work at McMaster University teaching courses in child abuse,

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child welfare, and group work. He has written and co-authored papers on various child welfare topics. Andy has had extensive experience in clinical counseling and co-leading offender groups involving incest, adolescents, and domestic violence.

In the 1990s, Andy participated in government committees that reviewed and developed provincial child abuse standards and the accompanying child protection training. In 1998, he was seconded to be the Project Manager for the Aboriginal Child Welfare Review and in 2006 joined the Child Welfare Secretariat for a year as a senior policy analyst to help design an 'Accountability Framework for Child Welfare'. Andy has submitted numerous reports to provincial governments in regard to contentious cases, inquests, and child death situations. For the past five years, as a consultant to another province, Andy has assisted in the investigation of a number of child deaths and submitted reports which advocated for procedural and systemic change.

More recently he has been the executive director 'champion' for OACAS Quality Assurance Framework; a member of the Training Advisory Committee, and led the OACAS Collaboration Project which was designed to enhance worker client relationships with children, families, and communities. Most recently he was Project Champion for an OACAS provincial project to enhance and define counselling by front line staff in child welfare.

DR. GORDON PON, PhD

Gordon Pon is an Assistant Professor in the School of Social Work at Ryerson University. He has a Master of Social Work degree from Carlton University and a PhD in Language, Culture and Teaching from York University. He teaches courses in the undergraduate and graduate Social Work program. His research interests are in the areas of anti-racism, anti-colonialism, and Asian Canadian Studies. He is a member of the GTA Consortium on Asian Canadian Studies. Gordon has worked in child welfare as a Family Services Worker, Intake Worker, and Children Services Worker.



On a scale of 1-10: How well is child welfare doing at improving wellness outcomes for youth?

By Dr. Bernadette Gallagher, Chair, Editorial Board and Margaret Barr

ABSTRACT

After a decade of experience with the Looking After Children (LAC) program, Ontario is moving beyond a rudimentary examination of how youth in foster care are doing and are turning the tables towards measuring themselves as care providers. The assumption is that if child welfare wants to improve the general wellness for youth the success indicators need to be measured and analyzed to understand how well a system is doing at promoting developmental outcomes for youth. The Children's Aid Society of Brant (Brant CAS) linked an organizational performance measurement framework, Balanced Score Card, with the Assessment and Action Record (AAR) data to understand wellness outcomes for youth in care. This article highlights the story how one child welfare agency used the AAR research findings, in particular the identity variables rated by 51 youth aged 10-15 years of age, to provide initial feedback on a new strategic wellness strategy for youth in out of home care. Overall, the findings indicate that youth in the sample had positive self-esteem, take constructive actions to solve problems and had a strong sense of hopefulness about life.

INTRODUCTION

A voice for youth

To set the study in context Brant CAS had made a public commitment to review its service outcomes and make available the agency's progress through a formal balanced score card report. The score card identified numerous service areas but of particular concern for the study related to quality of care including safety, stability and permanency, continuity, child well-being and successful preparation for adulthood. A catalyst for the strategic programming review was a result of hearing anecdotally from youth

that they did not have a sense of permanency and before examining the AAR data the agency concluded that the sense of not belonging was for youth who resided outside family based care. In a strategic planning framework, such as the balanced score card, the agency had to ask the critical questions: "Are we doing the right things (effectiveness)?" and "Are we doing things right (efficiency)?" regarding quality care (Kaplan & Norton, 1996). The organization asked these two crucial questions about their corporate parenting of the young people in out of home care.

This article reflects an analysis of the effectiveness side of the score card equation, meaning are we doing the right things about meeting the wellness goals of young people in care. Youth rated variables contained in the identity section of the year eight Assessment and Action Records (AAR) are examined as a method of understanding whether the programming shift away from preparing youth for independence and moving towards promotion of lifelong relationships can be seen in how the youth rate their own levels of wellness. Overall, there is a general sense that youth have a healthy sense of self and maintain a positive lens about the future.

The agency was interested in gaining a better understanding of what youth were saying about themselves as a critical marker for determining the quality of care service. The agency's examination of data is timely given the social advocacy and social work practice ground swell to care for young people beyond their 21st birthday (OACAS, 2009).

METHODS

Study Design

An examination was conducted of 51 year eight AARs completed for youth aged 10-15 years of age. The AAR is a needs assessment and outcome moni-

toring tool of children and young people who have been in care for more than one year across seven domains, including: health, education, identity, social and family relations, social presentation, emotional and behavioural development, and self-care skills (Flynn, Vincent, Legault, 2006). As the study was an exploration of the voice of youth, the variables selected were ones that the young person rated themselves. In terms of youth rated wellness the following variables in the AAR were selected: self-esteem, positive coping and hope because these variables can be seen as contributing factors to an individual's overall sense of positive wellness.

Often the determination of wellness for young people in out of home care is reported by caregivers and child welfare professionals; this study was an exploration of what young people said about their own level of wellness. It is anticipated that this study will highlight how child welfare agencies can retrieve data that will influence programming not solely based on professional assessment but find a meaningful place for service users. The unique feature of this study is the analysis of youth reported information from the conversational interviews conducted by child welfare professionals and then documented in the AAR.

Results

Of the 51 (n=51) youths in the sample, 27 were males and 24 were females. The average age in the sample was 12.8 years. In examining the reasons for admission to care, neglect, emotional harm and physical harm were reported as the top three reasons for coming into care amongst eight categories for admissions. The local picture for admissions to care is reflective of the larger Looking After Children provincial data aggregation picture for the year eight cohort (Table 1).

In examination of the legal status of youth in the sample, the majority (80% of the sample) were Crown wards with access (Table 2), indicating that the agency was legally responsible for wellbeing outcomes until the age of maturation out of the care system.

Table 1 - Local and Provincial Reasons for Admission to Care

Reason for Admission	Frequency % Brant n=51	Frequency % Ontario n=3228
Physical Harm	17	31
Sexual Harm	4	10
Neglect	40	62
Emotional Harm	24	41
Abandonment/ Separation	8	18
Problematic Behaviour	10	21
Family Violence	14	24
Other	5	11
*More than one reason selected in some cases thus figures add up to more than 100%		

The other 20% of the youth in care were equally divided between interim care and custody, and Crown ward with no access. Two of the youth did not have a legal status indicated.

Table 2 - Legal Status of Youth in Care

Status	Frequency	Percentage
Interim Care and Custody	4	7.8
Crown Ward with Access	41	80.4
Crown Ward with no Access	4	7.8
Sub Total	49	96.1
Missing in system	2	3.9
Total	51	100

In terms of foster care placement type (Table 3), 72.5% of the youth in the sample resided in family based care, with equal numbers in kinship placements (9.8%) and foster placements in outside paid resources (9.8%) and a small number of youth in group care (3.9%). Two percent of the youth were with birth parents.

Table 3 - Current Placement Types

Placement Type	Percent
Foster Home Operated by CAS	72.5
Kinship Foster Care	9.8
Foster Home Outside Paid Care	9.8
Group Home Outside Paid Care	3.9
With Birth Parents	2
Total	98%
*One case missing which accounts for the remaining 2%	

AAR Youth Self Rated Identity Variables

The identity dimension on the AAR examines levels of self-esteem, understanding of why they are in out of home care, personal history and “resilience-promoting factors including (depending on the young person’s age) his current level of happiness, optimism and hope, life goals, coping strategies and sense of personal mastery” (Flynn, Vincent, & Legault, 2006). This study selected three of the resilience promoting factors (Table 4): self-esteem, approach coping and hope to understand the general wellness outcomes for youth in care. The local AAR data is then compared to the provincial aggregated data on the same scales (Table 4).

For the self-esteem scale, youth rate themselves in terms of the statements being mostly true, somewhat true or not true at all to the following four

questions: 1) In general, I like the way I am; 2) Overall, I have a lot to be proud of; 3) A lot of things about me are good; and 4) When I do something, I do it well. As Table 4 indicates, when examining self-esteem related to gender there is little difference between local males (6.9) and females (6.5) and provincial males (6.8) and females (6.5) rate of self-esteem. A maximum score for the self-esteem scale is eight, therefore both local and provincial scores indicate a positive sense of pride in one’s self.

On the positive coping scale, again youth are asked to rate on a scale of 1-4 with one being never, 2 sometimes, 3 often, and 4 most of the time their responses to the following four questions: 1) I do things to make my problem better; 2) I take action to improve the situation; 3) I think about different ways of solving my problem; and 4) I try to learn more about what is causing my problem. A higher total score indicates a greater number of behaviors associated with approach coping strategies (Flynn, Vincent, Legault, 2006) or critical thinking skills. A maximum possible score would be 12. As Table 4 indicates, local young men are below (5.8) their provincial counterparts when it comes to positive coping strategies; while local young women (7.8) are above their provincial counterparts when it comes to positive coping strategies (6.8).

The final resilience measurement examined in the study was the hope scale. This scale reflects what the young person thinks about themselves and how they do things in general. A higher total score indicates a greater level of hopefulness and a maximum possible score on the scale is 18. Young people are asked to rate themselves as never, sometimes, often or most often in responding the following six questions: 1) I think I am doing pretty well; 2) I can think of many ways to get the things in life that are most important to me; 3) I am doing just as well as other kids my age; 4) When I have a problem, I can come up with lots of ways to solve it; 5) I think the things I have done in the past will help me in the future; and 6) Even when others want to quit, I know that I can find ways to solve the problem. As Table 4 indi-

cates, local young men have a higher rate of hopefulness (12.1) than their provincial counterparts (9.5) and local young women have the highest rate of hopefulness (13.1) compared to their local male and provincial gendered counterparts (9.6).

Table 4 - Youth Rated Wellness Identity Variables in the AAR (Year 8)

	Brantford	Ontario
<i>Self Esteem</i>		
Males	6.9	6.8
Females	6.5	6.5
<i>Positive Coping</i>		
Males	5.8	6.5
Females	7.8	6.8
<i>Hope</i>		
Males	12.1	9.5
Females	13.1	9.6

DISCUSSION

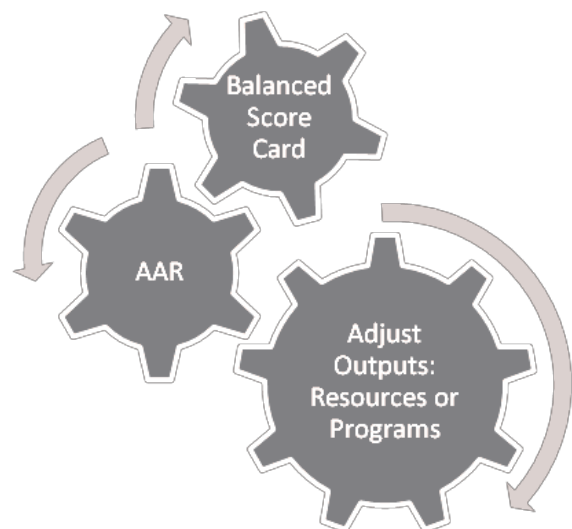
Strategic Pathways Forward

What does this information mean for permanency programming at Brant CAS? The data provided a profile of youth that they need to be planning for in terms of permanency and belonging. The snap shot indicated that the majority of the youth had entered care because of neglect, physical and emotional harm. This would be important when considering the issue of stability, permanency and connectivity for 51 youth on average of about 13 years of age. The findings also suggest that the youth sample had positive resilience promoting factors including positive self-esteem, the young woman had a greater sense of critical coping skills and that the sample of

young women in particular had high levels of hopefulness about the future. These findings do suggest that related to the balanced score card approach the agency is doing the right thing in terms of meeting the wellness needs of the young people in care. However, the study cannot say for certain that the shift away from preparing for independence and moving towards lifelong connectivity through planning for older age adoptions, mentoring, exploring guardianship and family based care for example can be directly attributed to the results, however, it is expected and research supports (OACAS, 2009) that program realignment would have a positive impact on wellness.

This study lends itself to an evaluation of outcomes process (Figure 1) because now the organization can make inquires about the second half of the score card equation, and ask “Are we doing things right?” For example the study results indicate that young men are behind in their coping skills, perhaps there is room to examine whether any programming or resource allocations are required to assist young men in building stronger positive coping skills.

Figure 1 - Evaluation of the Outcome Process



The Children’s Aid Society of Brant developed a balanced score card approach to understand their service delivery model. This score card indicated that one of the areas to be evaluated and measured was the quality of out of care services including: safety,

stability and permanency, continuity, child well-being and successful transition to adulthood. This study reflects one measurement of wellness from the service users' perspective, that being of the young person in care.

CONCLUSION

On a scale of 1-10, with the continuum ranging from never, less than half the time, about half the time, more than half the time, or all the time how is child welfare doing at meeting the wellness needs of youth in care? This study would indicate that child welfare is on the high end of wellness particularly regarding a sense of hopefulness about the future. Overall, the findings indicate that youth in the sample had positive self-esteem, take constructive actions to solve problems and had a strong sense of hopefulness about life. These variables can be attributed to a positive understanding of identity for youth in care. Most importantly these initial findings are reflective of the voice of youth themselves. These results contribute a partial answer to the question "how is child welfare doing at improving wellness outcomes for youth" and provide a source for understanding if we

are we doing the right things. Of course for future consideration is the question "are we doing things right?"

AUTHOR

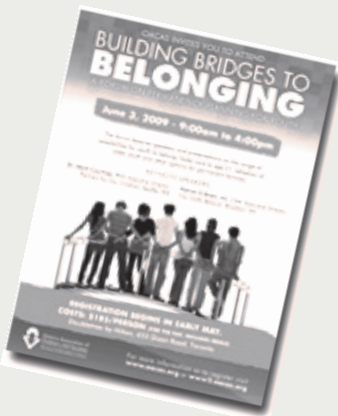
Margaret Barr is the Director of Residential Services at The Children's Aid Society of Brant.

Dr. Bernadette Gallagher is the Chair of the OACAS Journal Editorial Board.

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BUILDING BRIDGES TO BELONGING



The "Building Bridges to Belonging: Promising Practices for Youth" guide for child welfare professionals was developed to inspire those in the child welfare community to "build bridges to belonging" for youth in care.

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Situation critical: Child protection in Canada - A personal reflection

By Dr. Ken Barter, Editorial Board

CONTEXT

Thirty-seven years ago Mandell (1973) described child welfare/protection as being indicative of:

...class stratification; stigmatization of illegitimacy; devaluation of women and children; breakdown of the social insurance functions of the family and breakdown in community solidarity; unwillingness of the state to substitute adequate supportive structures to compensate for the breakdown of the family; and a pervasive attitude of contempt for poor people (p. 8).

Twenty-seven years ago Meyer (1984) writes this about child welfare:

One might ask why this field (child welfare), particularly foster care, stays the same no matter what is learned empirically, how much attention is paid to it in schools of social work, or how much effort is made to raise professional standards and to clarify its purposes and rationalize its process. That is, almost all that is studied anew has been known before, and new legislation, programs, staffing arrangements, and practices do not seem to enable this field (child welfare) to catch up with current knowledge, political awareness, and social change (p. 499).

Nine years later, Wharf (1993) expresses his view this way:

.. child welfare in Canada consists of a set of poorly funded, residual programs designed to assist only when families cannot cope. Child welfare policy represents a reflection of the consequences of a society that has consistently shrunk from the task of distributing power and income between men and women, between races, and between classes in a fair and equitable fashion (p. 211).

Twelve more years later, Barter (2005) captures the context for child protection in this fashion:

If we in Canada were assigned the task to deliberately design systems that would frustrate the professionals/para-professionals who staff it, anger the public who finance it, alienate those who require or need its services and programs, that would invest in reactive responses to cope with symptoms of problems as opposed to being proactive, systems whose mandate is not shared and embraced by other public child serving organizations, and systems that would serve to be the scapegoat and bear the brunt of public criticisms should a child be harmed in any way, we could not do a better job than our present children's protection systems (p. 317).

DISCUSSION

Decade after decade child protection continues to remain an enigma. Even the Provincial and Territorial Directors of Child Welfare across Canada are on record as saying that despite legislative changes the number of children in care increases (Rodgers, 2003). Clearly the situation is critical. The historical pendulum continues to swing from child rescue to family preservation. There is this tendency to travel directions that have been travelled before, yet the final outcomes have not significantly changed for either vulnerable children and their families or for the protection workers who have the legislative mandate to intervene. There have been two emerging themes over the decades: One, that children are being maltreated and dying; and two, that serious flaws do exist in public children's protection systems. Both of these themes become evident when a child in the care of or known to child welfare authorities is injured or killed. When such a tragedy occurs the public moves into 'moral panic', the media is keen to find someone to blame, and governments quickly take the stance that the system needs to be 'fixed'.

In attempts to fix the system, public inquiries or commissions are established and at the end of the day glossy reports are filed with varying recommendations that will supposedly solve the problems and ensure no other child will be harmed or killed. The public in turn is left with the impression that child protection authorities can easily absorb the recommended changes and in turn fulfil their mandate to prevent further child maltreatment. The public needs to understand of course that the mandate is preventing maltreatment after it has occurred or alleged to have occurred. It is prevention of this type that absorbs the bulk of resources in child protection systems. Hence the continuing reactive and crisis response. Few, if any, resources are devoted to being proactive and preventing maltreatment from occurring in the first place. In addition, little or no attention is given to seriously challenging the role, responsibilities, the expectations placed on child protection authorities, and the context in which child protection takes place. Instead, there is this promise that given such and such a change within the system, be it organizational structure, new or revised legislation, or everything in between in terms of policies and procedures, training, or hiring more workers, things will be different. Merrick's (1996) suggestion is as correct today as it was fifteen years ago. This approach is not only 'over-promising' (p. 159) but skirts many of the real issues associated with child protection. These real issues are identified in the descriptions above, for example: residual programs, devaluation of women and children, poverty, discrimination, breakdown in families, weak communities and neighbourhoods, reactive approaches, racism, and classism. Again, Gilroy's (1990) suggestion is as correct today as it was when she wrote twenty-one years ago that to proceed forward with any changes in child protection without due attention to these real issues is being "patronizing and manipulative" (p.71).

Have we not seen enough of this patronizing and manipulation? Do we not have sufficient evidence that creating new government departments,

introducing new legislation, more training for workers, better risk assessment tools, hiring more staff, developing more policies, improving standards, and increasing accountability, albeit worthwhile, are short lived and minimum positive outcomes are realized for both children and their families, as well as workers? Why is it difficult for us to understand and accept that the complexities associated with child protection elude programmatic, top down, bureaucratic approaches? Our thinking is fundamentally flawed if we believe that the complex personal, professional and social issues associated with child protection work can be reduced to bureaucratic administrative solutions. Instead of introducing more administrative procedures why not introduce and embrace best practices? Best practices move beyond rules and procedures, beyond the four walls of parenting, and will extend the pendulum to a new and innovative level. Best practices are more concerned about the day-to-day realities parents and children experience in terms of poverty, violence, discrimination, poor housing, isolation, mental health, abuse of power and privilege, and the other real issues mentioned previously. Experiences and evidence in child protection confirm that it is not legislation, policy, procedures or organizational structures that bring about change or make a difference; it is parent inclusion, relationships, community connections, sense of hope, opportunity, and support.

The public has got to make up its mind with respect to protecting children. We know it can not be done without proper investments in prevention, early intervention and outreach; it can not be done without building communities and neighbourhoods that are safe and involved; it can not be done unless services are community-based and community driven; it can not be done without due attention to the real issues that we seem to consistently skirt; and it is an illusion to think it can be done by continuing to try and fix the system with more rules, tools, and workers. Rules and tools attempt to make the future calculable in terms of abuse and neglect and try to bring about consistency in investigations and

decision-making so interventions with children and families are defensible rather than being the interventions deemed necessary (Wharf, 2002; Barter, 2002). Continuing to hire more workers to be reactive and crisis driven only exacerbates an already critical situation. Continuing to proceed in this manner is indicative of a “better safe than sorry” attitude and that “one size fits all”. It is an approach that presupposes what needs to be done for children and families is known and infallible, that resources are adequate to deal with situations facing families, and that social work relationships operate in a vacuum (Dominelli, 1996). Nothing could be further from the truth.

SUGGESTIONS FOR CHANGE

The thinking and actions that have brought us to this critical situation is not the thinking and actions that will do something about it. It is important to move beyond Insoo Kim Berg and Susan Kelly’s (2000) comments when they say:

It is no secret that everyone has opinions about child welfare services - child protection services in particular [...]. However, most people have no comprehensive ideas on how to “fix” the problem and any discussion on the subject generally deteriorates into complaints about everybody else (p.3).

It is time to put forth comprehensive ideas to not only challenge current child protection practices but to bring about a conceptual shift. For example, is it not time to recognize that protection is a rights issue and the importance of upholding the UN Convention on the Rights of the Child? To do so means moving away from talking about children’s needs. If we do not see children as individuals with rights we will never attend to meeting their needs. If we come from a rights perspective than child maltreatment becomes a justice not a welfare issue. Hence it is imperative to shift from terms like child welfare and instead talk about justice for children. To do so is comprehensive, all encompassing, and sets the tone for different thinking. Also, is it not time to accept

that protection is not only a health issue but just one determinant of health that is intricately connected to other key determinants such as hope and opportunity, significant relationships, and a strong sense of community/neighbourhood connections? To do so means shifting from a narrow concentration on risks and risk management to a concentration on building protective health factors. A justice and health approach would prevent skirting the real issues mentioned previously. It would make for a comprehensive assessment and intervention plan for parents and children. As such, decisions would have to reflect not only a safety plan for children but a plan that will facilitate parents and children achieving the determinants of hope and opportunity, significant relationships, and community/neighbourhood connections/supports. All are important considerations in any assessment and intervention processes.

Shifting to a justice and health approach would address what currently is a no win approach because of competing demands. For example, the statutory duties to prevent and detect child abuse, to investigate allegations of abuse and neglect, to work in assisting and supporting families in order to prevent further abuse and neglect, and to assume responsibility for parenting children who have been apprehended from their families due to the severity of abuse and neglect take place, whereby any one of these responsibilities is being carried out at the expense of the others. This creates a very difficult bind. If child maltreatment was to be viewed as a justice issue, it would follow that when children’s rights are being violated the response has to be one of investigation to prevent further abuse. The lines are very clear for the parents, community, and the protection authority. The current confusion of being responsible for investigation as well as attempting to build relationships with parents tends to be very confusing for the parents and places the worker in a difficult position. Parents are reluctant to trust and work closely with individuals who can use information against them in the course of an investigation. It is analogous to a police person being expected to engage impaired drivers in

addiction counselling. Of the competing demands, children's maltreatment investigations, which are essentially crisis work, take precedence and absorb the bulk of resources. This investigative work tends to place workers in positions of doing more judging than helping, more investigation than relationship building, more following rules and protocols than creative intervention and risk taking, more relying on tools and instruments than professional integrity and assessments, more attending to the needs of the system to avoid liability than to the needs of families and children, and more reacting after family breakdowns than interventions to prevent breakdowns. Continuing in this fashion only legitimizes services which do not provide assistance until family breakdown has occurred.

The professional/bureaucratic environment, although conducive to managing the justice dimension of child protection, is not necessarily the right environment to deal with the health dimension. Intervention from a health stance requires a concentration on prevention, early intervention, outreach, education, caring, investment, compassion, trust, parent inclusion, and relationship-building. These are necessary features for the determinants of health and necessitate the importance of building family and community capacities in order to create safe environments for children. Changes in environments and lifestyles, along with education and preventive medicines through research, have dramatically improved population health. As such health care has moved from a primary concentration on sickness to a concentration on wellness. Why not apply this same conceptualization to child protection? Investments in building parent and community/neighbourhood capacities and supports, along with education, prevention, early intervention and outreach services, would bring child protection work into the realm of assisting families that complements but moves beyond risk assessment and management. Such a move would address what has been known for some time, that child protection is as much about families in need of assistance as it is about children in need of protection.

Embracing a justice and health approach differentiates key roles. Although the formal bureaucratic system can be responsible for both approaches, the delivery can be different. Risk assessment and risk management are essential functions and must be in place to uphold children's rights to: protection from abuse and neglect, health, family connections, education, significant relationships, and opportunities for growth and development. Protecting the rights of individuals fits with the formal bureaucratic system and requires clear legislative guidelines and procedures. It is also within the realm of this system to be intricately involved in responsibilities associated with co-ordination, research, policy and program development, and evaluation. Extending these responsibilities to include a strong community development function with the primary emphasis being on the determinants of health brings the child protection system to a new level. Investing in community/neighbourhood and family capacity building initiatives would support and complement the legislative role of investigating and preventing further maltreatment. A close collaborative partnership between the formal child protection system and the community, with a justice and health focus, makes for a comprehensive approach to child protection that is all encompassing and covers a full continuum of services.

CONCLUSION

For too long attempts to address the reactive crisis nature of child protection have been done by bringing forward old solutions recycled under new names. The complexity, unpredictability, and uncertainty that permeate much of the terrain of child protection work demand a different paradigm. Experiences suggest it is time to shift paradigms when a field can no longer respond to issues and difficulties within its existing framework or context for practice. It is well known that building or revising bureaucratic structures in attempts to fix child protection, although well intended, is not realizing positive outcomes for

vulnerable children, families, and their communities. However, adopting a justice and health approach expands the traditional pendulum swing between child rescue and family preservation to include building community and family capacities. Moving into the capacity building arena requires an altering of the power relationships between parents and their communities and the formal child protection systems. It means inclusion with all parties having a voice in moving forward. Acknowledging the importance of inclusion is a recognition that child protection work is a collaborative responsibility with workers, parents, youth, and other community members having skills, knowledge, and experiences to share and contribute. It means a collaborative partnership where those involved are willing to mutually invest in common goals and do things differently.

Doing things differently suggests a willingness to extend interventions beyond just the family level to include interventions with professionals, organizations, and community agencies involved in providing services to children. Intervening with schools, community health care providers, recreation, mental health, family/community resource centres, police authorities, and others extends beyond the family. These interventions are necessary to promote interest and concern for not only protecting children in their own families but also the protection of children from the social, economic, and political forces that affect their families and communities. A justice and health approach is responsive to both these forms of protection.

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Aboriginal youth talk about structural determinants as the causes of their homelessness

By Dr. Cyndy Baskin, Editorial Board

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INTRODUCTION

This article, which is based on a research project, explores the structural factors that may have led to the homelessness of Aboriginal youth in an urban centre. It begins with definitions of homelessness, then examines the prevalence of homelessness for Aboriginal youth and next turns to a brief discussion of colonization and the role of child welfare in this process. The article then reports on the findings of the project that was conducted with homeless Aboriginal youth in Toronto using a culture-based research methodology.

This research project was conducted by myself as the principal investigator and a youth who is currently attending university as the research assistant. I am of Mi'kmaq and Irish descent and a professor in a school of social work. The research assistant is a young, Ojibway woman with a social work degree who is now in law school. We are both active participants in Toronto's Aboriginal community and have many relatives who have been/are homeless youth and who have had involvement with child welfare.

Toronto was chosen as the site for this research project as both the principal investigator and research assistant reside there and have connections to several Aboriginal agencies that service youth. In addition, Toronto has a large Aboriginal population and represents many diverse Nations (Statistics Canada, 2003). The medicine wheel was selected as the research methodology for the project after consulting with Aboriginal youth workers and youth themselves. They confirmed that the majority of youth were familiar with the medicine wheel and it is a teaching tool

used by many Nations such as the Cree and Ojibway.

While there does appear to be some overlap between Eurocentric models of structural determinants and those presented by Aboriginal scholars (DuHanmel, 2003; Thomas, 2003), such as education, income and diet, this article proposes that to adequately address determinants faced by Aboriginal youth, a framework that is culturally appropriate and addresses colonization needs to be implemented. It further proposes that an arm of colonization which is likely related to homelessness among youth is their involvement in state institutional child welfare (Cauce & Morgan, 1994; Fall & Berg, 1996; Fitzgerald, 1995; Lindsey, et al, 2000; Maclean et al., 1999).

Current research on Aboriginal youth is minimal, especially in the area of homelessness. Available statistics do not illustrate the extent of the problem, although most advocates suggest that the rate of homelessness for this population is dramatically increasing (Abrahams, 2000; United Native Nations Society, 2001). The purpose of this research project, then, was to explore with homeless Aboriginal youth the conditions under which they became homeless, how they may be assisted today and what can be done to prevent homelessness from continuing in the future. The significance of this project is connected to the fact that Aboriginal youth are the fastest growing group in Canada while the non-Aboriginal population is aging (Hick, 2007; Hoglund, 2004; Statistics Canada, 2003). It asserts that it will become increasingly important to Canada's future, especially in terms of our workforce, to ensure that Aboriginal youth be healthy and productive members of society. This article contributes suggestions for change to social policies and direct practice focusing on control of child welfare by and with Aboriginal peoples.

DEFINITIONS

Common definitions of homelessness include people that live on the street, stay in emergency shelters, spend more of their income on rent or live in crowded conditions which keeps them at serious risk of becoming homeless (Golden, et al, 1999). The Toronto Disaster Relief Committee (1998) states that homelessness means simply not having secure housing.

This committee expands on the definition by contending that homelessness “means being exiled from the mainstream patterns of day-to-day life” (para.5). Canadian federal New Democratic Party leader Jack Layton (2000) describes homelessness as socially constructed. In particular, he contends that homelessness is usually defined to fit a specific political agenda, or certain stereotypes, which eventually becomes the definition in the eyes of the public.

The United Native Nations Society (UNNS) of British Columbia, which is one of the provincial organizations of the Congress of Aboriginal Peoples that advocates for the inherent rights of Aboriginal peoples (2001), states that Aboriginal homelessness includes “those who have suffered from the effects of colonization and whose social, economic, and political conditions have placed them in a disadvantaged position” (20). The UNNS (2001) acknowledges that there is a high rate of Aboriginal peoples at risk of homelessness and, therefore, the effects of colonization should be included as a major part of an Aboriginal specific definition.

With particular attention to youth, homelessness is usually defined as those youth aged 15-24 who are not living with a family in a home, or not in the care of child protection agencies. Homeless youth are also described as those living “in an unsafe or temporary living environment” (Fitzgerald, 1995, 7). The Canadian Mortgage and Housing Corporation (2001) and Golden et al. (1999) describe homeless youth as those youth with no permanent address.

PREVALENCE

Many sources state that there is no accurate data regarding homeless Aboriginal peoples, let alone Aboriginal youth (Golden et al., 1999; Layton, 2000; Native Counseling Service of Alberta, 2000; UNNS, 2001). In Layton’s *Homelessness: The Making and Unmaking of a Crisis* (2000), what statistics exist show that Aboriginal peoples in general do have a high rate of homelessness as compared to the rest of Canadian society. The NCSA (2000) states that “the Aboriginal homeless rate is at about 40% Canada wide” (3). Golden et al. (1999), in their major report for the City of Toronto, reports that Aboriginal peoples make up 15% of the homeless population in Toronto and that “many Aboriginal Canadian youth from reserves and urban communities end up on the streets of Toronto” (75). If this 15% figure is correct, it means that Aboriginal peoples are overrepresented in the homeless population by more than a factor of three considering they make up only 4.4% of the Canadian population (Statistics Canada, 2001).

It is also important to note that the rate of homelessness is usually derived from the number of people who use shelters. However, the UNNS (2001) indicates that shelter users do not represent the entire Aboriginal homeless population as many do not utilize the shelter system. Furthermore, the Aboriginal community is estimated to have a high rate of concealed homelessness and these numbers are not included in the official data. This category includes those in transition homes, jails and detox centres, and those who live in overcrowded, unstable, or inadequate housing. It also includes “couch surfing,” which is when people stay at a friend or family members’ dwelling for a short period of time, then move on to another persons’ home. Another category that often goes unnoticed is those who are at high risk of becoming homeless. This category includes many Aboriginal peoples who live in poor housing conditions and pay more than 25% of their income for rental accommodations. Therefore, to completely capture the Aboriginal homeless population, all of these categories of

homelessness must be included (UNNS, 2001).

It is also significant to note that Aboriginal youth are the fastest growing segment within the Canadian population. In the 1996 census, Aboriginal peoples constituted 3.8% of the population, while in the 2001 census this figure rose to 4.4%. The median age for non-Aboriginal peoples was 37.7 while Aboriginal peoples had a median age of 24.7. The birth rate for Aboriginal peoples was also 1.5 times higher than for non-Aboriginal peoples. This population will continue to grow because, currently, 33% of the Aboriginal population is under age 14, as opposed to only 19% of non-Aboriginal peoples (Statistics Canada, 2003). Similarly, Castellano (2002) found that over 50% of the Aboriginal population is under 25. Thus, not only is there a high rate of Aboriginal specific homelessness, but there may be a substantially higher rate of youth homelessness within this population given the demographics.

FACTORS ASSOCIATED WITH HOMELESSNESS

Within the literature, the most frequently cited cause of homelessness for all peoples in Canada is lack of affordable housing (Golden et al., 1999; Hulchanski, 2004; Shapcott, 2001; TDRC, 1998). Some authors (UNNS, 2001; Weinreb et al., 1998) argue that personal factors, such as fetal alcohol spectrum disorder, addictions, poverty, poor health, and/or dysfunctional family relations, are the cause of Aboriginal homelessness. Other literature states that socio-economic status and the lack of resources on reserves are also causes of homelessness (Beavis et al., 1997).

However, UNNS (2001) argues that even what appear to be personal factors are in fact the effects of structural barriers. UNNS (2001) states that the homelessness of Aboriginal peoples is rooted in “structural factors such as unemployment, low wages or lack of income, loss of housing, colonization, racism, discrimination (systemic or otherwise), patriarchy, cultural and geographic displacement, and the reserve system” (p.2). Other authors contend

that the historical introduction of foreign systems such as education, justice, health and child protection have left Aboriginal peoples in a “cycle of economic dependency, including high rates of poverty and unemployment” (Morrissette et al, 1993, p.94).

Based on the literature outlined above, we assert that the factors associated with homelessness are connected to the omnipresent concept of colonization. Colonization did not only create the relationship between Aboriginal peoples and mainstream society - it is also experienced personally. Thus, we emphasize that the history of colonization and its current impacts explains, in large part, why some Aboriginal peoples are homeless in their own lands. We also believe that a framework which addresses the negative impacts of colonization on Aboriginal peoples and emphasizes our strengths needs to be developed. A Eurocentric lens fails to do this as it tends to frame Aboriginal peoples as social and economic disadvantages to the rest of Canadian society while negating our political power.

INSTITUTIONAL CHILD PROTECTION

The distinctive factor between homeless adults and homeless youth is that the latter are forced to leave home at an early age, before they have a chance to fully develop into healthy adults (Cauce & Morgan, 1994; Fitzgerald, 1995; Golden et al., 1999; MacLean et al, 1999). In general, many youth that are homeless come from the care of the child protection system such as adoptive homes, foster homes or group homes (Cauce & Morgan, 1994; Fall & Berg, 1996; Fitzgerald, 1995; Lindsey et al, 2000; Maclean et al., 1999). According to one study, between 25% and 50% of homeless youth were previously in the care of foster homes (Lindsey et al., 2000). This may be connected to the fact that these systems are designed to care for young children (under 15), so youth encounter barriers to service because they are too old for children’s services and not old enough for

adult services. Therefore, they are often left with no choice but to live on the street (Fitzgerald, 1995).

The child protection system, historically a tool of colonization, continues to the present day (Anderson, 1998; Du Hamel, 2003; Hudson, 1997; McKenzie & Seidl, 1995; Report of the Aboriginal Justice Inquiry of Manitoba, 1998). Although there have been some Aboriginal child welfare agencies developed throughout Canada (Anderson, 1998; Hudson, 1997; McKenzie & Seidl, 1995), Aboriginal children are still over represented in the child protection system (Hudson, 1997; Mckenzie & Seidl, 1995; Thomas, 2003). This may be due to the restrictions placed on Aboriginal child welfare organizations. These organizations do have some control over the policies and procedures within their agencies, however, they are still usually required to comply with federal and provincial laws and policies. As researchers in the area of Aboriginal child welfare, Bennett, Blackstock and De La Ronde (2005) write:

Up to this day, provisions in both federal and provincial legislation dictate how child welfare will be governed, administered, and, often, delivered by the over 120+ Aboriginal Child and Family Services Agencies in Canada. This would not be so controversial if the provincial and federal systems were meeting the needs of Aboriginal children and youth but the evidence overwhelmingly indicates that the current legislation, policy and practice of child welfare are not making meaningful differences in supporting the well-being of Aboriginal children and youth. The question is thus raised why Canadian governments have not recognized tribal authority that sustained child well-being for millennia (p.45).

For anyone to take an institution such as child welfare that has left a challenging legacy for many Aboriginal peoples and turn it into something appropriate for Aboriginal communities is an enormous task. Yet it is obviously the goal of

Aboriginal child protection services. As Hoglund (2004) advocates, both research and policies developed within an Aboriginal context by Aboriginal peoples is crucial because:

Understanding how contextual mechanisms foster as well as challenge Native children's healthy social development is essential for generating informed, strengths-based research priorities and supporting Native sponsored policy and program development... Researchers, educators, service providers, and policymakers need to look beyond Western European models of successful development to adequately understand favoured socialization and developmental processes within the sociocultural, historical, political, legal and socioeconomic contexts of Native children's lives and the families and communities in which Native children live (p.165 & 168).

We stress that insider views are necessary in order to develop social policies that reflect Aboriginal worldviews and values. Thus, this research project explored the following questions with insiders – Aboriginal youth affected by homelessness:

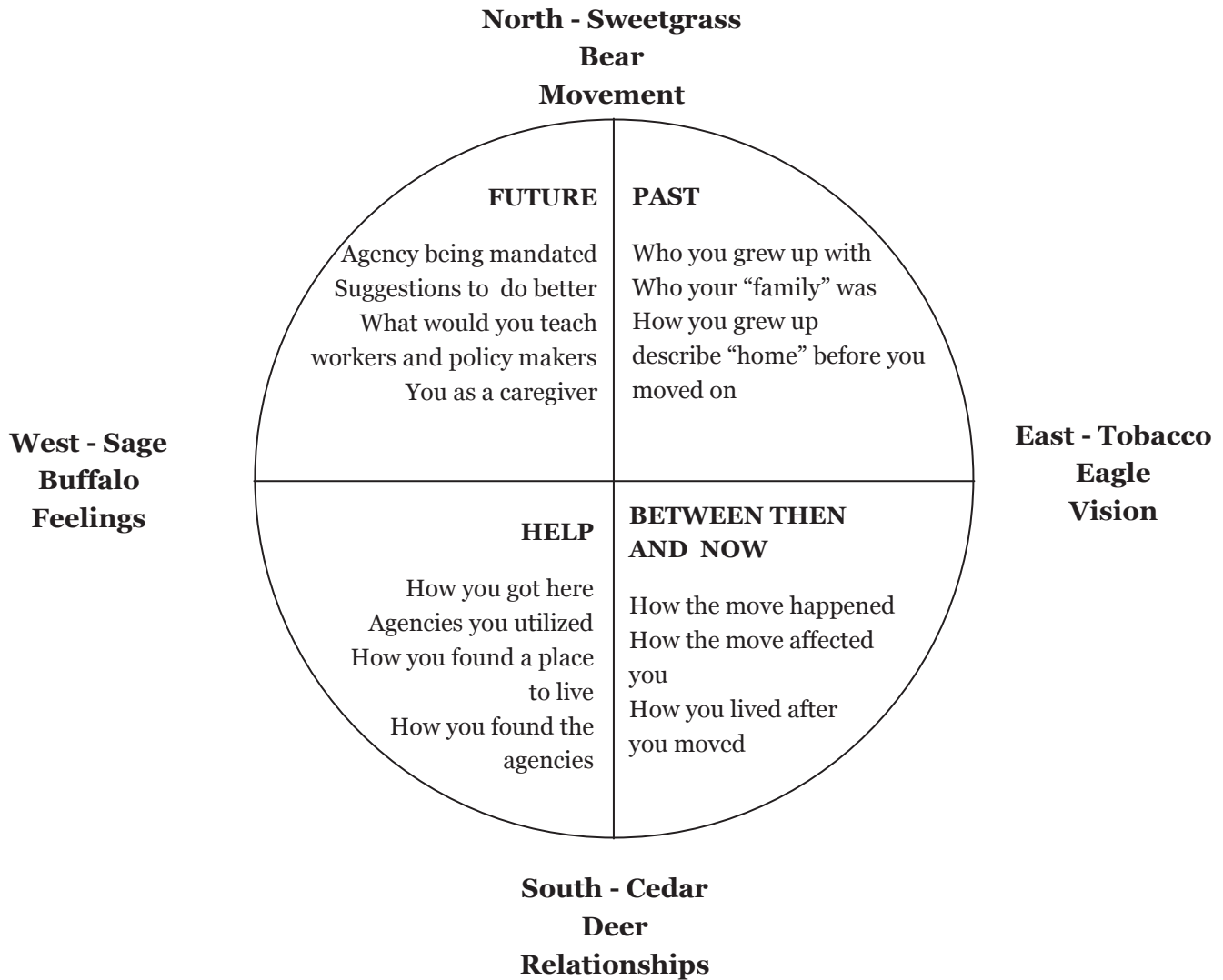
- What is appropriate parenting within Aboriginal perspectives?
- What supports do Aboriginal parents, families and communities need to raise children?
- How does prevention become a priority?
- How do we frame “neglect” within the realities of poverty?

ABORIGINAL YOUTH RESEARCH CIRCLES

In this research project with Aboriginal youth, which we (and an Aboriginal student research assistant) designed and conducted, one research circle took place at two youth programs within Toronto that service youth who are homeless or at risk of

becoming so. A total of 24 youth participated. Basic information was obtained from the participants through a standard form that all of the youth filled out. Next, within the research circles, youth were invited to discuss specific areas about their past and current situations. They were free to decide for themselves which areas they wanted to contribute to. The research methodology was based on Aboriginal cultural protocols and integrated a tool known as the “Medicine Wheel” as shown below:

Table 1 - Medicine Wheel



The youth were from a variety of Nations across Canada, however, the majority were of Ojibway and Cree descent. Approximately one fourth were Ojibway and another one fourth were Cree. There were also youth who had mixed Aboriginal heritage in their Nations, again approximately one fourth. About sixty-two per cent of the participants were male. None of the participants identified as transgendered or transsexual. The majority of the youth reported as heterosexual. One youth reported being Two Spirited (gay, lesbian or bisexual). The age range spanned ten years from fifteen to twenty-five.

The youth participants were from many diverse towns and reserve communities across Canada, from Alberta to New Brunswick. The major trend in the place of origin was that three quarters of the participants were originally from reserve communities. The remainder were from small towns in northern areas of the country. Few participants were from large urban centres, and only one was born in Toronto. The length of time they had lived in Toronto also varied with some living here for eleven days and others for twenty years. At the time of this project, just over one third of the participants lived with a relative. Only four youth had lived in the same place for more than one year. The rest of the twenty youth had lived at their current address for less than a year. Thus, there was a dominant trend of temporary living conditions in the place of origin was that three quarters of the participants were originally from reserve communities. The remainder were from small towns in northern areas of the country. Few participants were from large urban centres, and only one was born in Toronto. The length of time they had lived in Toronto also varied with some living here for eleven days and others for twenty years. At the time of this project, just over one third of the participants lived with a relative. Only four youth had lived in the same place for more than one year. The rest of the twenty youth had lived at their current address for less than a year. Thus, there was a dominant trend of temporary living conditions with the youth who participated in this project.

Sixteen youth had completed grades eight through eleven. This illustrates that many of the youth had a high incompleteness rate for academic studies. This is especially significant considering that many of the participants were in their early twenties. One particular question on the information form was "what grade are you currently completing?" Six youth answered they were not completing any grade at the time and they had not completed grade twelve (needed for a high school diploma). This shows that in this group of Aboriginal youth in their early twenties, many have not completed high school and were not in

the process of doing so. Of twenty four youth, only three were currently completing a college education and none were attending university. This information demonstrates a great need for more comprehensive educational resources and greater access to education that addresses the worldviews and needs of Aboriginal youth.

EASTERN DIRECTION: LOOKING BACK

The first topic raised with the youth was "who they grew up with." It was suggested to them that they talk about who their family was/is, how they grew up, and what were their homes like before they moved on. Most of the youth stated that they grew up in the care of the Children's Aid Society (CAS), which included foster homes and group homes. More than half of all of the respondents mentioned having to relocate more than once. Those that stated they relocated said they moved to and from several different families and in some cases these homes or families were spread across the country. Four youth mentioned being in trouble with the law, were incarcerated, or always "getting into trouble." Seven youth mentioned living in a lone parent female headed family. Two of the youth lived with their mother, but later moved in with their father. One participant stated that he lived with his grandparents for awhile. Only two youth stated that they lived in two parent families - one of whom was later placed in the care of CAS. Hence, only one of the twenty four participants had lived with both parents for a significant amount of time. Many of the participants had also moved back and forth between their biological families and foster care while growing up.

The predominant theme in the youths' profiles is that the majority were not living with their biological parents. The responses of the youth illustrates that many of them did not have what mainstream society considers as the "traditional" family. This in itself is not negative. What is negative is the fact that many of the youth were in the care of the state and placed in unstable homes meaning that they resided with families or in group homes where they experienced

psychological, emotional, physical, sexual and spiritual abuse, neglect and acts of racism (eg. One female youth was given the nickname of “squaw” in her foster home). Those who lived in lone parent families also lived with an element of instability. Many moved from home to home, both biological and otherwise, without consistency in their lives.

SOUTHERN DIRECTION: BETWEEN THEN AND NOW

Youth were invited to talk about the move from their “homes” into homelessness and how they lived after this move. The responses of the youth were varied. Each had a different story to tell. Some came to Toronto with their caregivers or relatives to look for work or obtain an education. One youth was passing through Toronto, but experienced a crisis and was forced to stay. One stated that her adoptive parents were abusive which forced her to move out on her own. She stated that the street life was easier because she could make her own rules. Although this life was preferable in comparison to her home life, it was tough living on the streets. Resources were difficult to access because of her young age. One participant stated that she was “sick of group homes...too many rules” and that she was constantly moving from one group home to another. Two other participants explained how they lost their apartments due to lack of funds. Some of the youth that were in care, adopted, or in group homes stated that they lived in small towns and experienced a great deal of overt racism. They had believed that they could escape this by moving to a multicultural city like Toronto. A few youth explained how they were just released from jail, and how they were often in and out of jail. Three youth stated that they came to Toronto for opportunities; they wanted to change their lives around.

The major theme in these stories illustrates that growing up in the care of, or being involved long term with, CAS – whether that be adoptive homes, foster homes, group homes or moving between biological and foster families – is often a profoundly negative experience. When asked about the reasons

for moving back and forth between biological and foster homes, youth explained that when a biological parent complied with the demands of child welfare, such as staying in counseling for a long enough time period or attending a substance abuse treatment program, they were able to go back to these parents. However, when the parent stopped complying by starting to drink again or getting back with an abusive partner, the child would once again go to a foster home.

In a number of ways, this response on the part of child welfare authorities can be linked to looking at Aboriginal parents only through a Eurocentric lens. Often when Aboriginal parents are placed in a position of complying with demands to get their children back into their care, intentionally or not, it is a set up for failure. For example, they may not be voluntarily participating in programs, these programs may not be relevant in terms of examining structural reasons for their situations or they may not be culturally applicable, there may not be enough emphasis on support of and resources for the parent or the values and worldviews of Western society are being applied to Aboriginal parents which skews assessments.

Few of the youth who participated in this project experienced a positive home life. Many participants felt that they were forced to leave their homes. This was explained as, for example, not being wanted any longer by adoptive parents because they were rebelling, getting into trouble or questioning the rules. Even though some expressed how difficult street life was, none of them regretted their decisions for this was better than what they left behind. Among other things, this demonstrates that interventions need to be implemented before youth feel forced to leave their homes.

WESTERN DIRECTION: HELP ALONG THE JOURNEY

The next area youth were asked to discuss was how they were able to receive help from social services agencies and how they were able to find a place to

live once in Toronto. Some youth explained that they asked other Aboriginal peoples they did not know where they could stay for the night. Other youth stated that their friends or family members informed them of Aboriginal agencies in Toronto. One mentioned walking by a building that had an Aboriginal logo painted on the front, so he walked in. Four youth said that they were referred to an Aboriginal agency by mainstream organizations that service youth. Most of the participants agreed that they felt more comfortable at an Aboriginal agency. However, they also stated that it was good to get served by both Aboriginal and mainstream agencies. There were a few who expressed some dislike for certain Aboriginal organizations because of their experiences there regarding other peoples' behaviours such as intoxication and violence, but they still utilized them.

For the most part, the youth expressed a great sense of community amongst themselves, both within youth programs and on the streets. They spoke about helping each other out by sharing information about resources, agencies and service providers within Toronto that were considered to be non-judgmental of them and some of their behaviours, such as substance using. Many youth talked about sticking together when on the streets for greater protection from both other people on the street and the police and letting others know about safe places to sleep. When they had something to share, whether that be money, alcohol, cigarettes or food, they tended to share it with other youth. Some of them referred to each other as brothers and sisters even though they were not related by blood. They also shared secrets, stories, emotions and laughter.

NORTHERN DIRECTION: LOOKING TOWARDS THE FUTURE

The participants then explored what they would do to make the system better for future youth. They talked about what they would like to teach social workers and policy makers, especially with regards to the child protection system. To put this in context

for themselves, the youth chose an Aboriginal child and family services agency becoming mandated as a child protection authority as an example to discuss what they would like social workers and policy makers to know. There were mixed feelings from the youth about the agency's change from offering voluntary services to taking on the responsibility of child protection. Many youth felt that bringing an Aboriginal perspective to child protection was vital. Others felt that it was a negative move because, in their opinions, the Aboriginal agency was too concerned with minor issues. One youth gave the example that "[a worker from the agency] stripped my kids because they had diaper rashes." Another young mother stated that the agency forced traditional ways on her, when she just wanted some emotional support. Another youth stated that other Aboriginal services were just as likely to involve child protection and related the example of an Aboriginal day care centre calling the Aboriginal child protection agency because her child had a "running nose." Some youth felt that the Aboriginal agency is "too quick to jump on rumours." Some of the participants who made these comments about the agency also expressed dislike for mainstream CAS, saying that they often felt like they were under "a microscope" and that they did not believe that child protection – either mainstream or Aboriginal -- would be so cautious with older adults. Thus, they felt like they were being discriminated against specifically because they were Aboriginal youth.

Although some youth disagreed with Aboriginal family services agencies becoming mandated, their suggestions for change did express some common themes. One raised a great difficulty with child protection stating that children have to be protected, but at the same time, Aboriginal families have different needs that are often neglected by these services. Next, they talked about the importance of incorporating Aboriginal culture into the lives of youth, no matter who their families are. The majority of the youth agreed that even though Aboriginal family services becoming mandated is an

empowering concept, it does not work if these services have to use the same legislation as mainstream CAS. Although mandated Aboriginal child welfare agencies employ Aboriginal peoples as workers to varying degrees and incorporate some practices such as involving extended families as care givers of children, they must follow the same legislation – the Child and Family Services Act in Ontario – as all other mandated child welfare authorities. This Act is not inclusive of Aboriginal values, particularly around collective responsibilities for raising children, nor does it acknowledge the impacts of colonization or the inherent strengths of Aboriginal peoples and communities. It does not make clear distinctions between neglect and poverty nor does it include aspects of prevention which is crucial to the well being of the future of our children and youth. In keeping with these points, some youth spoke about how mainstream Canadian society decides what is acceptable child rearing for Aboriginal peoples and this is where the conflict lies. Other participants expressed that there is a need for more Aboriginal policy makers to change child welfare legislation or the cycle of oppression will continue. They explained that if this is not done, then it will simply mean “putting a brown face on it” [Aboriginal control of child welfare]. They further explained that this may “soften the blow” for some, but continue to oppress many.

The youths’ suggestions about the need for more Aboriginal policy makers and changing child welfare legislation is brilliant. Since the current Child and Family Services Act does not address the sovereignty of Aboriginal peoples, what is necessary then is an Aboriginal Family and Child Services Act. Such an Act could address many of the concerns that the youth raised in this research project. For example, it would be developed by Aboriginal peoples according to our definitions of family, child care and parenting. This Act could clearly differentiate between poverty and neglect. It would reflect the values of Aboriginal peoples such as collective responsibility for children, communal sharing of resources and assisting families when they are struggling rather than taking

their children away from them. Perhaps most importantly, an Aboriginal Family and Child Services Act would recognize the impacts of colonization upon all of us and focus our resources, both human and financial, on the well being of everyone in our communities and on the prevention of further internalized oppression which leads to the harm of all.

The next major issue that youth discussed was the policies governing who is allowed to be a customary care (foster) or adoptive parent and how these need to be transformed to better fit the circumstances of Aboriginal peoples. First, youth concurred that permanency planning should be key, ensuring that workers try to keep children with family members. Another point was to have more customary care homes and adoptive families in reserve communities. Overall, the youth expressed their belief that there must be more Aboriginal families willing to adopt or care for children, and that the government needs to encourage and support this process through funding and legislation. Some of the examples they introduced were that some Aboriginal families may not have a lot of money, but that should not be a deciding factor in caring for children. They pointed out that many lower income families can do a good job of raising children. Furthermore, the youth took the stand that if being poor is such a concern, then the government should provide the necessary funds to foster families. They adamantly stated that, after all, the government is the reason why so many Aboriginal peoples are living in poverty in the first place. Moreover, these youth believe that preference should not be given to two parent families. Many Aboriginal families are headed by one parent who can raise children in a positive environment. Youth also stated that, if non-Aboriginal families are going to take in Aboriginal children, it needs to be mandatory that the children be connected to their cultures. They also believe that more effort needs to be put into keeping siblings together if families have to place their children into care. However, all of the youth were adamant that keeping families together must be of the greatest importance. One promising

suggestion made to help keep families was that there could be a group of parents that can be used as an information resource for other parents who need it during times when they struggle with raising their children.

The participants also addressed the issue of child protection workers. They suggested that workers should be Aboriginal or, if not, have intensive training on issues affecting Aboriginal peoples. They stressed the need for greater consistency in training and education for helpers and how workers need to take into account what the client wants. They want workers to realize that everyone is different and what is “normal” for an Aboriginal family may not be “normal” for a mainstream one. In conclusion, the theme for youth regarding the future was that for real positive change to occur, adding in a few cultural pieces is not enough, but rather legislation and social policies have to be completely changed to better suit the needs of Aboriginal families.

COMING FULL CIRCLE: ANALYSIS

The depth of analysis these young people demonstrate both in terms of their knowledge and understanding of the reasons for their homelessness, and the critical lens from which they view the world is amazing. They are insightful and articulate. They call it the way they see it and no one is fooling them.

These youth were easily able to comprehend their life experiences, which were for the most part contact with child protection and separation from their biological families and home communities, within the realities of colonization and oppression. A comment that stands out most perhaps is from a young man who said, “mostly we’re taken away by child welfare because of poverty and this translates into neglect by them.” For Aboriginal peoples, poverty is a direct result of colonization which destroyed the original economic basis of our communities. In contemporary society, breaking out of poverty is, in large part, dependent on acquiring formal education and employment. However, education has been

historically genocidal and is currently alienating for many Aboriginal peoples so that 68.5% of youth do not complete high school (Hick, 2007: RCAP, 1996). According to the RCAP report, both youth and parents are adamant that education does not prepare them for life in understanding themselves as Aboriginal peoples nor does it prepare them for life in the modern world. In fact, according to this report, youth stated they left school because they were made to feel ashamed of being Aboriginal, they experienced racism and there was no recognition of Aboriginal perspectives in history or respect for their cultures.

Certainly, low educational attainment affects peoples’ future employment and income levels. However, according to the results of a study conducted by Kunz, Milan and Schetagne (2000), Aboriginal peoples also have difficulty finding employment because of racism in the work place. They found that compared to white Canadians, Aboriginal peoples with university degrees are less likely to have managerial and professional jobs. In addition, they are over represented in the bottom 20% and under represented in the top 20% of income earners. Even with the same level of higher education, white Canadians are three times as likely as Aboriginal peoples to be in the top 20% of income earners. These results are confirmed by Hick (2007) as well. Clearly, these studies reveals that even with university degrees, job opportunities are out of reach for many Aboriginal peoples.

Unlike the generation before them, this group of youth usually has a roof over their heads at night. But they do not have homes. Thanks to Aboriginal agencies that service youth, most of these young people are housed and have access to some health services. However, most struggle with poverty, have not completed high school, are transient, and, in the case of many female youth, are single mother involved with child welfare who are often concerned that their children will be removed from them. This concern seems to come from a belief in the tendency for social service workers to “blame the

victim” (Anderson, 1998; Hudson, 1997; Thomas, 2003). Even within Aboriginal child welfare agencies, internalized oppression has caused some Aboriginal peoples to believe the negative stereotypes about some members of their community and thus they treat them just as the dominant society does.

From a structural perspective, for the most part Aboriginal child protection agencies continue to be mandated to operate within the framework of legislation and social policies not based on Aboriginal values and perspectives. Since these policies do not incorporate the distinct needs of Aboriginal peoples, a major focus needs to be creating legislation and policies that are compatible with Aboriginal worldviews in general while taking into consideration the great diversity of our Nations. In addition to this, the legislation and policies must also take into account past injustices and the effects they have on the health and behaviours of Aboriginal peoples today. To simply add in “culturally based practice” without any change to oppressive legislation is clearly detrimental for it changes little (Anderson, 1998; Hudson, 1997; RAJIM, 1998).

Furthermore, mainstream legal and political discourses regarding self-government, Aboriginal rights and treaties are grounded in Western constructions of nationhood that originate from European history and cultures. Such discourses inevitably marginalize Aboriginal worldviews in the construction of nationhood in self-government and treaty negotiations. This approach, then, continues to entrench Eurocentric-Canadian structural power imbalances rather than creating positive economic, political and social change for Aboriginal peoples. I emphasize that until constructs of nationhood can be examined from both an Aboriginal and a Eurocentric lens equally, self-government that creates inclusive and sustainable Aboriginal communities is impossible.

The preliminary work from this research project also has many encouraging messages. These youth are greatly concerned about the next generation. When they spoke about their experiences and

recommendations, they did not do so in ways that will necessarily benefit them, but rather because they hope to make contributions to the future of both their children and all Aboriginal children in general. These youth also view positive change as centering on re-structuring child welfare legislation and social policy. They identified that change simply by creating Aboriginal child protection agencies with Aboriginal workers is not enough.

Aboriginal child and family services agencies are to be commended for picking up the responsibility of child welfare and attempting to incorporate traditional knowledge into their work. However, many colonial legacies have been passed on to their shoulders, such as internalized oppression, family violence, poverty and suicide, which they are expected to heal. They also must face unrealistic expectations placed upon them by both the Aboriginal communities they serve and mainstream society and governments (Hudson & Taylor-Henley, 1995; Bennett, Blackstock & De La Ronde, 2005). Aboriginal peoples, including those who work in the area of child welfare, must re-claim the knowledge that prior to colonization, we lived as autonomous groups and our inherent right to self-determination – which included controlling the affairs affecting our families and children – was never abdicated despite the policies and actions forced upon us by Canadian governments (First Nations Child and Family Task Force, 1993; Association of Native Child and Family Services Agencies of Ontario, 2001; Bennett, Blackstock & De La Ronde, 2005). Aboriginal responsibility and control must go beyond child welfare service delivery to the creation of legislation and policies that will restore traditional forms of government. This is crucial since present legislation and social policies related to child welfare are based on Eurocentric values and worldviews, thereby making them an ongoing tool of colonization. Hence, as the youth raised, Aboriginal peoples must become policy makers in this area. Without significant changes to social policies, the major request to keep families together and concentrate heavily on prevention, which one youth described as

“eliminating poverty”, cannot possibly happen.

According to the voices of this group of youth, holistic good health rests largely on the value of supporting families through equitable access to resources to care for the well being of their children. Such resources include inclusive education that is representative of Aboriginal youth, job opportunities based on merit and anti-colonial, anti-racist policies and legislation all of which aim to eliminate poverty caused by colonization.

EXPANDING THE CIRCLE: FUTURE RESEARCH

This paper reflects the responses of only 24 youth and so it cannot be said that they are representative of homeless Aboriginal youth in Toronto. Further research needs to be conducted. This preliminary work can be used as a template in terms of the Aboriginal research methodologies implemented and the framework for examining the structural causes of homelessness for Aboriginal youth. Thus, these templates can be incorporated into future projects involving more youth in Toronto, other cities in Ontario and urban centres across Canada. The implications of this project provide evidence that Aboriginal research methodologies are legitimate ways of conducting research with youth, that colonization lies at the root of social ills such as homelessness and that state intervention in the lives of Aboriginal families must end in order to realize self-determination and self-government. In order for radical social change to occur, it must become unacceptable that Aboriginal peoples are homeless in their own homeland.

A few youth workers, several Aboriginal agencies that work with homeless youth, and some of the youth themselves have indicated a strong interest in being involved with a larger research project as partners. Thus, the findings from this project are being used to submit research proposals to possible funders for future research which would include both Aboriginal students and other youth as research assistants. In this way, these youth will have the

opportunity to develop research skills while making significant contributions to this work. Their goal of creating a better world for the next generation is possible.

AUTHOR'S NOTE

Chi meegwetch to Lori Mishibinijima, the research assistant on this project, the youth workers who helped to set it up and the inspiring youth who participated. I hope I get to sit in future research circles with you.

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Uniting diverse communities to promote the health and well-being of children and youth

By Marie Boone, Editorial Board and Dr. Ken Barter, Editorial Board

This article was originally published in 2004 in Canada's Children Journal, Child Welfare League of Canada.

The Children's Aid Society of Cape Breton - Victoria is embarking upon an exciting and innovative initiative in fulfilling its mandate to assist families requiring or needing child protective intervention services. The Society is making a concerted investment to link and connect with parents, other child serving agencies, community agencies, and other interested citizens and organizations in order to collectively approach protecting children and youth from a community capacity building perspective.

A portion of staff and supervisory time have been taken from the traditional roles and responsibilities of child protection (the residual crisis paradigm) and devoted to building community capacities to promote the health and well-being of children and youth (the prevention, early intervention, community paradigm). The initiative stems from moving beyond the rhetoric to taking action on the often espoused concept that children and youth are indeed a community responsibility.

The initiative follows a great deal of dialogue at all levels within CAS. Support, courage, and leadership from these various levels moved the dialogue to include the community in the form of parents, youth, and other helping professionals. An Advisory Committee is now in place for a specific geographical area covered by the Cape Breton CAS. The Advisory Committee includes membership from all the key partners in the area of concern.

The Advisory Committee is currently in the process of working with CAS to arrive at a consensus on vision, purpose, principles, objectives and outcomes for the initiative. All are currently in draft form and written in order to capture the learnings from the initiative since it commenced over a year ago [note: this article was originally written in 2004].

The Vision: Uniting diverse communities to promote the health and well-being of children and youth in a specific geographical area covered by the Cape Breton CAS.

The Purpose: (A) To promote our community's awareness of the health and well-being of children, youth and families and (B) to build community capacity to ensure all children in our community are protected from abuse and neglect.

In terms of the vision and dual purposes, the initiative acknowledges and expands on the concepts of community and protection. There is recognition that four key communities are of paramount importance with respect to services to children and youth. These communities include: communities of child and youth serving organizations (ie: schools, family resource centres, corrections, child protection, recreation, mental health); communities of professionals working in these organizations (ie: social workers, teachers, guidance counsellors, recreation workers, police officers); children, youth and their families requiring or needing services comprise an important community of individuals; and the general public as a community to be of concern and interest in order to promote education and participation. From the perspective of protection of children and youth, protection is being acknowledged as one determinant of health that is of concern. Other determinants considered important for purposes of the initiative include relationships, opportunity and hope, and sense of community. Approaching child protection from a community and determinants of health perspectives provides the initiative with creative and innovative dimensions often overlooked in child protection work.

The following principles are reflected in the process to date:

- The health and well-being of children and youth are a community responsibility,

- Building community capacity with parents, public child serving organizations, child welfare professionals, and the general public will result in positive outcomes for children and youth,
- The health and well-being of children and youth implies protection, hope and opportunity, relationships, and community,
- All families and communities have strengths and untapped resources and want what is best for their children and youth,
- Families are a basic unit and foundation of community,
- Neighbourhood and family supports are essential to the health and well-being of children and youth,
- Voluntary participation is an important dimension in creating opportunities for parents and communities to ascertain the necessary knowledge and skills to advocate for themselves and their children,
- Interventions with children and youth must respect diversity and culture,
- Children and youth require strong communities for their health and well-being,
- Families and communities share responsibility and accountability for the health and well-being of children and youth, and,
- Action plans require inclusive communities.

Fundamental concepts upon which these principles are built, as well as concepts that are guiding the initiative, include collaboration, inclusion, diversity, partnerships, family-centred practice, empowerment, community capacity, sustainability, relationships, and innovation.

Tentative objectives set for each of the purposes of the initiative have been identified and seen as achievable and realistic. Objectives attached to Purpose A (community awareness) include:

- To promote our community's awareness of child maltreatment and work toward its prevention,
- To provide ongoing public education forums regarding the role and mandate of the Children's Aid Society of Cape Breton-Victoria and the Children and Family Services Act,
- To promote ongoing education pertaining to the determinants of the health and well-being of children and youth,
- To create opportunities for parents and communities to become more involved in the community,
- To create a pamphlet describing the community approach to protecting children,
- To promote the community approach to child protection with the staff of the Children's Aid Society of Cape Breton-Victoria,
- To create opportunities to advocate on behalf of the children, youth, families and communities,
- To create opportunities for children, youth and families to influence policy within the Children's Aid Society of Cape Breton-Victoria, and,
- To create a logo for the community approach to protecting children.

Objectives attached to Purpose B (Capacity Building) include:

- To select a specific geographical location to promote the community approach to child protection,
- To establish a community advisory committee of identified stakeholders,
- To develop funding proposals,
- To design and implement programs for children and youth that promote the ideals of empowerment, hope and opportunity,
- To develop stronger linkages with child serving agencies,

- To create opportunities for parents and youth to assume leadership roles in the community, and,
- to promote key events in the community (i.e., Children's Aid Society of Cape Breton - Victoria Week, Social Work Week, International Day of the Child, Family Violence Prevention Week)
- Social workers to become more active with other community agencies,
- Hold regular focus groups with individuals from closed cases as well as workers who have left CAS to gather information about their experiences with the agency,

Outcomes anticipated from the initiative include:

- Increased parent participation at the CAS board level,
- Increased dialogue pertaining to parents as consultants for training of CAS agency staff,
- Establish sustainable parent/agency advisory group to work with management on a regular basis,
- Develop a newsletter to be circulated at regular intervals, both internally and externally, to mark program initiatives/accomplishments,
- Advisory committee to host meeting with other community agencies to foster open dialogue,
- Create sustainable parent support groups within the community,
- Have parents give regular presentations to CAS and groups within communities,
- Enhance community perceptions of CAS,
- Obtain the endorsement of the Network of Children and Youth, and,
- Develop a research proposal to obtain funding for the Community Approach to Protecting Children Program.

It is expected over the next several months that the Advisory Committee will expand its membership and will assume an even more active role in leading the community approach to child protection. For a CAS system to begin to invest resources in attempts to share its many challenges and actively solicit collaborative partnerships from the four key communities of interest is a very good beginning in moving from the risk paradigm to the community paradigm.

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The forum will focus on addressing the recovery needs of children harmed via new technologies, which is a new topic in child welfare.

WHEN: June 14 & 15, 2011

WHERE: Toronto, Canada

WHO: Speakers include - **Marie Collins**, Survivor of online exploitation (Ireland); **Julia Davidson**, Professor in Criminology & Sociology at Kingston University London (United Kingdom); **Terry Jones**, Former Police Officer (United Kingdom); **Lars Loof**, Sexual Exploitation Lead for the Baltic States (Sweden); **Lianna McDonald**, CEO of Canadian Centre for Child Protection (Canada); **Michael Seto**, Researcher on Offender Behaviour (Canada); **Nick Truman**, Lead Internet Advisor for the Bahraini Government (Bahrain); **Julia von Weiler**, Psychologist (Germany).

Save the date for this groundbreaking forum.

For more information, visit www.oacas.org/harm



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Quality Assurance: Why it matters

By Dr. Deborah Ellison, Editorial Board

For this edition of the OACAS Journal we have been asked to introduce ourselves by submitting an article about something that continues to capture our interest. For me, the topic is Quality Assurance. What I want to try to convey in this article is why Quality Assurance may be interesting for you and important at all levels of an organization.

For many, the whole notion of Quality Assurance seems mysterious and foreign. In some ways, I wish that we had a better term for it. All Quality Assurance really means is trying to figure out objectively what is going well and things that may need to be improved. Any Quality Assurance project should be approached as a learning opportunity rather than as a means for "laying blame" when the results may not be as positive as hoped. Quality Assurance is interesting because every new project is different, often requiring new ways of thinking and always coming up with unexpected results.

There are several accountability functions that fall under the Quality Assurance umbrella. Apart from the familiar and often dreaded file reviews, probably the function that is most relevant to child welfare workers is program evaluation. Program evaluation is a systematic way to ensure that a program is operating in the way it was intended and achieving the desired results. There are many different ways to approach program evaluation. Often the methods used are decided upon based on the original goals of the program along with pragmatic considerations such as the time available for the evaluation and cost. I want to illustrate Program Evaluation by describing an evaluation that was conducted in the Windsor-Essex Children's Aid Society on their Volunteer Homework Program.

THE VOLUNTEER HOMEWORK PROGRAM

The Volunteer Homework Program was developed to try to assist children involved with the Society, both in and out of care, improve their academic skills,

study habits, and the organization of their school work. Volunteers were recruited from the community and were mainly high school and university students. The first session there were 21 students and 21 volunteers who participated in the program. The program operated one night per week. Students were expected to bring their homework with them to the program. If they arrived without homework, grade appropriate worksheets were available. Mainly the students and tutors worked on math or language arts. By the end of the first full year of operation, the number of program participants and tutors had risen to 42 and the program began to operate two nights per week to accommodate the demand. At the end of the first year the coordinator and managers responsible for the program decided to evaluate its effectiveness.

THE EVALUATION

There were two goals to the evaluation: to assess the satisfaction of the Volunteer Tutors, student participants, and parents/guardians and to determine whether teachers were seeing improved academic results. We decided to use a questionnaire format to assess volunteer and parent satisfaction and to conduct focus groups with the students. The questionnaires contained rating scales and also areas for comments. Teachers were also sent questionnaires to assess any academic gains they perceived that the students had made and whether they noticed improvement in study habits and work organization.

THE RESULTS

Volunteer Tutors: Volunteers were very satisfied with their experience. All volunteers rated their satisfaction level as 5/5 and indicated that they would continue to participate in the program in the next session. Volunteers felt that the orientation program that they had received adequately prepared

them for participation in the program. They also believed that the students were making academic gains as a result of the program. Involvement in the program also sparked interest in the volunteers to learn more about learning disabilities and Attention Deficit Hyperactivity Disorder to better help the students. While some volunteers had taken it upon themselves to gain this extra knowledge, others suggested that these topics be incorporated into the orientation material. Volunteer Tutors also advocated greater communication with teachers, as students often arrived without homework.

Parents: Parents were also highly satisfied with the program. Comments frequently were made about how much their children enjoyed spending time with the tutor. This may have been because the Volunteer Tutors were teenagers or early adolescents and were easier for the children to relate to than adults. Parents also believed that their children were making academic gains as a result of the program. However, they were unsure whether their children's homework habits had improved. There were many comments indicating that parents were still struggling with their children to complete homework on nights when the program was not running. Not surprisingly, most parents wanted the program to run a minimum of three nights per week! One interesting issue arose from the parents. Almost three quarters of the students participating in the program were youth who were residing with their families and receiving child welfare service. One mother wondered whether her child would be able to continue attending the program once the protection file was closed. This issue has generated much discussion within the agency.

Students: The students also indicated that they enjoyed the program. Students commented that what they liked most about the program was the Volunteer Tutor (followed closely by the snacks!). Eighty-three percent of the students said that they would like to return to the program. It is interesting that the students were probably more realistic in their views of their academic gains than either the Volunteer Tutors

or their parents. Students indicated that the Volunteer Tutors helped them understand the material better but only about half of them believed that their grades had improved as a result of the program. The student suggestions for program improvement revolved mainly around improving both the snacks and the small prizes received each week for completion of their homework.

Teachers: The teachers of each participating student were contacted at the beginning of the program to let them know that the student was participating in the program. Despite this notification, many claimed that they had no knowledge of the program or the child's participation in the program, and so, could not comment on its effectiveness. While they were generally pleased that their students were participating, teachers expressed a desire to be more involved with setting up the tutoring program for their students, wanted more communication between themselves and the tutors and one teacher wanted a contract set up with parents to ensure that the homework completion skills gained in the program were utilized in the home setting as well. It is interesting to note that while teachers requested greater involvement in program development, several teachers also identified that the School Board has a policy preventing teachers from providing work for tutors to review with students because most tutors are in the for-profit sector. While this is a volunteer program, some teachers were viewing it in the same light as the for-profit tutoring companies and were refusing contact with the Volunteer Tutors. This is another area that has generated discussion about the limits of confidentiality, especially with volunteers.

CONCLUSION

This program evaluation demonstrated that the participants and parents were very satisfied with the program. The relationships built between the Volunteer Tutors and the students were important. As one Volunteer Tutor wrote:

“The program is a wonderful outlet for the

children as well as the volunteers. It allows the children to have a complete hour of learning and socialization in a safe atmosphere where they feel comfortable to learn and grow. Also, the volunteers benefit from the experience. By helping the children learn they gain confidence in them and improve their skills of leadership. I always look forward to the program every week, no matter how bad my day or how tired I am, I always leave the Children's Aid Society fulfilled and satisfied. I look forward to returning as a volunteer in the fall!"

What is unclear is whether the academic gains and improvement in study skills were realized. The evaluation highlighted that there was very little communication between the program and teachers. To gain greater insight into the academic performance of students, the Volunteer Homework Program will need to develop a methodology that

strengthens the relationship of teachers to the program. This methodology will be important to understand the success of youth who may discontinue involvement in the program during the evaluation due to the family's successful completion of child welfare services. Discussion continues to occur about how to improve the communication and to gain consistency in working with Boards of Education around issues of confidentiality.

What was most interesting in completing the evaluation were the philosophical questions that arose and probably would never have been discussed if the evaluation had not been completed. Not that answers necessarily have been determined! However, it is the asking of these questions that improves our day-to-day social work practices and one way to highlight these issues is through Quality Assurance activities.



Musings of a child welfare professional

By Andy Koster, Editorial Board

DEVELOPMENT AS A CHILD WELFARE PROFESSIONAL

We all come to the job with our own values, our own personal history, our own strengths and weaknesses, and our own needs. Our task can be so gut-wrenching and stressful that we have to grow upon the base that we started with, or we either "burn out", or "cop out".

I offer you my own experiences and reflections over the course of my career in child welfare that are a collection of failures and successes, trial and error tactics, and an attitude and value system which developed over time. Each individual child welfare professional must find his or her own unique prescriptions.

For me, the following points have remained important throughout my career:

My Role

My role is always to be consistent with what I believe should be my role. I know that if I loose that sense of idealism, I will start to loose my sense of purpose and lose my motivation to continue. It is not important for me to always reach an ideal situation but I can live with myself for trying.

The Ideal Role

Ideally, we strive to remember the following in our day-to-day experiences:

1. We are not only 'Child Protection Workers' - this is a limiting bureaucratic term which no client would want to have signed at the bottom of a letter. We are child welfare professionals, who are required to maintain the code of conduct and values of the profession.
2. We use therapy and this treatment approach begins the moment we receive a call to intervene and continues until we terminate with the clients.
3. All family members, including those who abuse our clients, should receive our respect as someone who experiences their own pain in their own situation.
4. We don't do investigations as police officers. We assess situations as social workers and use the tools of social work including psycho-social assessments.
5. We look for the weaknesses in order to protect children, which is our paramount concern. However, we look for possible strengths in order to eliminate the weaknesses.
6. We believe in the capacity for people to grow.
7. Clients are never to be set-up to fail just to show that they can't handle a situation.
8. The "least intrusive concept" means that we intervene at the point that our assessment skills tell us that the client can handle.
9. Behaviour is purposeful. Even the worse clients who do the most despicable things are reacting to their own negative experiences as children or as people in general. As a worker this does not mean that we excuse these terrible actions but we attempt to understand it and by understanding it we begin to resolve our own anger that we feel on behalf of the child or spouse.
10. Never sacrifice your ideals, but do be realistic. The saying that indicates that you "can't make a silk purse out of a pig's ear" is true. Aim for the ideal but sometimes we have to settle for the least damaging alternative.
11. As a social worker in child welfare, I do not have to feel inferior or less skilled than social workers in any other setting. As a matter of fact, the endurance that we develop and our ability to work with clients who are rejected by other systems make us a valuable commodity. As a result I will never buy into an inferior role or ever apologise for being a Children's Aid social worker.

12. Whenever I can't use self-determination with a client I use the concept of "best interests". In this way I never feel a conflict in having an adversarial client. Realise that no branch of social work has a totally voluntary client in which "self-determination" is the only consideration.
 13. The abuse and mistreatment is not to be considered an end in itself, but is to be viewed as a symptom of dysfunction which can only be rectified (if at all) by a sound appraisal or assessment of the clients self and environment with regard to both strengths and weaknesses.
 14. These are the underlying themes of many child welfare clients: attachment and loss, low self-esteem, loneliness, lack of intimacy, little feeling of efficacy.
 15. Remember that most of us are motivated by the hope that things will be better rather than through the fear of negatives. The latter usually only brings compliance rather than permanent change.
 16. Appeal to and build upon the good in people, even if the decent part appears to be in the minority. Re-focus people into seeing success.
4. Always focus on changing those parts of the system that you feel are inappropriate. Stay away from identifying particular employees as the reason systems are inappropriate. In this way, errant individuals can always advocate for the same changes even in the eleventh hour.
 5. Have confidence in your own abilities but be realistic in what you can change or influence.
 6. Turn our own negative experiences and those of our clients into avenues for growth.
 7. Explore your own feelings on a case dilemma and the direction will probably be found.
 8. Allow your client to teach you about yourself and about life. In other words, realise that we are not above them, and as such, we do not do things for them, we do things with them.
 9. Deal with your anger in direct, positive ways in order to prevent bitterness or negativity that can create burnout and depression.
 10. Be open to change and variety. There is no one 'right' way in many case and work situations.
 11. Realise that you can't please all of the community or all of your clients. By doing what you can, with the best of intentions, however, you can live with yourself.
 12. Develop a self-awareness to know what are your own issues that you are still working through so that these do not impinge on your colleagues or on clients. Work on your own issues: Physical abuse as child, sexual abuse, marital issues, perceptions of males and females – your personal issues, if not dealt with, can shift your judgement or create biases. This is an important point.

GENERAL CONSIDERATIONS AS A CHILD WELFARE PROFESSIONAL

I have gathered these considerations throughout my career as a child welfare social worker through to an executive director at a Children's Aid Society. Often it is easy to forget why we are here or why what we do it is important. These considerations helped me figure out where I stood and what I was aiming for:

1. Empower yourselves and your clients. Own what is yours but be assertive in disclaiming what you don't own.
2. In order to attain what you want in your agency or for your clients be prepared to back out of skirmishes in order to win the war.
3. Don't fight the system. Change the system from

13. However, having said the above, allow your own emotions to be part of the process on the job or with clients. Why? A) It is a release for you in a natural way. B) It unites you with the clients and shows genuineness. C) It allows for personal growth. D) It prevents burnout.
 14. Never judge a colleague just by the fact that a child gets hurt. Often the best workers are the ones that have had this happen.
 15. Deal with uncaring fellow workers by confronting them. We don't deal in "things". We deal in people's lives. Let them know that their lack of involvement is unacceptable.
 16. Use your knowledge of life cycle issues, your theoretical base, and your experience to find a common bond with clients upon which you can build a productive social work relationship.
 17. Our job can force us to live on the edge. Be aware of this and take care to build in support systems which can tell you when you are too close. We see such intensity of emotion that our own base, no matter how strong, can start to weaken. I firmly believe that many child welfare social workers, especially in front-line positions have a propensity to live close to the edge anyway.
 18. Draw back to regain strength when any two out of three parts of your life are out of kilter - personal life, family life or professional life.
 19. Have fun on the job when possible and never apologise for it.
- Child welfare clients often are:
1. The ones that society has given up on or never considered in the first place.
 2. More honest in their deficits than anyone I know.
 3. Wanting to be loved by someone (or at least cared about) more than anything else.
 4. Extremely lonely.
 5. Victims of their own history of abuse.
 6. Disenfranchised.
 7. The ones who teach us the most about ourselves.
 8. Often poor.
 9. Apprehensive and scared but they hide this with displays of anger.
 10. Believing that nobody cares and they often need energetic prolonged examples of worker care before they receive the message.
 11. They started off in life wanting to be just like everybody else.
 12. People with low self-esteem and "failure identities".
 13. More likely to set-up for failure just when they realise that they are about to succeed (negative self-identity).
 14. People who want "intimacy" but often do not have the skills to attain it.
 15. Sometimes use the abuse of power as an inappropriate tool in their attempts to achieve intimacy.
 16. Often unable to respond to or to show our concerns for them in direct, open, ways. However our caring for them as workers is often accepted over time.
 17. People who sometimes see us as positive fixtures in their lives and invite us to their weddings and want their friends to meet us. They bring in their first grandchildren for our approval. They may compare workers and brag about how good their social worker is to others.
 18. Ninety percent of the time the people who never meant to hurt their children.

WORK CYCLE OF ONE CHILD WELFARE PROFESSIONAL

These are some of the thoughts and feelings that I remember at different stages of my development as a front line worker. Some are now a little painful to acknowledge but perhaps they may 'normalize' similar feelings that you may have experienced:

Time in the role	Feelings
First few months	<ul style="list-style-type: none"> • Scared • Enthusiastic • Bluffing • High Ideals • Friendly
Six months	<ul style="list-style-type: none"> • Over extended • Long hours • Did everything myself • Hid mistakes
Nine months	<ul style="list-style-type: none"> • Initial disenchantment • Some negatives • Drawing back
One year	<ul style="list-style-type: none"> • Renegotiating of role • Limiting of personal expectations • Development of initial support group • Renewed vigour
Two - five years	<ul style="list-style-type: none"> • Hardness and a feeling of being a skilled veteran • Lots of apprehensions • Sometimes feeling above clients • Personal pride in handling tough cases • A growing elitism • Living on the edge and enjoying unusual, even dangerous situations • A feeling of negativism - "What's the use?" • Isolation and the only friends are those I work with • Burnout • Judgmental
Five through eight years	<ul style="list-style-type: none"> • Reappraisal • Energy applied outward to change system • Learned to use the system more effectively • Able to blend practice and theory
Ten through twelve years	<ul style="list-style-type: none"> • More education • More human • More accepting of self • More positive • More political and purposeful

Cultural competency as new racism: An ontology of forgetting

By Dr. Gordon Pon, Editorial Board

Despite the popularity of discourse about cultural competency in social work, it is not without critics (e.g., Baskin, 2006; Gross, 2000; Sakamoto, 2007; Yee and Dumbrill, 2003). Sakamoto (2007) argues that cultural competency views culture as neutral and devoid of power. Cultural competency, therefore, does not theorize power or critique systems of oppression such as racism, sexism, ageism, heterosexism, and ableism (Sakamoto, 2007). Cultural competency seldom analyzes the role of whiteness in social work (Sakamoto, 2007). Whiteness is “a form of hegemony that allows one group to use its power to dominate a group in a position of lesser power” (Yee & Dumbrill, 2003, p. 102). Whiteness is, according to Sue (2006), the “default standard . . . [f]rom this color standard, racial/ethnic minorities are evaluated, judged and often found to be lacking, inferior, deviant or abnormal” (p. 15). Sakamoto (2007) contends that social work is built on this foundation of whiteness. Cultural competency, then, is implicated in broader social work discourses, which are founded upon whiteness.

The implication of cultural competency in whiteness is evidenced in how it constructs “other” cultural groups, because whiteness is the standard by which cultures are differentiated. At this juncture in history, cultural competency bears striking similarities to new racism (Barker, 1981). The term new racism refers to racial discrimination that involves a shift away from racial exclusionary practices based on biology to those based on culture (Goldberg, 1993). Cultural competency, like new racism, operates by essentializing culture, while “othering” non-whites without using racist language.

In this article, I argue that cultural competency promotes an obsolete view of culture and is a form of new racism. Cultural competency resembles new racism by otherizing non-whites by deploying modernist and absolutist views of culture, while not

using racist language. I assert that cultural competency is also an ontology of forgetting Canada’s history of colonialism and racism. Drawing on child welfare, I show how cultural competence repeats this ontology. I conclude by recommending the jettisoning of cultural competency and emphasizing, instead, a self-reflexive grappling with racism and colonialism.

CULTURAL COMPETENCY AND NEW RACISM

Cultural competency’s depoliticized view of culture as neutral and not implicated in power relations (Sakamoto, 2007) is evidenced in definitions of cultural competency. Green (1999) defines cultural competency as the ability to “deliver professional services in a way that is congruent with behavior and expectations normative for a given community and that are adapted to suit the specific needs of individuals and families from that community” (p. 87). Culture, according to Green, is “not something the other has, such as a specific value or a physical appearance; it is rather the “perspective that guides our behavior . . . they are the meanings two people act on in a specific relationship” (p. 14). Similarly, the Child Development Institute (2007) defines cultural competency as “a set of congruent behaviors, attitudes and policies that enables effective work in cross-cultural situations” (p. 4). They define culture as the “integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, faith, or social groups” (p.4). These definitions understand culture without considering power and how individuals of cultural groups come to be “othered” (Sakamoto, 2007). Without considerations of power, cultural competency overlooks how knowledge of cultural “others” is created; returning to Green’s (1999) definition of culture, the issue of cultural competency overlooks who exercises power to define meaning, perspective, and the “other” and how meanings and perspectives relating to the

“other” are often caught up in discourses that uphold whiteness as the default standard.

How individuals come to be “othered” is often implicated in oppressive processes of marginalization, such as colonization and racism. For example, cultural deprivation and subculture theories pathologize the cultures and members of minority groups (Mullaly, 2002). The separation of self and other effected by othering maintains and reproduces imperialist and colonialist discourses, which include social work. Thobani (2007) makes this point by asserting that child protection services build upon the colonial legacy of the residential school system by stereotyping Aboriginal mothers and native culture as being deficient. Cultural competency discourses that define cultures without consideration of power and that do so in stereotypical ways resemble new racism. New racism is racial discrimination that involves a shift away from racial exclusionary practices based on biology to practices based on culture (Goldberg, 1993). The concept of new racism gained prominence in Great Britain in the 1980s as scholars began theorizing the policies and practices of Margaret Thatcher’s Conservative government. New racism, according to Gordon and Klug (1985), is “essentially a theory of human nature and human instinct and most important among such instincts is the supposed desire of human beings to be among the company of their own kind” (p. 14). New racism is difficult to recognize as racism because racist discourses are interwoven with discourses about social cohesion, cultural preservation, and nationalism, which discriminate without actually using the word ‘race’ (Barker, 1981; Miles & Brown, 2003; Smith, 1994; Yon, 2000), thus avoiding “older definitions of race that were so evidently tainted by Hitlerism” (Barker, 1981, p. 25). It is, according to Barker, a “struggle to create a new commonsense” (p. 25), one that would elude accusations of being racist. This new commonsense deploys culture in ways that, like cultural competency, do not consider power.

The rationale for the new common sense was to discriminate without being open to accusations of racism. This is accomplished by theorizing about culture without considering the power relations implicated in colonialism and racism. Barker explains new racism as:

. . . a theory that I shall call biological, or better, pseudo-biological culturalism. Nations on this view are not built on politics and economics, but out of human nature. It is in our biology, our instincts, to defend our way of life, traditions and customs against outsiders—not because they are inferior, but because they are part of different cultures. . . . For we are soaked in, made up out of, our traditions, our culture (Barker, 1981, p. 23–24).

In the above statement, human nature is argued to be a product of culture. Proponents of such a view are able to defend against allegations of racism because they assert that they are not purporting that biological or racial differences exist in human nature among racial groups, but rather it is differing cultures that give rise to differences in human nature (Barker, 1981). This move thus uses culture, not racist language, to justify why people would by nature prefer the company of their own cultural group members. Nowhere in such understandings of culture are power and racism.

New racism also uses culture to explain differences between people and nation, resulting in what Barker explains is a theory that “justifies racism. It is a theory linking race and nation” (Barker, 1981, p. 22). The link between race and nation, with culture serving as the linchpin, is evident in Thatcher’s February 1978 denouncing of immigration on the grounds that Britain would be “swamped”:

That is an awful lot, and I think it means that people are really rather afraid that this country might be swamped by people of a different culture. The British character has

done so much for democracy, for law, and done so much throughout the world that if there is any fear that it might be swamped, then people are going to be rather hostile to those coming in (cited in Solomos, 1989, p. 129).

Solomos (1989) highlights how Thatcher's comment enacts racism while not having to resort to racist language. In Thatcher's statement culture serves the role of signifying, or "othering," non-whites. The concept of culture deployed by Thatcher is modernist, essentialist, and absolutist (i.e., pure, without any mixing). The effect of this use of culture is that it constructs non-whites as belonging outside of England. In other words, English culture is associated with whites only. This racist exclusion achieves its effect by never having to invoke racist language. This strategy makes new racism difficult to identify as racism.

The new racism of the Thatcherites has not gone away. Rather, more recently, following the horrors of 9/11, new racism has found resurgence in civilizational discourses that conceptualize culture as being composed of absolute, fixed, observable, and immutable attributes. Samuel Huntington's (1993) clash of civilizations thesis has been promoted to argue for the inevitability of war between the United States and the Muslim world because of the purportedly different civilizational cultures (Razack, 2005). Razack contends that the thesis of clash of civilizations constructs non-Western cultures as backward, archaic, patriarchal, and in need of the assistance by the West to bring the former into modernity. Gilroy (2005) explains that "absolutists" such as Huntington have "contributed something to the belief that absolute culture rather than the color is more likely to supply the organizing principle that underpins contemporary schemes of racial classification and division" (p. 37). Gilroy highlights that social constructions of absolute cultures, so central to new racism, is a pressing problem today.

Cultural competency seems to disavow the ways in

which employing absolutist, essentialist, and modernist definitions of culture share striking similarities with new racism's theory of culture. Like new racism, cultural competency otherizes non-whites, using culture to do so, all the while never having to invoke racist language. Like new racism, cultural competency relegates cultural "others" as belonging outside of the nation, different from what is ostensibly (white) "Canadian culture." In other words, reminiscent of Thatcher's fear that people of other cultures would swamp Britain, cultural competency also constructs cultural "others" as coming from somewhere else, not from Canada. Yet implicit in cultural competency is the notion of a pure Canadian culture, which elides the Aboriginal peoples and the long-standing history of Chinese and black people in Canada (Pon, 1996; Walcott, 2001). When cultural competency constructs knowledge of cultural "others," it forgets the history of non-whites in Canada and how this troubles, even renders absurd, any notion of a pure or absolute Canadian culture. Moreover, it is extremely difficult to recognize cultural competency as racism because it discriminates and otherizes without using racist language. Because of these similarities, I contend that cultural competency is a form of new racism.

CULTURAL COMPETENCY: MODERN AND POSTMODERN VIEWS OF CULTURE

Like new racism, cultural competency assumes, not unlike Thatcher and Huntington, that culture is a collection of absolute, stable, fixed objective traits and values. This absolutist view of culture recalls anthropology's modernist theories of culture. Yon (2000) contends that modern anthropology adopted the theory of culture as "attributes and distinguishing features of a community" and resulted in "the practice of recording and analyzing the traits that distinguished communities and groups" (p. 8). Currently, this practice has been "critiqued for objectifying and fixing cultural differences and for bringing to bear Western-centered assumptions upon the study of cultures considered non-Western" (Yon, 2000, p. 8).

Moreover, it assumed that an objective scientific truth about a culture could be recorded by anthropologists (Yon, 2000). Yet despite anthropology's own critique and skepticism of its modern history (Clifford, 1986), cultural competency persists, not unlike new racism, to promote a modernist, absolutist, and anthropological view of culture.

This is evident in the many cultural competency texts that, like modern anthropology, list behaviors, traits, and values of various cultural groups. For example, Green (1999) lists cultural contrasts between African-Americans and Anglo-Americans while noting that important "from the perspective of the cultural competence model, is, what generalizable statement would be more true for specific service populations" (p. 207). Although Green is careful to emphasize that such cultural contrasts are merely "provisional and hypothetical" (p. 207) starting points for thinking about different cultures, such contrasts nonetheless recall modern anthropological theories of culture as objective truth. Cultural competency can thus be understood as new racism inasmuch as its understanding of culture effects the same essentializing constructions of culture deployed by Thatcherites and Huntington. Like new racism, proponents of cultural competency are able to promote racialized and stereotypical views of cultural groups without ever having to use racist language.

What then are the stakes in viewing cultural competency as a form of new racism? One consequence is the revealing of cultural competency as an outdated, theoretically obsolete social work response to social differences. The obsolescence of cultural competency becomes most striking when considering its disavowal of postmodern theoretical advancements around culture (Gross, 2000). Yon notes that in the 1980s, a new phase of cultural theory emerged and was called the "postmodern turn" (Yon, 2000, p. 9), and it has influenced all disciplines, including anthropology (Clifford, 1986) and social work (Fook, 2002; Gross, 2000; Hick, 2005; Mullaly, 2007). Cultural competency's

disavowal of the postmodern turn, however, renders cultural competence theoretically and practically obsolete.

This postmodern turn challenged the notion of a unitary fixed subject and embraced the instability of meaning. Disciplines, including social work, began to move away from grand theories toward an interest in partial truths. Postmodern understandings of culture shifted from being "a stable and knowable set of attributes" to the view of culture as a "matter of debate about representations and the complex relationships that individuals take up in relation to them" (Yon, 2000, p. 9). Stuart Hall (1989) and Gosine (2000) have proposed the view of cultural identity as being nonessentialist but, rather, highly discursive and linked to how subjectivities are formed through desire, language, and representation. As such, there are no essences to subjectivity; subjectivity is constructed precariously (Weedon, 1987) and is constantly in the process of becoming (Hall, 1989). Hall explains cultural identity in the following statement:

It is not a fixed origin to which we can make some final and absolute return . . . it is always constructed through memory, fantasy, narrative, and myth. Cultural identities are the points of identification which are made within the discourses of history and culture. Not an essence but a positioning (p. 71).

This postmodern view of culture and cultural identity is rarely taken up by proponents of cultural competency. Instead, cultural competency persists to endorse modernist and absolutist notions of culture.

Even when postmodernism is invoked by proponents of cultural competency, the definition of culture often remains situated in modernism and absolutism. For example, Green (1999) discusses postmodernism as a critique of how claims of scientific validity may be "class or culture bound" (p. 43). However, he does not apply postmodernism to trouble modernist constructions of culture itself. Postmodern views of culture would understand that

there is no pure, static, or monolithic culture to speak of, let alone use as “provisional and hypothetical” starting points (Green, 1999, p. 207). In light of postmodern contributions to understanding culture’s complexities, cultural competency’s insistence on essentializing culture renders discourses of cultural competence outdated.

Postmodern views of culture acknowledge that “culture is not as simple as we want to make it” (Gross, 2000, p. 49) and moreover, there are “too many differences—too many to master to achieve cultural competency” (p. 59). Raymond Williams (1988) asserts that “culture is one of the two or three most complicated words in the English language” (p. 87). Highlighting the complexity of culture and critiquing cultural competency is not to downplay the significance of culture and the importance of respecting service users’ identities and their subjective experiences. Gross (2000) notes that “as elusive as culture can be, especially the culture of ‘others,’ there is little that is more important. Culture composes one’s humanity” (p. 61). Pozatec (1994), echoing the significance of culture, writes: “This awareness of our own subjective cultural experience and that of our clients must be accorded privileged status” (p. 399). One way to privilege subjective cultural experiences might be, according to Gross and Pozatec, for social workers to gain awareness of how our own subjectivities influence how we construct and interact with others. In this way, the focus would not be so much on mastering cultural knowledge but on understanding how knowledge is constructed and contested (Gross, 2000).

In the next section I discuss Lowe’s (1996) ontology of forgetting Canada’s history of white supremacy, colonialism, racism, and sexism as a way to understand the persistence and precariousness of an obsolete discourse such as cultural competency.

CULTURAL COMPETENCY AS ONTOLOGY OF FORGETTING

If cultural competency discourses in social work reify culture in modernist and colonialist ways, then why the persistence in our profession of this knowledge

construction of culture? What passions of social work propel the persistence of cultural competency, despite its obsolete theory of culture? To respond to these queries I borrow from Lisa Lowe (1996), who discusses an ontological forgetting that characterizes nation-states such as Canada. She argues that in nations such as Canada, the brutalities of genocide against its Aboriginal peoples (Baskin, 2006; Monture-Angus, 1995) give rise to an ontology of forgetting. This present ontology of liberal democratic nation-states such as the United States and Canada involves forgetting the history of white supremacy, racism, and Western imperial projects that proved central to the states’ formation and ascendancy (Lowe, 1996). Such acts of forgetting include the elision of the Canadian nation-states’ annihilation of its Aboriginal peoples.

To be sure, the profession of social work is implicated in the cultural genocide of Aboriginal peoples in Canada. The infamous “sixties scoop,” in which high numbers of Aboriginal children were removed from their families by social workers, highlights social work’s implication in Canadian colonialism and white supremacy (Thobani, 2007). This recalls Weaver’s (1999) contention, which I believe applies equally to Canada, that “social workers must understand the atrocities of the indigenous holocaust in this country and the unresolved pain associated with it” (p. 221).

The ontology of forgetting also recalls the elision of Canada’s sinophobic and xenophobic characterization of Chinese indentured railway workers as “heathens” and the “Yellow Peril” (Pon, 1996) and its deadly relations with black Nova Scotians (Winks, 1971). Roy (2003) asserts that the virulent state racism practiced against the early Chinese settlers was fueled by desires for a white Canada. These aspects of a modernist project of white supremacy are implicated in the nation-building history of Canada. The ontology of forgetting this history perpetuates the view of Canada as a fair and tolerant society, despite the reality of pervasive racism (Henry, Tator, Mattis, & Rees, 2000).

Yet systemic and structural racism persists in Canada today. Canada's colonial and racist relations with Aboriginal peoples continue as evidenced by the Ontario Provincial Police's shooting death of Aboriginal activist Dudley George in 1995 and the inability of Canada to resolve outstanding Aboriginal land claim (Lawrence & Dua, 2005). In his book, 'Canada's Economic Apartheid', Galabuzi (2006) calls attention to systemic labor-market discrimination that racialized groups continue to face in Canada.

Cultural competency is a manifestation of an ontology of forgetting Canada's contentious relationship with non-whites. Social work's investment in cultural competency discourses may, in part, be symptomatic of social workers' desire to believe that Canada is largely a fair and tolerant society. Indeed, one of the greatest challenges to whiteness is an acknowledgement of the social violence enacted in the name of maintaining white superiority. Cultural competency discourses free social workers from having to confront whiteness and Canada's history of white supremacy. In other words, cultural competency constructs knowledge about cultural "others" in a way that does not challenge social workers' sense of innocence and benevolence.

Social work's passion for cultural competency fails to acknowledge that in our post-9/11 world, discourses on racism are often won or lost according to definitions of culture. If, indeed, cultural absolutism underpins much of today's racial exclusionary practices (Gilroy, 2005), then what is at stake in contemporary racism is the understanding of culture. Like new racism, cultural competency ossifies culture as absolute. Accordingly, depoliticized and obsolete views of culture implicit in cultural competency render this social work approach as being unable or unlikely to grapple with contemporary forms of new racism and racial classifications that are predicated on culture.

CULTURAL COMPETENCY AND CHILD WELFARE

Cultural competency debates in child welfare

evidence theoretical tensions around modern and postmodern understandings of culture. Este (2007) and Kufedlt, Este, McKenzie, & Wharf (2003) discuss the need for cultural competency within child welfare. However, these authors seem to invoke modernist understandings of culture. For example, in an examination of critical issues in child welfare by Kufedlt, Este, McKenzie and Wharf (2003), Este writes a subsection on cultural diversity in child welfare. Este discusses individual racist and sexist attitudes and beliefs of workers. He advocates for the worker's needing to know her or his own culture as well as the culture of the clients (Kufedlt, Este, McKenzie, & Wharf, 2003). However, this reifies culture in modernist ways, overlooking how culture is fluid, contested, hybrid, and not absolute (Gosine, 2000; Yon, 2000). This is evident in the following passage:

Social workers must be cognizant of the shifting nature of culture. For example, newcomers to Canada are likely to retain the parts of their culture they regard as important and to embrace certain aspects of Canadian culture, thus forging a new culture that will evolve, develop, and change over time. Because of this fluid notion, the process of becoming culturally competent is an ideal state, but one with no end point. It is conceived as a development process that requires life-long learning (Este, 2007, p. 95).

Here, Este captures the postmodern notion of the fluid, even hybrid, aspects of culture, yet falls into the modernist trap of reifying culture as a set of fixed, knowable, and more-or-less stable attributes that one might choose to retain or embrace. According to this approach, it is possible to compile a crude modernist cultural checklist of an individual's embraced Canadian cultural attributes and retained cultural traits.

Moreover, Este (2007) locates the notion of culture as being associated with the bodies of newcomers. Implicit in this assumption is Canadian culture as neutral or devoid of power. In other words, Canadian culture is ostensibly definable and normative,

whereas newcomers would be bringing their cultural attributes to Canada. Este's position epitomizes Sakamoto's (2007) contention that cultural competency discourses fail to interrogate how individuals come to be "othered." Clearly, the modernist notions of newcomers and Canadian culture are central aspects of the process of othering. The concept of the newcomer and Canadian culture reify the former as "other." In this way the newcomer is socially constructed as being different from Canadians and belonging outside of the nation-state. According to this logic, the newcomer and the Canadian culture are mutually exclusive and binary categories. Yet, noting that black people have been in Canada for hundreds of years, cultural theorists such as Walcott (2001) argue that the history of Canada reveals a "willful attempt to make a black presence absent" (p. 128). Cultural competency often reproduces the absenting of the black presence in Canada. In other words, what is at stake is the defining of

the term 'Canadian culture'. Would Este's definition of Canadian culture include the presence of long-standing black Canadians and how their contested presence in the nation troubles any attempt to define an absolute Canadian culture?

That even such a perceptive and critical scholar as Este (2007) can fall into the trap of reifying culture shows how we all are vulnerable when trying to buttress cultural competency discourse by struggling to define culture within the limitations of the discourse's parameters. Thus, even while attempting to reconcile modernism with postmodern understandings of cultural identity, cultural competency's intense focus on the mastery of culture proves to be what Gross (2000) calls overambitious. In persisting, nonetheless, to focus on mastering culture, cultural competency repeats the ontology of forgetting the nation-state's and social work's oppressive historical encounters with its cultural "others." Out of this forgetting, much like new racism, exclusionary ideas of race, nation, and belonging become reproduced by cultural

competency, all the while using culture in place of racist language.

CONCLUSION: JETTISONING CULTURAL COMPETENCY

Because of the obsolescence of cultural competency and its resemblance to new racism, I recommend that it be jettisoned by social workers. Letting go of this discourse would help us to not forget but rather to remember social work's own modern history. Moreover, this remembering might help us slow down and resist what Britzman (2000) calls a "rush to application" (p. 204). She writes that:

[W]e would have to think about how the teaching techniques we offer induce compliance in the form of our students quickly taking techniques to their classrooms [the field]. This rush to application and to what is mistakenly called "the practical," would, of course, be compliance to the dominant rule that knowledge use is strictly defined by its capacity to be externalized and applied to others (p. 204).

Britzman's admonishment against rushing to practice alerts us to how cultural competency is symptomatic of this tendency. The rush to apply knowledge to others coalesces with social workers' self-regard as benevolent and innocent. In other words, attention is quickly placed on the "other" whom we are "helping," rather than on ourselves. Are cultural competency discourses a manifestation of a rush to practice?

Indeed, rushing to practice is, according to Britzman (2000), often related to a refusal to engage with learning about social violence, such as colonialism, racism, and slavery, which can cause intense difficulty for learners. Britzman calls information about social violence "difficult knowledge" (p. 21). Such knowledge is difficult for learners because learning about racism often entails the challenging work of self-knowledge, including acknowledging how we are all implicated in contradictory

relationships of oppression. Cultural competency thus shields students and social workers from the difficult work of self-reflexivity. If we acknowledge the obsolescence of cultural competency and jettison it, we might then be less concerned about quickly mastering and applying knowledge to others and instead prioritize self-knowledge, particularly our flights from engaging with issues such as racism and colonialism. This recalls Gross's (2000) caution that "mastery of minority content may not be possible, and those who believe they have such mastery are in danger of understanding clients too soon, too superficially" (p. 47).

Proponents of cultural competency might do well to heed Gross (2000) and forgo the overambitious effort of trying to master cultural content; instead, they might focus on how knowledge of "others" is constructed in the first instance. This would enable social workers to be attentive to new racism and reject disciplinary parochialism by embracing postmodern debates about culture as contested knowledge. We might then, in productive moments of self-reflexivity, remember what it is that we work so hard to forget.

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Clinical Counselling: A vital part of child welfare services - Part Two

By Clinical Counselling in Child Welfare Committee

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RELATIONSHIP-BASED PRACTICE

As discussed at the beginning of this paper, there is a call for a return to relationship-based child welfare practice. In this section, we elaborate on this point in order that readers can fully appreciate the importance of the worker-client relationship in child welfare, its connection to client outcomes including child safety, and its connection to clinical counselling.

Relationship-based theorists focus on the quality of the therapeutic relationship and argue that it is what matters most in our work with clients (Howe, 2009). Seden (2005) indicates that relationships are at the heart of all effective social work practice, and Howe (2009) echoes the saliency of this point through analogy:

The way people treat us matters. We are keenly aware of their reactions and responses. I probably wouldn't go back to a hotel where the receptionist was abrupt, not to say dismissive when I ventured to mention that the shower was only offering lukewarm water. My anxieties about the minor operation to remove a small growth are unlikely to go away if the doctor fails to acknowledge my worries about whether or not the lump might be cancerous. A restaurant whose waiters are unsmiling and uncommunicative is unlikely to get my custom again. The quality of the relationship is particularly important in situations where one party is anxious or distressed. This, of course, is likely to be the case in much of social work practice. All social work theories recognize the importance of the relationship. (p.156)

Increasingly, child welfare is recognizing that client change and satisfaction with the outcome of service occur within the context of a supportive, empathic and engaging relationship with the worker. Intuitively, doesn't this just make good sense? After all, who among us would want to engage, expose our true difficulties, and make ourselves vulnerable to the power of the child welfare system if we did not perceive at a minimum a positive relationship¹ with our worker? And, beyond simple intuition and common sense, research supports this.

A DISCUSSION OF TERMS

Before discussing some of the research, it seems useful to first establish an understanding of the various terms used, seemingly interchangeably, in order to discuss what we mean by the “worker-client relationship” in this paper. Stanhope & Solomon (2009) provide some direction with this:

The terms “therapeutic relationship,” “therapeutic alliance,” and “working alliance” are all used to connote the relationship between the provider and the client. However, relationship is a broader concept referring to all aspects of the interaction between provider and client, including provider characteristics and facilitative conditions as well as therapeutic alliance. ‘Facilitative conditions’ refer to the extent to which the therapist is empathetic, is warm, and establishes congruence with the client. ‘Alliance’ refers to one specific aspect of the relationship, which is the extent to which the therapist and client form a bond and collaborate together. Bordin (1979) conceptualized ‘working alliance’ as having three elements: (1) goals—the agreement on what is to be accomplished; (2) tasks—the acceptance by provider and the consumer of the responsibilities that form the intervention; and (3) bond—the mutual trust and attachment that

develops between the provider and the consumer. (p.808)

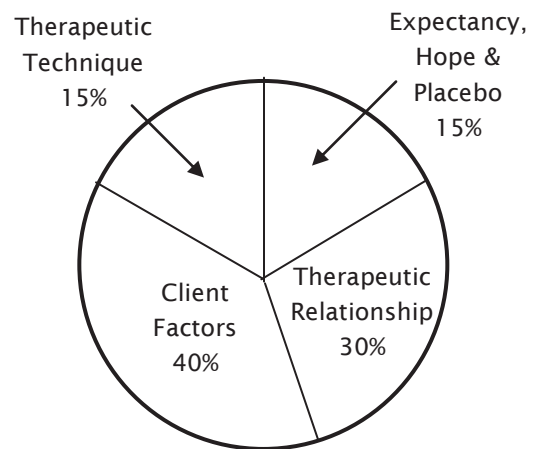
Other literature refers to the “social work relationship”, “therapeutic relationship”, “helping relationship” or just “relationship”, which again refer to all aspects of the interactions between service providers and clients. For the purpose of consistency in this paper, we use the term “worker-client relationship”, although clearly other authors may use different terms to refer to the same or similar process.

POSITIVE OUTCOMES

Social work and psychotherapy research shows that the quality of the worker-client relationship has a tremendous influence on the achievement of desirable client outcomes (Graybeal, 2007; Norcross, 2002, cited in Platt, 2008). Lambert, Shapiro & Bergin’s (as cited in Graybeal, 2007, and Duncan & Moynihan, 1994) review of psychotherapy outcome research reveals that qualities of the therapist or relationship, such as warmth, empathy, acceptance, contribute 30% to the outcome of therapy, which is twice as much as that of a particular therapeutic technique (See Figure 1). Graybeal (2007) summarizes in his review of meta-analytic studies of outcome research what this means in terms of client change:

We can say now with confidence that in general, social work is effective, and that most models or methods appear to work reasonably well. What is most intriguing, however, is that while there are some differences among these various models, there are other variables that account for much greater differences within models or from case to case. These other variables include factors such as the practitioner’s capacity to listen, understand, support, and work with the inherent wisdom of clients’ to identify and incorporate their strengths; and to foster their hopes and expectations. In other words, the profession’s long-standing emphasis on the relationship between worker and client are at the heart of change. (p. 514)

Figure 1 - What contributes to outcomes in therapy? (Lambert, Shapiro & Bergin as cited in Duncan & Moynihan, 1994; Graybeal, 2007)



And, as discussed in the introduction of this paper (see Journal, Fall 2010, Volume 55, Number 4), this also applies to the achievement of positive outcomes for children and families involved with child welfare services in particular. Research examples of this are shared:

- Findings from Lee & Ayon’s (2004) study, which examined the relationship between the worker-client relationship and outcomes in cases of child abuse, showed that, “a more positive relationship with the social worker was associated with improvements in discipline and emotional care and tendencies toward improvement in children’s physical care and parents’ coping” (p. 356). The authors summarized the implications of their findings: “Child welfare workers will benefit their clients when focusing on building quality relationships as they are related to outcomes. Child welfare agencies need to prioritize social workers’ relationship building with clients in their protocols” (p.357).
- Trotter (2002) observed in his study on casework skills and client outcomes in child protection that workers’ use of particular skills, including relationship skills, was related to positive client outcomes.

- Verge's (2005) shared in her study on worker-client relationships in a mandated child welfare setting that, "the research confirmed the importance of a positive relationship in child welfare and how a positive relationship assists with the change process" (p. 52). She further noted that the importance of the worker-client relationship in the delivery of child welfare services cannot be underestimated.
- de Boers & Cody (2007) shared findings from their study which explored the nature of good helping relationships in child welfare:

The workers and clients in our sample give voice to the ability of positive helping relationships in child welfare to be healing and life-changing... The results of this study illustrate that good helping relationships can be developed and maintained even when there are serious concerns about child maltreatment and children need to be taken into care. Such relationships can benefit both workers and clients in numerous ways, such as by increasing honest disclosures, creating climates of nurturance and support, instilling hope, generating the mutual ownership of service plans, and increasing the accuracy of assessments and the appropriate selection of intervention. Furthermore, good helping relationships can positively change clients' attitudes and perceptions about child welfare. (p. 39)

- Dore & Alexander's (1996) study about the role of the helping alliance in preserving families at risk of child abuse and neglect revealed that: "Clues to understanding differential treatment outcomes are found in psychotherapy studies of the helping alliance. Many of the intervention methods and techniques prescribed by various FPS [Family Preservation Services] are consonant with positive alliance formation" (p. 358).
- Drake's study (1994) on key relationship competencies revealed the ways in which children's safety and protection are compromised in lieu of

an effective worker-client relationship:

The ability of the worker to engage the family is crucial to the protection of the child, both in the short term and the long term. The prime benefit of an effective worker-client relationship lies in the enhanced level of safety afforded the child. (Drake, 1994, p. 601)

- Gladstone et al.'s (2010) first wave of findings from their study on worker-parent engagement, casework skills, and outcomes in child welfare settings show a positive correlation between parent engagement and positive outcomes (for example, parent engagement is associated with parent satisfaction with service provision and outcome of service; and parent engagement is associated with a willingness to contact their worker for assistance if needed after case closure).

WORKING ACROSS "DIFFERENCE"

Additionally, emphasis on the worker-client relationship seems to also be important in supporting workers in the complex and essential process of working anti-oppressively and across "difference":

The refusal to take up difference in the context of child welfare has meant that we both fail to intervene when we need to and, at other times, intervene too zealously when we should stay out. Making relationship a fundamental skill in professional social work practice provides a fertile site to consider the consequences of how we think about and act upon notions of cultural and racial difference. This is not to say that building a relationship is the solution to overcoming the sometimes difficult terrain of working across difference. However, if we see our work as a series of encounters, with often marginalized and vulnerable people, then relationship-building seems a useful place to begin. (Jeffery, 2009, p.56)

NOT A NEW APPROACH

Many theorists are emphatic about the importance of the worker-client relationship: Dumbrell, (2009) describes the worker-client alliance as “the most powerful intervention tool known to social work” (Dumbrell, 2009, p. 129) as do other theorists (Woods and Hollis, 2000 cited in Lee & Ayon, 2004; Roth and Fonagy, 2005 cited in Platt, 2008). Jeffery (2009) further explains that: “Investment in the quality and humanity of the relationship between worker and client is all that a worker can rely on with any degree of certainty” (p.57). And, while there is a resurgence of research in this area, these are not new ideas in the field. Biestek noted in 1957 that, “A good relationship is necessary not only for the perfection, but also the essence, of the casework service in every setting” (Biestek, 1957, p.19, cited in Graybeal, 2007, p.519). Seden (2005) also highlights the ongoing consistency of this knowledge:

Whatever counselling theory is used, it is the personal relationship and facilitating qualities of the worker that are valued, as much as skills and theoretical models, by recipients of services. This has been known ever since the Truax and Carkhuff research [in 1967] and there has been no contrary evidence to invalidate this finding. Current research into social work delivery finds contemporary evidence to similar effect (Seden, 2005, p. 15).

“It is not so much the technique as the attitude that makes the difference eschewing a forensic approach for an empathetic/child best-interest approach to interviewing and counselling. In a large percentage of cases it is establishing an alliance with the caregiver in order to enhance a child or youth’s circumstances and opportunities.” - Survey Participant

IMPORTANCE OF THE CLIENT’S PERSPECTIVE

It is also essential to note the importance of eliciting clients’ perceptions of their relationship with their worker and satisfaction with services. Graybeal

(2007) explains how research has shown that clients’ perceptions are highly predictive of outcomes:

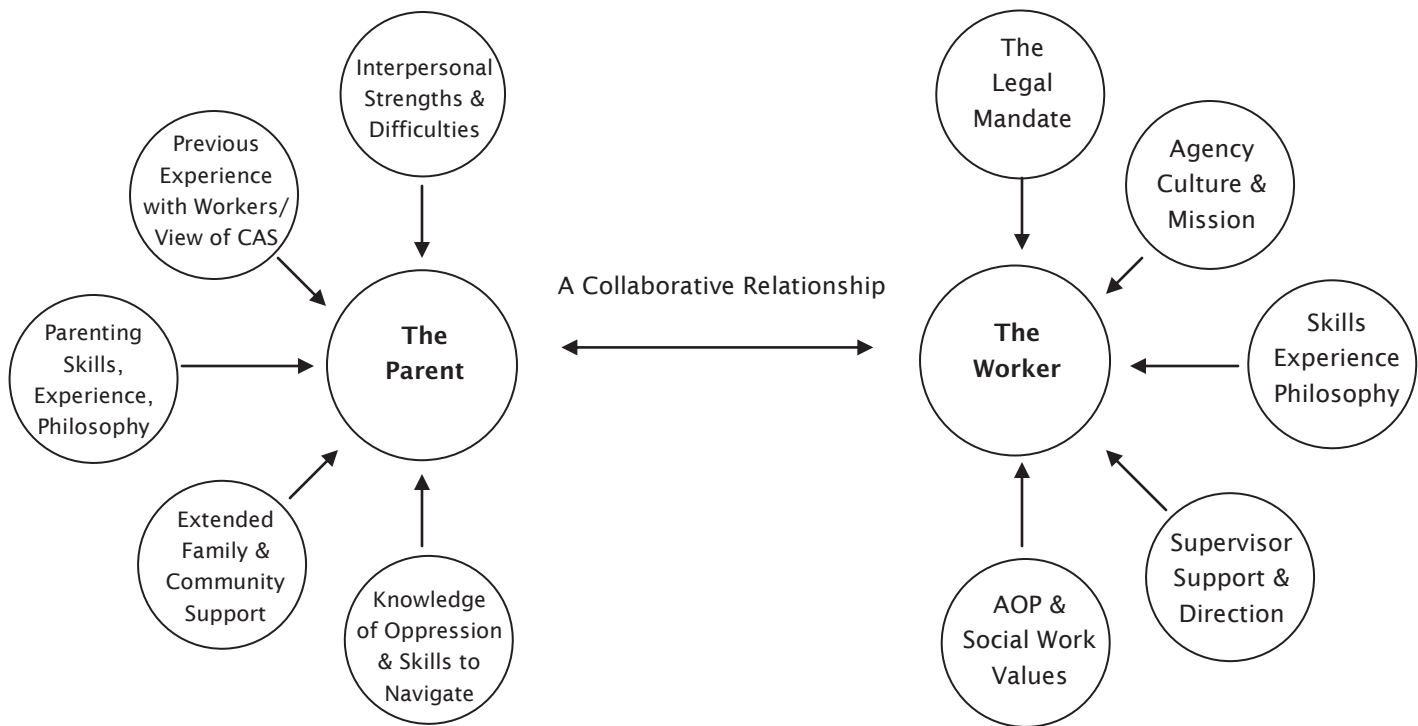
Several studies have shown that the client’s evaluation of the therapeutic alliance is a more powerful predictor of outcome than either the method of treatment or the severity of the problem (Blatt, Zuroff, et al., 1996; Rudnick et al., 1996). And, most interestingly, clients’ ratings also are more predictive of both short- and long-term improvements than are ratings by therapists (Bachelor & Horvath, 1999). The client’s “subjective” perceptions appear to be more reliable than the “objective” observations of therapists. As Duncan et al. (2004) argued, “Client feedback about the fit and benefit of services is at the heart of change.” (p.520)

Indeed it is not advisable to substitute the clients’ perspective for the workers’; there is, however, clear value in asking the client about their view on their relationship with their worker. Asking a client, for example, “How do you feel about the way we’re working together?” and “Do you feel that there is something that I could be doing better?” conveys respect for the client’s opinion and also gathers valuable input/feedback about the effectiveness of the service being provided. Essentially, clients have particular knowledge and skills that workers can elicit, which, in conjunction with their own knowledge and skills, can help build a collaborative worker-client relationship to help facilitate positive outcomes (See Figure 2).

A CONTEXT FOR THE USE OF CLINICAL COUNSELLING SKILLS/MODALITIES

All of the emphasis on the worker-client relationship is not meant to undermine or negate the utility of a well-chosen intervention technique/modality used to attend to a client’s particular needs (Graybeal, 2007; Lambert, 1986). These are, as Graybeal (2007) notes below, essential, which is why we discuss these in detail later in this paper. What this should do, however, is focus our attention on the importance of the

Figure 2- The knowledge and skills the worker and parent bring with them to develop a collaborative worker-client relationship



interpersonal context within which counselling is best provided:

[The emphasis on the relationship] is not, it should be emphasized, a “go with your gut” approach. And it does not mean that the method or theoretical perspective are irrelevant, but rather that they must be understood as one dimension of effective practice. ... The methods, models, and techniques of social work are ... essential, providing the base for social work skills. But it is the capacity to form collaborative relationships, based on interpersonal improvisation and feedback derived in the moment that leads to the most significant and lasting changes. (Graybeal, 2007, p. 514)

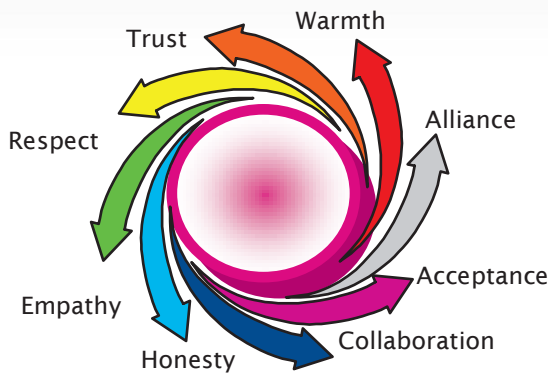
Essentially, if we desire to help our clients undertake a process of genuine change we need to start with the worker-client relationship. The worker-client rela-

tionship will provide the context for the counselling skill/technique/modality to be used to effectively to facilitate change; and, reciprocally, counselling skills are used to develop the worker-client relationship in the first place. In other words, not only do counselling skills serve to build a quality worker-client relationship, they are better utilized within this relationship.

CHARACTERISTICS OF A POSITIVE RELATIONSHIP

Because of the demonstrated importance of the worker-client relationship, it seems worthwhile, therefore, to further discuss the characteristics (or the facilitative conditions / qualities) that identify a positive worker-client relationship. Some of these have already been mentioned above, and some are identified in Figure 3 below; further elaboration follows in the chart to follow for easy reference.

Figure 3 - A positive worker-client relationship



A few points are worth noting: a number of researchers have discussed these characteristics, many from decades ago that remain relevant currently, and

some that have newly emerged; some of these overlap, which is acceptable as they are not necessarily mutually exclusive; these don't always constitute a unidirectional influence (for example, a positive relationship produces trust, and trust produces a positive relationship); and finally, this is not an exhaustive or static list, but rather reflects some of the most commonly discussed characteristics.

In the left column of Table 1 we list the particular characteristic; in the middle column we provide an explanation of the term and reference where that explanation originated; and in the right column we reference some literature/research that identifies this characteristic as being important.

Table 1 - A positive worker-client relationship

Characteristic	Explanation	Reference
<p>Respect</p>	<p>Respect for each and every person is central to social work: "This respect transcends a person's role, status or behaviours. ... Caseworkers afford all individuals, whatever their personal qualities, equal respect" (Doyle, 1994, p. 153). In this regard, all of the characteristics included in this chart stem from and are manifestations of our genuine respect for our clients.</p> <p>Parents who are involved with child welfare services regard being treated with respect as the most important thing for their workers to do (Dumbrill & Lo, 2009). Parents described respect from their worker as "feeling they were respected as fellow human beings, to workers sharing power, as in parents feeling informed and included in decision-making and planning" (p.132). Please refer to the AOP section of this paper for a fuller discussion of respect.</p>	<p>Chand & Thoburn (2005); Dumbrill & Lo (2009); Drake (1994); Doyle (1994)</p>
<p>Alliance (therapeutic working)</p>	<p>"Alliance refers to one specific aspect of the relationship, which is the extent to which the therapist and client form a bond and collaborate together" (Stanhope & Solomon, 2009, p. 808).</p> <p>"The positive affective bonds between client and therapist, such as mutual trust, liking, respect, and caring" (Horvath and Bedi, 2002, p.41; cited in Platt, 2008).</p>	<p>Blatt, Zuroff, et al. (1996), cited in Graybeal, (2007); Rudnick et al. (1996), cited in Graybeal, (2007); Norcross, 2002, cited in Platt (2008)</p>

Characteristic	Explanation	Reference
Empathy	<p>“Empathy is the capacity to enter into the feelings and experiences of another; to understand what the other is experiencing as if you were the other; to stand back from your own self and identity in the process.... Empathy is not sympathy or approval, in an important way it is value free; it does not prescribe or collude with actions. Empathy can simply be used in understanding others and then planning actions. The practitioner remains free to be clear about society’s or the agency’s stance on the person’s values and actions. Empathy identifies and works with difference constructively.... Colloquially, it is said that empathy is ‘the ability to walk a mile in another’s shoes’” (Seden, 2005, p. 74-75).</p>	<p>Cooper (2004) cited in Platt (2008); Chand & Thoburn (2005); Hepworth, Rooney, & Larsen (2002); Norcross (2002) cited in Platt (2008); Rogers (1959)</p>
Collaboration	<p>Collaboration involves co-creation. It shares the worker’s power and demonstrates respect for the client’s knowledge and input. “[It] is an aspect of the working relationship that requires [warmth, genuineness, unconditional positive regard, transparency] but acknowledges the reciprocal nature of the therapeutic alliance. ... [It] involves a step-by-step building of a relationship, involving feedback and reflection, as well as a sense of both parties working toward a common goal. This approach removes the emphasis on the service user alone being expected to make changes that can be perceived to be dictated by another, i.e. the legal system, child protection procedures. Rather, the collaboration between the worker and the service user generates the changes without reducing the responsibility for individual behaviour being removed from the service</p>	<p>Norcross (2002) cited in Platt (2008); Cooper (2004) cited in Platt (2008)</p>
Genuineness, Authenticity	<p>Genuineness, or authenticity, involves: “Being a genuine person, rather than assuming a contrived and sterile professional role. Authentic behaviour by social workers also models openness, the effect of which</p>	<p>Chand & Thoburn (2005); Hepworth, Rooney, & Larsen (2002); Norcross (2002) cited in Platt (2008); Rogers (1959)</p>

Characteristic	Explanation	Reference
Genuineness, Authenticity continued	is to encourage clients to reciprocate by lowering their defenses and relate more openly (Doster & Nesbitt, 1979)... The social worker is spontaneous and relates openly to the extent of being nondefensive and congruent. The social worker's behaviour and responses match her or his inner experiencing" (Hepworth, Rooney & Larsen, 2002, p. 48).	
Congruence	"Congruence [which is similar to genuineness] has an internal and an external dimension. Internally, helpers are accurately able to acknowledge their significant thoughts, feelings and experiences. They possess a high degree of self-awareness.... Externally, helpers communicate [with] clients as real persons. What helpers say and how they say it rings true. They do not hide behind professional facades or wear polite social masks. Honesty and sincerity characterize congruent communication. ... Congruence does not mean 'letting it all hang out'. Helpers are able to use their awareness of their own thoughts and feelings to nurture and develop their clients" (Nelson-Jones, 2008, p. 31-32).	Norcross (2002) cited in Platt (2008)
Humanistic Style	de Boer & Coady (2007) identified this characteristic in their study and described it as, "A style that stretches traditional ways-of-being. [The workers in their study who displayed this] related to their clients in a person-to-person, down-to-earth manner, although always with a professional focus. This included talking and dressing in a manner that decreased professional distance. They interacted comfortably and authentically with clients and used 'small talk' to establish rapport. ... The workers in this study made the effort to get to know clients and their life situations beyond the narrow confines of the presenting child welfare concerns" (p. 38).	de Boer & Coady (2007)

Characteristic	Explanation	Reference
<p>Warmth, Acceptance, Kindness, Friendly, Comfortable, Positive Regard</p>	<p>While these terms are not all synonymous with one another, we have put them in one group as they are related to the client-centred perspective developed by Carl Rogers and have in common the feeling and demonstration of positive regard for the client. Miller (2006) describes this: "Accepting a person and their feelings in the present without conditions imposed.... We accept the person and the feelings, but not the behaviour. Within the boundaries [of the social work role and task] we can continue to show unconditional positive regard only if we genuinely feel it. If we do not, then our verbal and non-verbal responses will be perceived by the service user as insincere and engagement will be sabotaged. In this respect, if we as individuals hold prejudice towards others, such as racist feelings, homophobia or ageist beliefs, then our non-verbal reactions will plainly indicate that we are not sincere in our acceptance of another person regarding race, sexuality or age, among other matters" (Miller, 2006, p. 42-45).</p>	<p>Biestek (1961); Chand & Thoburn (2005); Cooper (2004) cited in Platt (2008); Hepworth et al. (2002); Lambert (1986) cited in Graybeal (2007); Norcross (2002) cited in Platt (2008); Rogers (1959)</p>
<p>Engagement</p>	<p>Engagement, in particular client engagement in child welfare services, was conceptualized by Yatchmenoff (2005) as including both behavioural and affective components. She identified the following dimensions of client engagement: (1) Receptivity: openness to receiving help; (2) Buy-In, which included: (i) expectancy: the perception of benefit, of being helped, and/or that things will get better; and (ii) investment: being committed to the helping process; (3) Working Relationship: interpersonal relationship with the worker; and (4) Mistrust (an "anti-engagement" dimension): the belief that the agency or worker is intended to cause harm to the client.</p>	<p>Yatchmenoff (2005); Friedlander et al., (2005) cited in Platt (2008); Gladstone et al. (2010)</p>
<p>Open, Honest, Straight-forward, Transparent</p>	<p>Platt (2008) explained that parents involved with child welfare services value workers who are open and honest (notably in regard to the use of potentially coercive powers) and that their doing so improves the chance that it will be reciprocated by parents. He shared the following comment by a parent that exemplifies this:</p>	<p>Chand and Thoburn (2005); Platt (2008)</p>

Characteristic	Explanation	Reference
<p>Open, Honest, Straight-forward, Transparent continued</p>	<p>"I want you [i.e. the social worker] to be truthful and honest with me'. And I went, 'As long as you will be truthful and honest with me, I'll be truthful and honest back with you. I'll co-operate ... but if I think for one minute that like you are not being truthful and things ... I'll just cut a dead end, I'll not bother with you and all that, so we'll agree to be truthful and all that'. And since we agreed that, she's shown a lot of support in, like, ways, 'cos I tell her things, and all that, like" (p.308).</p> <p>Strega & Esquao discuss transparency in particular: "We must be committed to transparency; the people we work with must know what we are doing and how we are doing it, and have ample opportunity, without fear of consequence, to reflect on and comment on what we are doing and how we are doing it" (2009, p. 16).</p> <p>Miller (2006) discusses the complexity of this in social work practice: "Social workers in various fields often have grave concerns regarding an individual or a family's situation, and being open and transparent about serious concerns is often a challenge. However, to be genuine in our interactions with a person, we need to develop our ability to assertively state our position regarding concerns in order that we can be transparent in our working relationship" (p. 61).</p>	
<p>Trust</p>	<p>In child welfare, clients need to feel that they can trust that their worker is doing what is in the best interest of the safety and well-being of their children and family and does not have a hidden agenda. In many ways, it overlaps and is enhanced through use of other relationship characteristics, such as collaboration, honesty, and transparency. de Boer & Coady (2007) explain that in their study, "Workers shared power and fostered trust and collaboration by constantly clarifying information to ensure mutual understanding. Trust, as one worker observed, develops through 'a lot of talking back and forth'. Workers in this study [who and would debrief with them afterwards" (p. 37).</p>	<p>de Boer & Coady (2007); Lambert & Ogles (2004) cited in de Boer & Coady (2007); Lambert (1986) cited in Graybeal (2007); Dumbrill & Lo (2009)</p>

Characteristic	Explanation	Reference
Trust continued	<p>had developed a good helping relationship] often went to great lengths to ensure clients were fully informed of and understood responsibilities and decisions. Some workers encouraged clients to take notes during meetings and case conferences</p> <p>It is worth noting that 100% trust is not always going to be possible given the history of child welfare and the ways in which it has contributed to the oppression of marginalized groups and communities. Even though the worker in question has not necessarily oppressed the client in question, there is often much more “in the room” than these two people. As such, it is important that workers not take a client’s lack of trust personally, and rather view it as an understandable and protective response to a history of marginalization and oppression.</p>	
Non-Judgmental	<p>In practical terms, this means that social workers, for example, working with child sex abusers will refrain from imposing moralistic labels on their clients. However, they will challenge the abuser’s attempts to minimize, rationalize and excuse their abusive behaviour. They will also legitimately probe the abuser’s attitudes and belief systems in order to evaluate how far they pose a risk to vulnerable children” (p. 155).</p> <p>Drake (1994) explained that child welfare workers must avoid presenting a judgemental or blaming demeanour: “The attitude presented by the worker to the client was described as critical to the development of a strong worker-client relationship. Workers stated that it was important to avoid a judgemental demeanour and to instead present themselves as helping agents who are willing to assist the family: ‘What I find most important is to come across as someone that is on their side as opposed to someone that is there to judge them or blame them’” (p. 599).</p>	Biestek (1961) cited in Doyle (1994); Drake (1994)

Characteristic	Explanation	Reference
Sensitivity	In child welfare, this concerns showing sensitivity in regard to when and how to raise challenging issues with parents, such as their parenting and care of their children (Platt, 2008). "Sensitivity in handling such [difficult issues] ... appeared to be critical in the way parents viewed the relationship. While many parents commented on the value of social workers being 'up-front' with them ... there was clearly a wide range of differences in the way this straightforwardness was practiced" (Platt, 2008, p. 306).	Chand and Thoburn (2005); Platt (2008)
Self-Determination	"[Self-determination] is not the same as encouraging clients to do whatever they want whatever the circumstances. It means respecting clients' wishes, rights, capacity for self-knowledge and responsibility for their own actions. It is an expedience as well as a principle, because in practical terms people resist being told what to do. Externally imposed change is usually only temporary; permanent change comes from within. There are occasions [such as in child protection work] when case-workers will make use of authority invested in them by virtue of their role or law" (Doyle, 1994, p. 155).	Biestek (1961) cited in Doyle (1994)

The importance of the worker-client relationship has been neglected in social work in recent years (Howe, 1998, cited in Platt, 2008; Trevithick, 2003, cited in Platt, 2008) which provides an explanation as to why several of these characteristics originate from research in the psychotherapy field. That being said, social work theorists are increasingly echoing the importance of these in our field, while acknowledging the extra challenges that are often involved with non-voluntary clients, as is often the case in child welfare (de Boers, 2007; Platt, 2008). Platt (2008) explains that even in child welfare, which may be more often associated with aspects of social control, "the requirements in terms of relationship-building are remarkably similar to those of the therapeutic context" (p. 304).

STRUCTURAL BARRIERS

There are certainly structural barriers, including organizational culture and service structure barriers, to developing a positive worker-client relationship in child welfare that should be acknowledged and considered. For example, caseloads and work demands can limit the time that workers have to spend doing casework, which is necessary in order to build a relationship with clients. Lee & Ayon's (2004) study in particular found that frequency of visits with the family by the worker was a predictor of a positive relationship. Lee & Ayon (2004) similarly noticed that family preservation clients have a better relationship with their workers and speculated that this was in part because workers are able to visit families more often and have greater availability due to smaller

caseloads. Stanhope and Solomon (2009) also discuss the ways in which the structure of case management services in general impact on the worker's ability to develop a positive worker-client relationship:

As with all relationships, the strength of the therapeutic alliance is dependent on both the amount of time providers and consumers spend together and the length of time they have known each other.... [The way in which] case management services are structured [can] severely limit the case manager's ability to commit to therapeutic relationships and the consumer's willingness to trust that the case manager will be there in the long term. (p. 810)

Our committee acknowledges the legitimacy of such barriers and we support structural change that would allow workers to spend more time with clients to build better relationships. In addition to this, we acknowledge just how difficult this work is regardless of the structural barriers: "Helfer (1997) argues the development of a relationship with abusive and neglectful parents is 'one of the most difficult, if not the most difficult, kind of therapeutic interpersonal relationship to establish' (p. 109)" (de Boer & Coady, 2007, p. 33). That being said, workers can still have a positive impact in this direction during even one visit with a client – their first visit in fact. Respect can be shown from the moment a worker walks into a client's home for the first time through their actions, attitude, choice of words, ordering of ideas and manner of delivery all in keeping with the characteristics shared above. We assert that a positive relationship isn't an all or nothing endeavour. Like all relationships, these are constantly in a process of being built up, maintained, torn down or left to deteriorate. The obvious challenges to building and maintaining positive relationships with clients in child welfare only serves to emphasize the importance of workers having the necessary counselling skills to be involved in consciously and purposefully building and

maintaining these relationships. Such skills are discussed in sections to follow.

CLINICAL COUNSELLING SKILLS AND COMPETENCIES

The purpose of this section is to critically discuss what is meant by clinical counselling and how it might be purposefully applied within the child welfare worker role. We include what workers and parents might have to say about this issue and discuss how worker burnout and turnover contribute to poor service provision and can potentially be mitigated through a clinical counselling role. We conclude by reviewing basic counselling skills needed by all social workers, and also share a selection of related and perhaps more advanced skills deemed necessary within the child protection context specifically (although certainly not exclusively).

WHAT IS COUNSELLING AND HOW MIGHT IT HELP OUR CLIENTS?

Miller (2006), in her book, 'Counselling and Social Work Practice', references the Barclay Report (1982) in the UK to describe counselling:

The use of counselling skills in social work [is] a means by which service users are assisted through the process of personal change or change of their environments. Counselling skills should also be used in social work practice to help people tolerate the emotional impact of their world. (p. ix)

Similarly, the Ontario College of Social Workers and Social Workers (2008) describes counselling as:

Services provided within the context of a professional relationship with the goal of assisting clients in addressing issues in their lives by such activities as helping clients to find solutions and make choices through exploration of options, identification of strengths and needs, locating information and providing resources, and promoting a variety of

coping strategies, but do not include psychotherapy services.” (p. 40)

Certainly, at face value, these descriptions apply to role of the child welfare worker in Ontario; although, not everyone in the field may agree. As we discussed in the beginning of this paper, we anticipate that some critiques of the revitalization of clinical counselling might be, in part, related to diverse perspectives of what counselling is and who should be providing it. This tension is reflected in the literature as well:

The definition of counselling itself varies widely, depending on the perspective from which it is being defined and practiced. Approaches can range from total non-directiveness at one end of the continuum (if such a thing is at all possible) to degrees of direction and even challenge at the other end. In fact it is difficult to see how any sort of social work activity or interaction can take place without some form of “counselling” taking place, unless the word is reserved exclusively for some kind of esoteric/therapeutic approach. (Marsh & Triseliotis, 1996 cited in Seden, 2005, p 11)

“We have a highly educated, dedicated workforce and for years these workers have heard that CAS does not really do social work. I appreciate the opportunity to provide examples that demonstrate CAS workers do provide social work counselling to their families.” - Survey Participant

For example, some may regard counselling as inherent to the role of the child welfare worker in that it refers to a range of skills needed to get the work done; while others may regard this work as highly specialized and beyond the role of the child welfare worker. Seden (2005) succinctly describes how these views represent extremes in the work causing confusion:

There is still a lack of clarity about the boundaries between the activities of social work and counselling. At one extreme all direct work with clients in social work agencies is labelled counselling, while at the other some social workers regard counselling as entirely a matter for specialist referral or the commissioning of services. Both extremes fail to negotiate the boundaries between the two disciplines adequately. The reality is that social workers in some situations take on a counselling role and counselling skills can be applied to a variety of social work tasks. (p.7)

In this regard, counselling encompasses a spectrum of work including the daily use of discrete skills, as well as a more comprehensive piece of work undertaken to assist a client with their change process; and, these processes can vary in the degree of direction/challenging provided. Seden (2005) offers that social workers often undertake a range of counselling activities, within the legal and procedural frameworks of their employment; and she seems to emphasize the importance of transparency and choice within these frameworks:

Individual social workers may take on a number of roles in relation to a particular person, so ... the counselling element of the contract needs to be distinguished, clarified and contracted openly in relation to the overall package of work being undertaken (Hill & Meadows, 1990). For instance a social worker may agree to temporarily take the role of offering brief counselling to a young person about a particular aspect of their life (for example, education, contact with a parent) or they may commission that from someone else. What matters is that the [client] knows what is being offered, by whom, and has an informed choice about the arrangements. (p.8)

It would seem that a particular counselling skill or approach would be chosen purposefully to address the particular needs of the individual client, as a component of the overall service plan, within the

legal and procedural frameworks of the agency, with the client's informed consent, and within the parameters of the individual worker's competence.

Other critiques of counselling may be in regard to ideological concerns that counselling personalizes problems that are often structural in nature (for example, child neglect is caused by poverty, marginalization, and social exclusion). A critique rooted in critical, structural theories would be that a counselling approach locates the responsibility for the problem and the need to change with the client. As such, the clients carry the burden of changing themselves so that they can better adapt to an oppressive environment that caused the problems requiring counselling in the first place, thus leaving the structures intact, which will only serve to marginalize others. These critiques are indeed legitimate and essential for child welfare workers to appreciate in their helping roles. That being said, the knowledge base for counselling has evolved, similar to social work, and has responded to such critiques:

Counselling practice has been re-evaluated for its relevance to women, black people, lesbian, gay and bisexual people, younger and older people and those who are disabled. Counselling training, like social work training, has re-examined its ideologies and practice as society's attitudes and values have changed. Paternalistic and discriminatory ideologies and models have been challenged and approaches re-examined. Theory and practice in the two areas of work [social work and counselling practice] remain complementary. (Seden, 2005, p. 7)

Similarly, Ruch (2005) explains this in regard to relationship-based practice as a whole:

Relationship-based practices seek to be participatory and empowering, acknowledging the expertise of the client as well as the practitioner (Horwath & Morrison 1991; Turney & Tanner 2001). The integration of ideas from the anti-oppressive and

empowerment approaches to practice with psychodynamically derived ideas makes an important contribution to the development of a mature and integrated model of relationship-based practice. (p.115)

Moreover, as discussed earlier, parents deserve to receive assistance and support immediately for the impact that oppression has had on their lives. Child welfare clients do not have the luxury of waiting for social and structural change (Dumbrill & Lo, 2009). They need swift and competent support from their worker that harnesses their strengths and facilitates their empowerment to make changes that will protect their children and keep their families in tact.

Clinical counselling skills are essential in this regard as they provide workers with the enhanced ability to provide a better service to our clients to ultimately better protect the safety and well-being of children and families. This can and should be provided alongside an acknowledgement of the structural causes of individualized problems. Here we discuss examples of the ways in which counselling skills can be utilized by child welfare workers to this end and beyond (this list is not exhaustive):

- Counselling skills are used to build positive worker-client relationships

Previous sections have discussed the importance of a positive worker-client relationship in protecting children and the difficulty in developing this relationship in child welfare in particular. Essentially, workers' clinical skills are paramount in this endeavour (Platt, 2008; Sedan, 2005; Trotter, 2002):

Counselling and communication skills are used everyday to build ... relationships in order for the work to happen. ... Quality services rely on the ability to build a co-operative partnership where social workers and service users participate together. Relationship-building skills remain the bedrock of quality in practice, especially when people who need a service are anxious, angry, distressed or upset because of

their situation. (Seden, 2005, p. 2)

Several foundational counselling skills will be useful in this regard. For example, the use of active listening and problem-solving skills could begin to build a respectful and collaborative relationship.

- Counselling skills are used to facilitate change in clients' behaviour

Workers need the skills that will support clients in making changes in their behaviour, and the corresponding beliefs that support the behaviour, when such behaviours threaten child safety and well-being. Miller (2006) explains that "the use of counselling skills in social work [is the] means by which service users are assisted through the process of personal change or change of their environments" (p. ix). For example, a parent who had used physical force to discipline their child would potentially be assisted by a worker who utilized effective counselling skills that respectfully and confidently challenged the belief that this is acceptable behaviour, and the skills to change that behaviour into safe ones. Basic counselling skills, such as use of empathy and confrontation, might serve to engage the client; while more advanced skills, such as those in Cognitive-Behavioural Therapy, could challenge and change the beliefs and behaviours.

- Counselling skills are used to expedite service provision and change

When a worker is effective at addressing a particular clinical issue, this becomes an effective time management approach. Workers need counselling skills to provide an accurate assessment of the family's strengths and needs, and to determine the most effective way to intervene effectively. If the assessment is inaccurate, intervention time and effort are wasted; and more concerning, children are possibly left in situations that threaten their safety and well-being. Drake (1994) explains this further:

Without the ability to build effective relationships with clients, both assessment and

intervention efforts are substantially more difficult. Clients will not provide full information to workers who are perceived as enemies, nor will they cooperate with the design, implementation, or completion of treatment plans. Without adequate assessments children cannot be protected from dangerous situations, and without adequate treatment families cannot be helped to reduce chronic stresses. The ability of the worker to engage the family is crucial to the protection of the child, both in the short term and the long term. The prime benefit of an effective worker-client relationship lies in the enhanced level of safety afforded the child. (p. 601)

For example, counselling skills, such as use of open questions and prompts, challenging, and diffusing techniques, could begin to build a positive relationship whereby a client feels safe to engage and share the complexity of their difficulties from their perspective, which would allow for a more accurate assessment and appropriate intervention. Subsequently, for example, Solution-Focused Therapy might be usefully applied to help the client identify their own strengths and solutions to the issues accurately identified.

- Counselling skills are used to address gaps in service provision and meet client needs

Humphrey's (1995) study in the UK identified the ways in which an environment of shrinking resources can affect workers' ability to link clients with community resources, which leaves clients without the counselling they require (in the study only 56% of children received an appointment at a counselling agency to address the impact of sexual abuse). We are not arguing that we should only be providing counselling in tough economic times; however, during these times, we need to acknowledge that the need is especially great, and the resources to address those needs dwindle, which only adds further legitimacy to the importance of workers having the counselling skills to ensure our clients

aren't left to cope on their own.

Moreover, this isn't simply about the child welfare worker being the next best option; in some cases, such as when a positive worker-client relationship has already been established, they may be the best person to provide the service:

In the child sexual abuse context and child protection more generally ... [we need to recognize that] moving children between agencies and making a transition to new workers is not an easy undertaking. This process can very easily lead to a sense of fragmentation and objectification for the child, particularly if the initial disclosure and investigation has led to a significant relationship for the child with the initial worker (Sorenson & Snow, 1991). Of critical importance is that the child, and others close to the child, be offered the opportunity for continuous support in the aftermath of abuse, and not be 'dumped' while waiting for counselling to take place" (Humphreys, 1995, p. 808)

- Counselling skills are used to fulfill social work values

Counselling skills better equip workers to fulfill social work values. For example, social workers' purposeful, critical, and conscious use of their interpersonal skills and body language, adapted to meet the unique needs of the person in front of them in the current situation, can demonstrate acceptance, positive regard, and respect for the inherent dignity worth of client. Providing a competent counselling service that a client may not otherwise be able to access due to socioeconomic status is a step in the direction of social justice. And, expanding workers' clinical counselling abilities, with the comprehensive support of the agency and the field, allows workers to fulfill their commitment to competence in practice and to provide clients with the highest quality service possible.

DO WORKERS WANT THIS ROLE? WILL THEY SUPPORT THE CHANGE?

One of the questions likely to be raised in is in regard to whether or not workers will support or resist this change. Many of the workers have been trained according to ORAM and there may concern that such workers may not ideologically see counselling as their role. Our informal conversations with workers have, however, suggested otherwise. For example, front-line workers who were involved in the early stages of this project discussed how clinical counselling is valuable in the work they do. Workers shared that it helps to build positive relationships with clients that facilitate change; provides better protection for children; prevents further problems; reduces court involvement; is least intrusive; fosters a collaborative approach; affirms a strength-based approach to practice; and helps to support families to become healthier and happier.

"I believe that CPWs (child protection workers) can and should provide counselling for families and children. We have expertise in developmental stages, attachment theory and parenting. We should utilize this expertise to help the families we are working with." - Survey Participant

Additionally, research shows otherwise as well. Swift & Callahan (2009) conducted a study on risk assessment in child protection organizations in British Columbia and Ontario. They discuss how professional social work has been influenced by a "risk regime" and that workers feel that they've had to compromise their ethics in order to comply with agency policy leaving them to question whether they're even doing social work anymore:

Workers often feel that they are policing families rather than working with them... Workers raise questions not only about what professionalism means in this context but also about their personal sense of ethics. Some are afraid they are losing themselves' in the quest to do the work required of them." (p.173)

Additionally, a lack of support for the clinical role that workers seem to desire ethically has left them feeling more and more “de-skilled”:

Many workers feel they are going to be deskilled as professionals if they go into child protection work: ‘My whole argument, or my hypothesis, about this whole thing is that it has become a tick-box profession. And child protection workers are really becoming administrative in terms of paperwork and they’ve lost their clinical skills’ (Worker). (Swift and Callahan, 2009, p.172)

As a result, in order to resolve the inner conflict,

Many [workers] choose to leave. Many are able to squeeze some kind of helping into their work with clients, but often with difficulty and invisibility. Sometimes they feel subversive in doing this and driven to hide these efforts altogether so as not to appear ‘family friendly’. (Swift and Callahan, 2009, p.176)

Our committee anticipates that while there may be a period of transition and adjustment with obligations to support the training and development of the worker, ultimately this is the kind of work that child welfare workers want to be doing in terms of their professional knowledge, skills values and ethics.

MIGRATING EMPLOYEE TURNOVER AND BURNOUT

Child welfare workers experience a great deal of work-related distress often leading to burnout and turnover (Regehr, Hemsworth, Leslie, Howe & Chau, 2004) Employee burnout and turnover are serious issues in child welfare organizations, not only for the impact it has on the organization, its employees, and “the bottom line”, but also on the children and families it serves:

High turnover radically escalates costs related to the money spent in recruiting, selecting, and training new staff. But there are other costs too: the costs borne by a child or family who lose, at a minimum, a sense of continuity

with a worker, costs related to the impact on co-workers of seeing a valued colleague leave, the costs of the increased workloads assumed by others who must do more until a replacement is found and up-to-speed, and the costs of losing the knowledge and skills that extensive experience creates. (Harvey and Stalker, 2007, p. 274)

One [study] with child welfare workers (Drake & Yadama, 1996) has found that some [burnt-out] workers do not quit but become cynical about their clients and distance themselves emotionally. Clearly, if cynical, emotionally detached workers stay in their positions and communicate uncaring and devaluing attitudes toward vulnerable children and families, the consequences are serious. (Harvey and Stalker, 2007, p.274)

Undoubtedly, it would make sense for child welfare organizations to explore ways to prevent employee turnover and burnout, not only for the general health and satisfaction of its employees, but also because of the impact it has on service provision. In child welfare, typically there is a two year turnover rate of 46 to 90 percent in child welfare practice (Drake & Yadama, 1996 cited in Regehr, Chau, Leslie & Howe, 2002), which highlights how serious the matter can be. Regehr et al. (2004) discuss contributing factors:

Factors, which contribute to burnout and ultimately job exit in child welfare workers, are role conflict, role ambiguity, equivocal successes, lack of control over the working environment and high workloads (Guterman & Jayaratne, 1994; Collings & Murray, 1996; Drake & Yadama, 1996). That is chronic work stressors combined with a sense of powerlessness in the organization reduces the worker’s sense of professional competence and ultimately leads to burnout (Guterman & Jayaratne, 1994). (p. 2)

Furthermore, in terms of employee turnover, we know that child welfare workers in Ontario who report having a high intention to leave their jobs report low levels of job satisfaction overall (Harvey and Stalker, 2007); and, that child welfare workers' overall job satisfaction is related, in part, to whether they believe they have had a positive impact on their clients (Harvey and Stalker, 2007).

In regard to preventing burnout, in part it is advisable for organizations to focus on ways to enhance workers' engagement with their work; specifically, organizations should look for ways to increase workers' energy, involvement and sense of efficacy (Halbesleben et al., 2004 cited in Harvey and Stalker, 2007; Leiter and Maslach, 2000 cited in Harvey and Stalker, 2007; and Maslach and Goldberg, 1998 cited in Harvey and Stalker, 2007). Essentially, workers want to feel that their work is of value and that they have been helpful to their clients.

Our committee asserts that a clinical counselling role, which will help workers to affect positive change in their clients' lives, will help in part to mitigate the multifaceted harmful consequences of employee turnover and burnout by contributing to workers' overall job satisfaction and engagement with their work, which will then impact our clients positively.

We also anticipate that this change will attract clinically skilled workers who were resistant to apply to work in child welfare in the first place for fear of becoming "de-skilled", as noted earlier. And, some research shows that these fears are warranted. Commenting on his research study, Drake (1994) shared that,

Although the vast majority of the workers in the [focus] groups could articulately describe the importance of the worker-client relationship, a substantial number recounted stories of interventions in which these skills were not practiced. There may be a need for increased attention to worker-client relationship competencies at all levels – basic concepts, general applications,

and specific techniques. Most of all, these skills need to be practiced and applied consistently. (p. 601)

We know that child welfare workers in Ontario who report having a high intention to leave their jobs report low levels of job satisfaction overall. - Harvey & Stalker (2007)

Dore & Alexander (1996) echoed this by referencing a study by Pecora (1989), which surveyed 315 child welfare workers and supervisors in the US. Workers know that their work requires clinical skill of the highest order and they are asking for support to develop these skills to meet the needs of their clients:

The single greatest skill deficit identified by respondents was, "knowing techniques for motivating a client to change." Other highly-ranked deficits similarly reflected caseworkers' concerns regarding inadequate preparation to help high-risk families. Respondents indicated feeling hindered by a lack of knowledge and skill in "working effectively with involuntary or resistant clients" as well as in "adapting the helping process to the particular needs of especially challenging clients". Each of these responses reflects the need for building more effective treatment relationships, or helping alliances, with families entering the child welfare system. (Dore & Alexander, 1996, p. 350)

WHAT DO CLIENTS WANT? WILL THEY SUPPORT THE CHANGE?

It is also important to note that clients seemingly would like their workers to provide more of a helping service and want to see workers using more clinical skills, regardless of whether they would name it as such. Dumbrill & Maiter (2004) shared findings from an Ontario study: "Parents had three suggestions for improving service: they wanted workers to listen more; they wanted to be given opportunities to make choices and be more involved in case planning; and they wanted to be better

informed by workers” (p.2). These all directly involve the competent use of clinical counselling skills. Similarly, Swift & Callahan (2009) noted that one mother in their research concluded, seemingly critically, that “[workers] don’t help, they just write it down” (p. 172). Additionally, consider the words from an Ontario CAS client in a 2010 letter to her worker. This letter shows the ways in which this client found the use of counselling skills and modalities helpful:

FOUNDATIONAL COUNSELLING SKILLS

Seden (2005, p.14), in her book, ‘Counselling Skills in Social Work Practice’, details a number of “basic” or foundational counselling skills that are used in daily practice by social workers and which underpin all social work tasks, such as interviewing, assessment and implementing service plans. We’ve reproduced these into a table (Table 2).

To Donna,

I felt I had to write this for all your help and support for my family. I remember when I first called you, I was so messed up after I lost J. when he passed away, I was lost and did not know what to do with my kids and I you put me in counselling for my sexually abuse, that helped me a lots and when I was low in food many of times you were there again you always there for us when we needed a ride to the Dr's and when J. had to go for surgery on his ear and that was all day and I will never for get that one at all and when my kids need it clothes you brought some over to them. and when I went through a deep Depression with J. you sent me to Dr. S. and she was nice to me as well ~~well~~ I can go on and on but I know you have more thing to do before you leave US so I would like to say THANK YOU for all your support and your understanding and if I ever need help in the future C.A.S will be the first place I'll call. one more thing I heard a lots of people put C.A.S down but to me I can't say not one bad thing about you people and I loved you as a worker... 😊 you had changed me in so many ways ~~with~~ without your help I would be six feet under. I know the way I feel now I can ~~accomplish~~ accomplish anything that come my way.

Thank you

These are many, but not an exhaustive list, of the foundational counselling skills that should be used competently and regularly as part of the helping role.

Such skills are well-documented in social work literature and undergraduate practice oriented

Table 2 -

• Attention-giving	• Work on defenses
• Listening	• Goal setting
• Active listening	• Problem solving
• Use of empathy	• Focusing techniques - helping the client to be specific
• Acceptance	• Knowledge of one's own and other's use of body language
• Genuineness	• Boundary awareness
• Paraphrasing	• Structuring techniques
• Reflecting feelings	• Providing feedback
• Summarizing and checking	• Ability to say difficult things constructively
• Use of different types of questions	• Diffusing techniques
• Alternatives to questions	• Avoiding and diffusing hostility
• Minimal prompts	• Avoiding judging and moralistic responses
• Challenging	• Linking
• Confronting	• Immediacy

textbooks. For example, Hepworth, Rooney, & Larsen (2002) discuss many of these at length with examples of what they look like in practice and how they might be applied in specific scenarios. All social workers will have completed an education in these foundational counselling skills, and most will likely have a practice-oriented textbook on their shelf where these can be readily reviewed if needed according to their abilities. Certainly all social workers have varied ability in applying these skills, even if one is aware of them as essential skills. As such, it would be useful for the workers to reflect on their competency with these skills and to consider ways to develop them through additional reading, training and/or supervision if necessary. Moreover, as noted earlier, there may a particular need for extra support with these skills for child welfare workers as they often work with involuntary or "resistant" clients, which can make their application more challenging.

CLINICAL COUNSELLING SKILLS IN CHILD WELFARE

Researchers and child welfare experts have examined the clinical skills required within, although not necessarily limited to, the child welfare context; these skills are, of course, in addition to the foundational counselling skills discussed earlier. A selection of these is reproduced here in order to share relevant research in this area and expand upon readers' existing counselling skills. Readers may notice the ways in which the relationship characteristics overlap with the counselling skills, highlighting their interaction with one another.

de Boer & Coady (2007) undertook an in-depth exploration of key worker attributes and actions that were key to the development of good helping relationships in child welfare. Worker-client dyads were recruited from Ontario agencies and two categories of worker attitudes and actions emerged from their analysis. The following table is reproduced from their article (p.35):

Table 3 -

Child Welfare Workers' Attitudes and Actions that Build Good Relationships with Clients

Soft, mindful and judicious use of power

- Being aware of one's power and the normalcy of client fear, defensiveness and anger
- Responding to client negativity with understanding and support instead of counter-hostility and coercion
- Conveying a respectful and non-judgemental attitude
- Providing clear and honest explanations about reasons for involvement
- Addressing fears of child apprehension and allaying unrealistic fears
- Not prejudging the veracity of intake, referral or file information
- Listening to and empathizing with the client's story
- Pointing out strengths and conveying respect
- Constantly clarifying information to ensure mutual understanding
- Exploring and discussing concerns before jumping to conclusions
- Responding in a supportive manner to new disclosures, relapses and new problems
- Following through on one's responsibilities and promises

Humanistic attitude and style that stretches traditional professional ways-of-being

- Using a person-to-person, down-to-earth manner (vs. donning the professional mask)
- Engaging in small talk to establish comfort and rapport
- Getting to know the client as a whole person – in social and life-history context
- Seeing and relating to the client as an ordinary person with understandable problems
- Recognizing and valuing the client's strengths and successes in coping
- Being realistic about goals and patient about progress
- Having a genuinely hopeful/optimistic outlook on possibilities for change
- Using judicious self-disclosure towards developing personal connection
- Being real in terms of feeling the client's pain and displaying emotions
- Going the extra mile in fulfilling mandated responsibilities, stretching professional mandates and boundaries.

(de Boer & Coady, 2007, p. 35)

Dumbrill & Lo (2009) discuss the importance of utilizing listening skills to hear and understand a parent's unique perspective. This is more advanced than listening or active listening. It is a particular kind of listening that serves to elicit, acknowledge, validate and utilize the unique knowledge that the client has about her/his difficulties, ways to resolve

those difficulties, and the challenges in managing and resolving those difficulties. Dumbrill & Lo note how this skill contributes to the development of congruence between their and the parent's view of the problems causing the need for intervention and that this will then contribute to the achievement of worker-client alliance, which is noted elsewhere in

this paper to be highly associated with positive outcomes. Dumbrill & Lo assert that this is the place from which effective practice begins.

Rocci Pagnello, a Director of Services in Ontario had developed a presentation which discussed how workers address or “break through” client

“resistance”, which is particularly prevalent in child welfare. We have included a summary of that presentation here due to its relevance in that workers require considerable clinical skill in engaging resistant clients:

Breaking Through Client Resistance in Child Welfare (Rocci Pagnello)

The ability to resist often is a personal strength in that it keeps one from being hurt by untoward circumstances. In order to deal effectively with resistance, we need to expect and respect resistance in our work. Resistance to an imposed external demand is inevitable; it is a natural human response to a perceived infringement on a person’s sense of freedom, integrity and self-interest. We also need to recognize that when we identify resistance in a client’s behaviour, we also need to take an inward look: Have we “challenged” our client towards positive change or have we driven them to a “fight or flight” response by not meeting them at their level?

Point #1: Understand the source of resistance. As humans, we all want to be free to choose and make our own decisions. The first reaction to imposed change for anyone is usually resistance. If we don’t expect and respect a client’s resistance and simply plough through with our agenda, we’ll be chasing our tail in our efforts to intervene with an effective service plan.

Point # 2: The face of resistance may take many different forms, from open hostility, to passive aggressiveness. The genesis for resistance for most of our clients is fear. Fear of losing control of their life; fear of losing part of their family; fear of not understanding why they need to change; fear of not knowing how to change; fear of us and the power of the state that we represent. If we try to see the face of resistance as a mask for fear, it makes a client’s behaviour more understandable and workable.

Point # 3: Surface the resistance. If the resistance is not out in the open, we need to talk about it. If we want to work with it and through it, the client needs to feel that expressing their resistance openly is as safe as possible. Listening to or allowing the resistance ‘air time’ does not imply that we agree with the point of the resistance. Leaving it underground ensures at best a surface level of cooperation only.

Point # 4: Respect the resistance. Denying a client the right to voice their resistance sends a strong message that the person’s opinion doesn’t count with us. At this stage, listening to, acknowledging, and respecting the feelings behind the resistance is important. This may be one of the few times in our client’s lives that people in authority have provided a safe environment for them to register their anger and fears. Telling them that you appreciate them voicing their concerns will help create a good working relationship and will reinforce a more constructive relationship.

Point #5: Examine the resistance with the client. Now that it is out in the open, explore the resistance a little deeper with the client if possible. Is it a general fear of CAS, authority, the anger at the referral source etc.? “Tell me what is bothering you most about all of this”.

Point # 6: Recognizing that the need for change in our work generally is a result of, or generates, a crisis within a family. People are most amenable to change within 4-6 weeks of the crisis. This is the period

where we need to work first and foremost with clients to consolidate their recognition of the need for change. In doing so we need to listen to their perceptions, their fears (however expressed) and their view of the changes we have identified as being needed.

Point # 7: Try to understand a client's perception of their ability to change. Another place where fear may look like resistance is when parents do not honestly know where to start to change; or their self esteem is so low that they think the change we are expecting is impossible. If in fact they are feeling that way, expecting confidence and enthusiasm from them to make the change is unrealistic. If we assess that this is the case, we need to spend some time exploring this with them, gauging where they need support and counselling to increase confidence. Helping the client to identify their strengths is a start. Beginning steps need to be first and foremost 'do-able' so that they can recognize their achievement and experience some success. Plan to notice this achievement and to provide encouragement and recognition early in the process.

Point # 8: Pace clients. Respect that the family is probably doing the best they know how. Despite our mandate that demands swift change, we need to remember to assess and begin where the client is at, not where we want them to be. It is said that even professionals need to be told something seven times in seven different ways before it is understood, let alone accepted. How often do we give up on clients understanding before we hit that threshold? This doesn't mean that we soft-peddle or try subterfuge - we need to be very clear, direct, determined and relentless in communicating the need for change. We then need to be willing to keep pace with individual needs, learning styles and capacity.

Point # 9: Help clients create their own positive vision for their future. Remember that the vision must be positive for them. If it is, it will energize. Hope is the most important foundation for positive change; feeling that they have a say and a stake in the change is another.

Point # 10: Provide a target point. Resistance to change climbs fast when people don't know where they are headed. Even when change becomes scary, frustrating or downright hard work, clear, purposeful goals that are directed towards that positive vision of the future help keep clients from giving up. Try to work in some small, low risk steps that enhance success.

Point # 11: Be flexible. Give clients an active role in designing their service plan. The gains we achieve in terms of commitment usually exceed what we lose in following a tidy, micro-prescribed, liability focused or technically correct plan of service. We need to give clients enough information about the options available and what they can reasonably expect from each option. Keep our expectations clear on the necessary outcomes, but give clients as much latitude as possible on how they plan to get there.

Point # 12: Promise a roller-coaster ride. Often in behavioural changes, things get worse before they get better. When we help clients anticipate this, they are less likely to feel defeated and become more resistant to ongoing intervention when their initial efforts don't work out the way they would like.

Point # 13: Be a coach. This can be the toughest time for you, but also the most rewarding part of your job. At this stage you need to continue to provide encouragement about a client's vision and their capacity to change. You also need to tell them honestly and directly, how they are doing in their efforts to change, what they are doing well, and how they can further improve or enhance their progress.

Point # 14: Under promise and over deliver. Whether it is verbalized or not, when we arrive on time, provide a little more service than we promised, respect clients' efforts and deliver on all of our commitments to the family, we gain their trust and respect. When we over promise and under deliver, we gain the opposite.

*This is currently unpublished work. The author can be contacted at RocciPagnello@lanarkcas.ca if needed.

CONCLUSION TO CLINICAL COUNSELLING SKILLS AND COMPETENCIES

To conclude this section, echo the previous section, and lead into the next sections on evidence-based practice and counselling modalities, we would like to share the cautionary words of de Boer & Coady (2007), which highlight the importance of not relying on techniques/skills alone:

[Key relationship competencies] are not reducible to a list of 'dos and don'ts'... Good relationships are more about ways-of-being than they are about strategies and techniques. If the effort a worker avails in establishing a positive relationship with clients is prescriptive and technique driven, it is likely to fail. Workers' relationship and engagement skills can only blossom when they are rooted in genuine care and respect for the clients they serve. Specific techniques can augment an empathic, supportive, and collaborative attitude and approach, but they cannot substitute for this. (de Boer & Coady, 2007, p.40)

EVIDENCE-BASED PRACTICE

An accepted definition of Evidence-Based Practice (EBP) is that it is "a decision-making process that 'requires the integration of the best research evidence with our clinical expertise and or [client's] unique values and circumstances (Straus, Richardson, Glasziou, & Hayes, 2005)'" (Rubin & Parrish, 2009). It is important to emphasize, as is exemplified in this definition that EBP is about more than just research evidence:

EBP does not privilege scientific research

findings above other considerations in making practice decisions, but it does insist that such factors be accorded their due weight. It is worth repeating this principle because a common misconception of EBP is that it gives primacy (if not sole attention) to research findings and ignores other crucial elements of practice decision making.

Clinical judgement and client preferences are, therefore, of similar importance to research evidence in EBP; essentially each serves to inform a decision-making process, rather than dictate what a worker or agency must do.

So why do we believe that EBP be useful in selecting clinical counselling practices and programs? Chaffin and Friedrich (2004) explain that,

Most field services provided to abused children and their families are not based on any clear evidence that the services actually work. It is common for models to be widespread despite fairly strong evidence that they do not work well, at least as currently implemented. (p. 1098)

We anticipate that by using an EBP process we will be better, although still imperfectly, equipped to select and provide interventions that are more likely to be effective in helping the children and families we serve. Furthermore we expect that EBP will facilitate increased accountability and transparency in our service provision (Leslie, 2006).

FIVE-STEP EVIDENCE-BASED PRACTICE PROCESS

So what does the EBP process look like? Straus et al. (2005) describe the EBP process in five steps (cited in

Rubin & Parish, 2009, p. 1127). We have adapted these steps slightly for accessibility and application in child welfare:

Step 1: Determine what you need to know and phrase it as a clear and answerable question.

Step 2: Find the best available evidence to answer this question.

Step 3: Critically appraise whether the evidence is valid, credible, useful and potentially helpful to your client.

Step 4: Integrate your appraisal with your own clinical expertise and what you know about your client's values, expectations and background.

Step 5: Evaluate the effectiveness of your chosen intervention (as well as the previous four steps).

These EBP steps are useful and relevant in that they equip us with a means of making informed decisions in a wide range of practice areas (Howard, Perron & Vaughn, 2009). These appear quite straightforward, and they are to the extent that the decision-maker has the skills, training, and opportunity to execute the steps competently. Schools of social work are increasingly infusing EBP into their curriculum (Shlonsky, 2009) and thus better preparing future social work practitioners to utilize this approach; however, because it remains a relatively new approach, agencies will need to support staff in their efforts to use EBP by providing learning opportunities and resources for the acquisition and use of EBP skills and by infusing the philosophy throughout the organizational culture.

EVIDENCE – WHAT QUALIFIES?

Essentially, when it comes to evidence, we are looking for the 'best available evidence or best supported available practices' (Chaffin & Friedrich, 2004; Kessler et al., 2005). Randomized controlled trials are often considered the "gold standard" of research evidence whereby the best of this evidence is then collated into meta-analyses and systematic

reviews (Kessler et al., 2005). Studies of clinical practices or programs can vary in the degree of rigor applied to the research methodology. When determining an intervention's level of excellence one could critically appraise the following:

Factors to Consider When Critically Appraising Evidence:

- Was the study based on a sound research methodology? Was the sample randomized? Was the sample reflective of the population? Was there a control group? Was the sample large enough to produce findings that can be translated into practice? Did the funding for the research directly influence the methodology and/or the findings?
- Is the research credible? "A credible study is one that is trustworthy. That is, the study is characterized by transparency, honest reporting of methods and limitations, and a willingness to consider alternative explanations for the observed outcomes" (Bronson, 2009, p. 1138).
- Is the research valid? "A valid study is one that allows us to make casual inferences about the effects of an intervention and allows us to determine whether the intervention is likely to work in other settings" (Bronson, 2009, p. 1138).
- Can the program be duplicated in the real world with a reasonable level of resources and still obtain the same positive outcomes?
- Can it translate well to people of other cultures, people of colour, Aboriginal peoples, new Canadians, or refugees?
- Can it translate well to meet the needs of the identified client group?
- Does the agency already have staff with the skill or knowledge necessary for the practice? Or does implementation require specialized training? Is the training easily available? Are there any fees for training?

- Can supervision for the program or practice be easily accommodated in the agency?
- Did the study take steps to ensure that biases did not overly influence the final outcomes?
- Are there indications that the program/practice is contrary for a client group or problem type?

All of this being said, the reality in child welfare is that “very few intervention models meet the high standards required to designate a model as ‘well-supported’” (Chaffin & Friedrich, 2004, p. 1104); and randomized controlled trials in particular are limited in child welfare (Kessler et al., 2005). Moreover, in general, according to the National Association of Public Child Welfare Administrators in America, “the base of solid empirical research evidence in child welfare practice is still in an early developmental state” (Wilson and Alexandra, 2005, cited in Leslie 2006). There are some areas in child welfare that have been heavily researched; yet in many areas, little research has been conducted on intervention practices. Indeed this can make it difficult to base one’s decisions solely on research evidence, even if this were desirable, which it is not.

Additionally, it is important to note that there is a rich body of qualitative research that has much to contribute to the work we do in child welfare: “Qualitative studies can provide a wealth of information concerning the client’s perspective. These are critical to understanding clients’ thoughts, emotions, and experiences with their situations as well as planned interventions” (Kessler et al., 2005, p. 247). It is important that high-quality qualitative studies are included where applicable.

As mentioned above, there is a tendency to confine EBP to ‘research’ evidence. Leslie (2006, p. 6-7) helps to expand the boundaries of EBP evidence bases for practice in child welfare:

Research evidence at present cannot always be the main practice guide. In child welfare services there are other compelling sources of information that direct action and can be based in part on any or all

of the following that might or might not be identified in research findings:

1. Agency policies
2. Legislation
3. Regulations
4. Best practice standards
5. Client rights
6. Agency procedural guidelines
7. Case characteristics

Additionally, and of considerable importance, is the evidence provided by clients themselves. “Client involvement in making decisions regarding services they receive and programs in which they will participate is a key element of evidence-based practice” (Gambrill, 1999, p. 247). Attending to this important aspect of EBP is not only competent, but also reflects our social work values, such as our commitment to client self-determination. In child welfare, of course, this must be considered within the context of our legislated service mandate.

There is much evidence to be considered in child welfare, which certainly complicates the EBP process in this field. Once again, ultimately we are looking for the best available evidence. And, given the diversity of evidence that is potentially available, professional judgement in regard to whether a particular practice or program will be appropriate for a particular client/situation/agency is essential in this field and indeed forms a useful part of the EBP process (Leslie, 2006).

Because of the need to continue to identify, refine and share effective child welfare interventions, we would like to encourage readers to reflect on the practices they and their clients find effective in individual or agency work, and to take the next step of more formally evaluating this effectiveness (and what makes it so) so that ever better interventions may be identified and shared, thus moving the field forward as a whole.

SURVEY FINDINGS

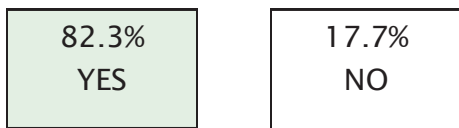
As mentioned in the background to this paper, an informal survey designed to elicit feedback from the child welfare service providers in Ontario about their current use of clinical counselling programs in their practice/agencies was distributed to child welfare agencies across Ontario. Comments from survey participants have been filtered throughout the paper as relevant. We share the demographics and a selection of those findings with you here:

In total, there were 91 respondents from CAS agencies in Ontario in the following roles and with the following child welfare experience:

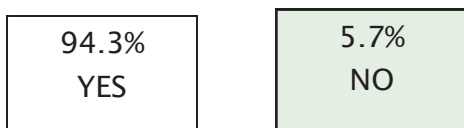
- 30% were Directors of Service; 24% Family Service workers; 23% Supervisors; 13% Children’s Services workers; 13% Intake workers
- 34% more than 15 years experience in child welfare; 31% had 6-10 years experience; 19% had 11-15 years experience; 15% had 1-5 years experience; and 1% had less than 1 year of experience.

Responses to survey questions were as follows:

1. Have you or your staff been involved in a case situation in which a community counselling program produced a positive outcome for a child or parent/caregiver?

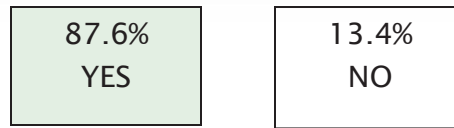


2. Have you or your staff been involved in a case situation in which your specific counselling skills or that of another worker produced a positive outcome for a child or parent/caregiver?



3. Have you or your staff been involved in a case situation in which a counselling program at your

agency produced a positive outcome for a child or parent/caregiver?



Finally, the following counselling modalities/ approaches were identified by survey participants as having produced positive outcome for clients in their work, someone else’s work, or that of their agency:

- Solution focused therapy (25% of respondents)
- Motivational interviewing (14% of respondents)
- Crisis intervention
- Cognitive behavioural therapy
- Narrative therapy
- Parenting counselling
- Attachment parenting counselling
- Brief strategic interventions
- Family systems therapy
- Play therapy
- Anger management

We hope that this will serve to instil confidence in the effectiveness of clinical counselling in child welfare agencies and in the competence of the workers providing it.

ENDNOTE

1. “Positive” or “good” relationship is often mentioned in literature without explanation. We define a positive relationship in child welfare as one that allows the worker and client to work collaboratively toward the achievement of shared goals.

Read the Spring Journal 2011 for the next segment of "Clinical Counselling: A vital part of child welfare services". This paper continues to explore topics such as counselling modalities, crisis intervention and cognitive behaviour theory.

AUTHORS

For a list of the involved authors please refer to Journal, Fall 2010, Volume 55, Number 4.

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