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MESSAGE FROM THE EXECUTIVE DIRECTOR

In April, OACAS was pleased to host the first Anti-Oppression (AOP) Symposium ever held by the field of Child Welfare in Ontario in partnership with the Anti-Oppression Roundtable. It was an inspiring experience. We welcomed many speakers from within our sector including agency representatives who shared their agencies' journeys of anti-oppression. We were also visited by experts from throughout North America who shared their expertise with us to help us continue to on our anti-oppression journey as a field. In this issue of the Journal, we have features from two of our presenters at the April 16 AOP conference: *The Children's Aid Society of Brant's AOP Journey*, by Iona Sky, and *Anti-Oppressive Child Welfare: How We Get There From Here* by Professor Gary Dumbrill. Each piece provides an informed perspective on anti-oppression through the specific lens of child welfare.

Another piece that we are excited to include in this special edition of the Journal is a revision of Ross Plunkett's 2010 piece, *Developing a Model to Guide Openness Planning in Child Protection-Based Adoptions*. Given some of the changes in legislation, particularly the 2011 *Building Families and Supporting Youth to Be Successful Act*, as well as some shifts in practice since the previous publication, this piece has renewed relevance and importance for the field.

Finally, we conclude this issue with a collaborative piece, an article on the Provincial Projects Management Committee with co-authorship by former chair and retired ED Ray Muldoon and current chair Rod Potgieter. This piece provides a history, overview and evaluation of the collaborative Provincial Projects system, that many feel has produced very positive and innovative results for child welfare in Ontario.

Wishing everyone a happy and safe summer,



Mary Ballantyne
Executive Director

ANTI-OPPRESSIVE CHILD WELFARE: HOW WE GET THERE FROM HERE

By Dr. Gary Dumbrill

An old joke tells of a tourist lost in Maine who stops to ask a local for directions to a particular location. After some reflection and head scratching the local said: "You can't get there from here." Although intended to be funny, this joke contains a truth that some destinations are unreachable from some locations. In this paper I question whether Children's Aid Societies (CASs) can reach anti-oppressive (AO) destinations from their existing location. I suggest that CASs can, and in fact are well on their way already. I will argue, however, that if AO child welfare is to be fully realized, CASs will have to journey on roads not usually traveled; roads that are sometimes bumpy and sometimes a little dangerous.

I refer to AO as a destination not because it is a place we ever firmly arrive, but because it is a place we move toward. AO is not like a holiday beach where we unfold our deckchair and relax, thinking that we have finally arrived. AO is more like leaving the beach for an ocean sailboat where we constantly trim sails and adjust the helm to move forward and where if we are not constantly moving forward we will either drift aimlessly or will crash on the rocks.

I believe CASs have been moving forward (and sometimes backwards) on the AO journey for decades. I could take you back in my own practice memory to the 1980s where we talked of anti-racist and feminist practice. We did not refer to these issues as AO at that time, but they were exactly that. I will not, however, go back to that far in this paper. Instead I will recount CASs AO journey in the not-so-distant past of the late 1990s and early 2000s when "here" was a place called "Child Welfare Reform."

Reform was a time when child welfare became more about policing parents than helping families. Intervention was directive, sometimes punitive, and the primary means of protecting children was to remove them from their parents (Dumbrill, 2006; Parada, 2004). I do not want to demonize the Reform years because some very good work did occur in those days, but it is fair to characterize that period as being some distance from AO. Today we have moved away from Reform into an era we refer to as "Transformation."

Transformation is not exactly the same as AO, but it is a lot closer to AO than Reform. The journey toward Transformation was made possible, in part, by CASs themselves. Milestones on that journey include CAS

Directors of Service drawing attention to the unintended consequences of Reform, the Child Welfare Secretariat (comprised largely of senior CAS people) helping the Provincial Government conceptualize a new way of protecting children, and CAS working groups developing a Collaborative Intervention Model (Dumbrill, 2005) and more recently a position of the Vital Role of Clinical Counseling in Child Welfare (Young & Dumbrill, 2010). These are just a few of the steps CAS have taken that helped shift child welfare policy and practice closer to AO than it has been for many years. Consequently in discussing "how we get to AO from here" I am aware that much of what I am saying is already known.

In exploring AO I will be drawing on preliminary findings from my current research called, "looking for anti-oppressive practice in child welfare." This study, which is still underway, does not look for AO by randomly selecting any participants. Instead I am recruiting workers who say that they have gotten AO right and clients who agree with them. Consequently, in this study I am mapping how far CASs have traveled toward AO, and I am looking for clues about how to take it further.

I will not go into my methods too much, but I do want to clarify that in a study like this, a researcher looking for AO is not simply looking for what makes parents and workers happy. Life, AO, and research are much more complex than that. CASs sometimes have to do things that upset people, and AO is not necessarily about happiness. Mullaly explains:

Not everything that frustrates, limits or hurts a person is oppressive... What determines oppression is when a person is blocked from opportunities to self-development, is excluded from full participation in society, does not have certain rights that the dominant group takes for granted, or is assigned a second-class citizenship, not because of individual talent, merit, or failure, but because of his or her membership in a particular group or category of people. (Mullaly, 2009, p. 40)

For something to be oppressive, therefore, it must originate at the structural level. It follows that for something to be anti-oppressive, it has to push back at the same structural level. Consequently, in my study I am looking specifically at cases where issues such as racism, sexism, ableism, poverty, inadequate

housing, etc. have caused or contributed to CAS involvement. I interview parents and workers in such cases who say that intervention "got it right" by addressing and being mindful of these structural issues. In these circumstances, when I ask what "getting it right" entailed, I expected to find some form of macro intervention. What I am finding, however, is descriptions of things that are profoundly micro and practical. Of course I already understood that micro-intervention is an essential part of AO (Dumbrill, 2011). I have argued that worker-parent alliance and collaboration at an individual level is the beginning point for both child safety and AO. I expected, however, to see not only micro work emerging from these alliances, but also some kind of social action or collective pushing back at structures. On later reflection, however, I don't know why I expected that because CASs deal mostly with cases on an individual basis, so there is little opportunity for even the most macro minded social worker to push back with service users in a collective way. I will return to this issue later in the paper because it is a key to AO, but first I want to explore things I am discovering about micro-AO work. I am finding innovative and creative interventions that tend to be inherently practical. These interventions and processes seem to be held together by the term "angels who move mountains."

ANGELS WHO MOVE MOUNTAINS

I would not have chosen the word "angels" to describe anything in research because, for me at least, it conjures up white religious images painted on the ceilings of Eurocentric churches. But "angel" was coded "en vivo" from the words of parents, and "moving mountains" was what workers said they did. As a researcher I can't simply change these words because I do not like them. As the research progresses other words that better describe these concepts and processes may emerge, but for now I have to work with this description and these terms. Also, the analogy of angel is not entirely inappropriate because the concept is familiar to people from a diverse range of cultures and faiths. Angels do not necessarily have a race or specific gender and they exist in Islam, Christianity, Judaism, Sikhism, Hinduism, Bahá'í and many other faiths. Angels also appear in secular non-religious culture. Angels in both religious and popular imagination are thought of as kind, caring beings who are not constrained by our ordinary earthly ways of doing things. In many Hollywood movies, because angels are not human, they often think and act outside the box of human regulation to do "the right thing." Paradoxically, in most of these movies, these angelic acts contain lessons for us about how to be more human toward each other. As I take you through some

of the data, this is exactly what parents say some CAS workers are doing.

Parents did not always expect an angel; but they hoped for someone who would help, and feared someone who would not. I spoke to one mother who faced racism, disability, was living in poverty and had other issues that marginalized her. This mother's frustration levels reached a high at the same time her coping mechanisms reached a low. She was reported to the CAS for physically and emotionally abusing her son. She described her feelings knowing that a CAS Intake Worker was on the way to investigate:

On one hand I felt relieved because I didn't like smacking my son, I felt like I had lost control, I felt like it was this huge secret... maybe I can get help. But on the other hand I was freaking out because... it's those [CAS] people who take your kids away. (Parent 1)

It takes considerable worker skill to turn a moment of parental fear and hope like this into a process that helps. When I asked parents what first made them suspect their worker was going to help, parent explanations did not begin with the things their workers did, but by the ways their workers were as a human being:

It was basically her [CAS worker's] aura. I felt the warmth there, the caring, I could see it in her eyes, I knew that I could trust her... [Now] if I do have a problem I don't call anybody, I call my angel [CAS worker]. She's good. (Parent 6)

She [the CAS worker] was a godsend, like just a godsend because... her attitude was just completely different... that's when my experience became positive. (Parent 5)

These findings confirm what is argued elsewhere about the importance of ways of being in child protection social work (Dumbrill, 2011). When I move beyond these worker ways of being, and ask parents what their workers actually did to help, the answers I get refer to micro processes with a practical focus. These include things like arranging a big brother for children, financial help, help with groceries, dropping a meal off in a moment of crisis, providing a drive. I am getting similar answers from workers too. For instance, one worker described attending a home where cleanliness was so poor that the children were unsafe and needed to be removed immediately. The worker said:

I stopped to think about the amount of work

when you apprehend a child... I thought, "I [will] work alongside her showing her what needs to change." We literally set apart cleaning her home... cleaning out this fridge that was full of mold and cleaning floors that were full of food and piles of junk... we just started moving the mountains. I had another worker come and join me so there were 3 of us in the home. What I found amazing was that this client, who was quite private about her issues... started talking about these things. So while we were literally working side by side she opened up about the difficulties she had. (Worker 1)

Moving these "mountains" transformed the worker's relationship with the mother in a way that enabled child safety. Obviously this is a case of "good practice," what also makes it AO is that the worker recognized the ordinary child welfare machinery was not going to operate in this mother's or her children's best interests. She therefore did something that is arguably outside her job description and interrupted this machinery in a way that produced a better outcome. Similar examples keep coming up. In another case, protection concerns arose from a child not having Ontario Health Insurance Plan (OHIP) coverage. The parent, rather than remedying the problem, argued and acted out with doctors and other officials and these conflicts were symptomatic of other life challenges this parent encountered. The mother found it hard following direction so the worker decided to go with the mother to get an OHIP coverage. The worker explained:

When we got to the [OHIP] counter the person actually turned us away and said, "you have to come back with picture ID." [But] she [the mother] didn't have a picture ID [and was not able to get one] and I'm thinking, "oh now this mountain is like this." I just knew this is crazy. So she [the mother] was mad and we were leaving. I just said, "you know what let's just try one more time." (Worker 2)

Eventually the worker and mother together managed to get the OHIP card without a photo ID and the worker reflected:

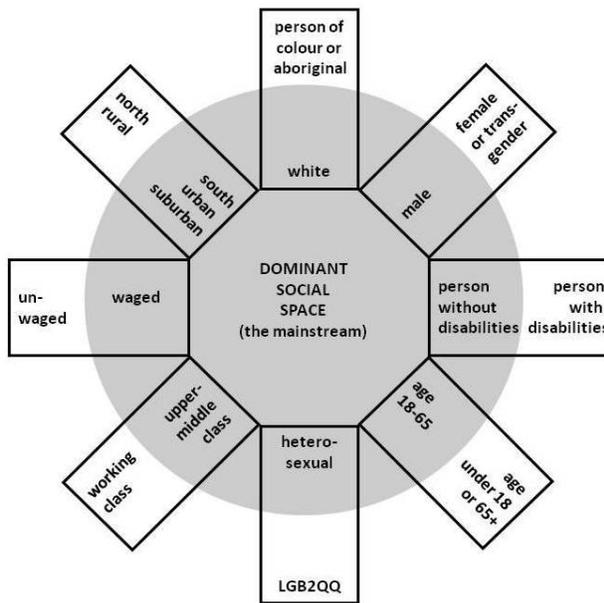
Our discussions [after] were about how you can present yourself to get better results. Which was obviously one of the things in life that she struggled with and that had closed down a lot of systems for her.

The importance of this work cannot be overemphasized. Families involved with child protection agencies often face life "mountains" that many of us do not encounter. Workers recognising this and helping to move those mountains is a crucial part of AO. But moving mountains one at a time is not enough. We have to ask why these mountains are consistently blocking the progress of certain groups. We have to move from the micro to the macro of collectively understanding and addressing what I refer to as the social geography of oppression.

MOVING FROM THE MICRO TO THE MACRO

Society is much like Figure 1. I have described this figure and these issues extensively elsewhere (Dumbrill, 2003; Yee & Dumbrill, 2003) so I will keep my explanation here brief. The center of the figure represents dominant social space, a place where some people take for granted that society operates in a way that meets their needs. Processes of marginalization force specific groups from the center. Some groups gain from this process and other groups lose. It is not necessarily that all people in the middle want to benefit at the expense of anyone else, but at a systemic level it just works that way. Being in the center is much like those Apple Ads say life is with a Macintosh computer, "it just works." Life on the outside is like trying to get a PC to run on Vista. Of course people in the middle also go through life's troubles and face both big and small life disasters too. For the most part such disasters and challenges come from bad luck or bad choices. Those who live outside this circle also have bad luck and make bad choices, but because of systemic inequalities, from the start life's dice are also loaded against them.

Figure 1
Topography of Oppression



with one or more persons per room is one-in-ten. In contrast, the compound risk of a similar child from a two-parent white family not receiving social assistance with three or fewer children living in a home they own with one or more persons per room, is one-in-7,000 (Jones, 1994). The differences in these rates is referred to as “disproportionality.” I explain elsewhere that such disproportionality:

Does not result from the parenting of White middle class families being 700 times better than single parent mixed ethnicity families dependent on benefits; it results from prejudices and structural inequalities embedded deeply within child welfare and other social systems. (Dumbrill, 2003, p. 106)

The problem with these data is that they are British. We have no corresponding Canadian data because we do not measure these variables. CASs measure and report multiple outcomes and indicators arising from their work—in fact much of the job has become gathering outcome data for the Provincial Government—but not disproportionality data (and if it is I have not been able to discover it). The only data we do collect along these lines is for First Nations Children in care. As a result we know that First Nations children are dramatically overrepresented in care. Dr. Cindy Blackstock, Executive Director of the First Nations Child and Family Caring Society of Canada, reports:

The above facts of inequality and oppression have been extensively documented so I will not repeat them here, other than saying that Leonard Cohen sums it up in his song “everybody knows.”

Everybody knows that the dice are loaded
Everybody rolls with their fingers crossed
Everybody knows that the war is over
Everybody knows the good guys lost
Everybody knows the fight was fixed
The poor stay poor, the rich get rich
That’s how it goes
Everybody knows

If the dice are loaded we would expect to find children from the groups outside the circle in Figure 1 to be overrepresented in care, and that is what we find. I have cited these data previously: the risk of a child aged five to-nine from a single-parent family of mixed ethnic origin receiving social assistance with four or more children living in rented accommodation

Fifty years after western social work began imposing its child protection systems on First Nations communities in Canada, there are more First Nations children in state care today than at any point in history, including during residential school operations... (Blackstock, 2009)

Blackstock (2009) also points out that there are in fact, “currently more First Nations children in state care today than ever before” and that funding for First Nations children on Reserves in Canada is lower per capita than for any other children. Something is obviously wrong, and consequently Cindy Blackstock has taken the Canadian Government to human rights court over this issue. In response Blackstock was placed under government surveillance. The Toronto Star asks:

Why is the federal government spying on

Cindy Blackstock? When does a life-long advocate for aboriginal children become an enemy of the state? The answer, it would seem, is when you file a human rights complaint accusing your government of willfully underfunding child welfare services to First Nations children on reserves. Accusing your government, in other words, of racial discrimination. That's what Blackstock, as executive director of the First Nations Child and Family Caring Society of Canada, did in 2007. (Harper, 2011)

issues. Indeed, Canada stands on guard to ensure that CASs focus on the risks caused to children that arise from the failings of parents, and away from the risks caused to children, parents and communities that arise from the failings of the state. We have to change this and deal with broader social issues if we are to follow the AO road. Of course I am aware that a number of CASs are trying to do this already, and to an extent such work helped bring Transformation. We need, however, to take that work even further, no matter how bumpy or dangerous that road becomes. The question remains, how do we do that?

As I cautioned above, the road to AO can be bumpy and dangerous. One would imagine that AO, given its focus on social justice, would be on that road with Blackstock and First Nations communities. Perhaps CASs are, but if that is so this work is not very prominent. Blackstock reflects:

There is little evidence to suggest [that AO] is effective when applied to First Nations child welfare... There is no historical evidence that the anti-oppressive social work movement engaged in any widespread or sustained action in the area. For example, the historical record shows no evidence that AOP social workers protested against residential schools throughout their 100 years of operations ending in 1996, nor have they mobilized to address the vast over-representation of First Nations children in care today (Blackstock, 2009)

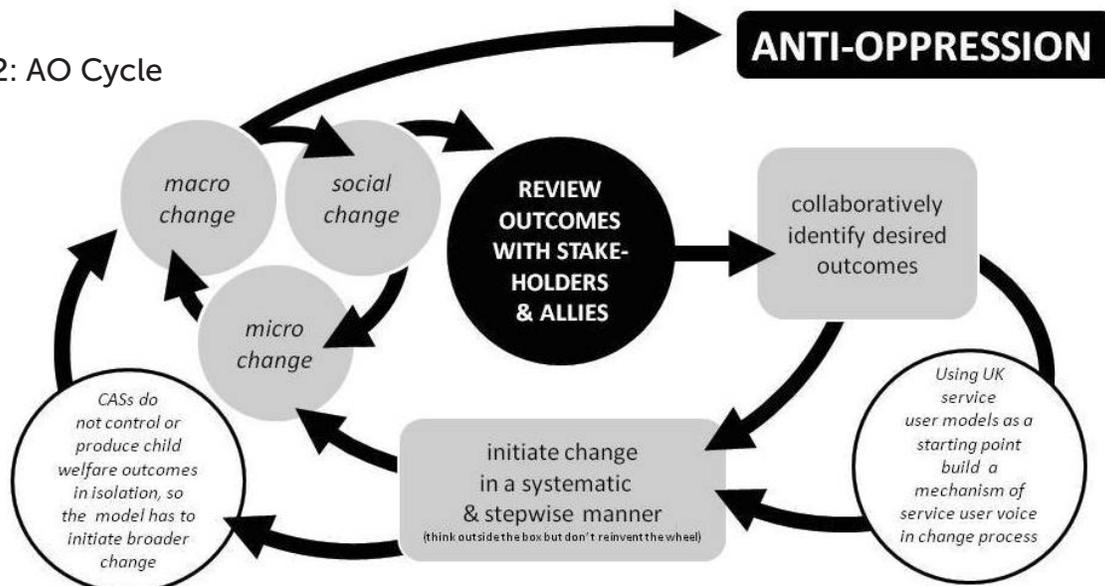
HOW WE GET THERE FROM HERE

I cannot provide you with a list of things that have to be done to move closer to AO. One of the mistakes child welfare experts made in setting up residential Schools and initiating the sixties scoop was acting as if they knew what was the best road ahead for the children and families they served. Prime Minister Harper has apologised for those social work mistakes. We should be learning from them and not repeating them by unilaterally deciding the best AO road ahead. By definition, AO has to be achieved through a collaborative process between CASs and the families and communities they serve. All I can suggest, therefore, is a process that will facilitate this collaboration. I show this in Figure 2. This is a model I use when training CASs in AO, and I recognise that many CASs are already at varying points in this cycle.

In "defence" of CASs I go back to my previous comment about CAS work being funded and regulated in a way that keeps intervention focused on micro

The process begins by reviewing outcomes with stakeholders and allies, which includes service users. Service user involvement is crucial because one

Figure 2: AO Cycle



cannot decide what an AO outcome is for another. Next, desired AO outcomes are collaboratively identified. An obvious AO outcome would be to end disproportionality, but there will of course be other outcome indicators that those we serve will suggest. Then, in partnership with stakeholders and allies, a change process is initiated. Models for this type of collaboration already exist in the UK, and in Ontario steps have been taken in this direction. Indeed, service users helped develop the CAS philosophy and mission statement in Owen Sound. A service user once sat on the York CAS Board Program and Services Committee. The next step, enacting the change, is the hardest. Like that tourist in Maine, here is the point where the process may become stuck. CASs can have considerable power over clients, but they have little power over their own work. This is where the broader collaboration with stakeholders, including entire communities, is needed in order to bring change at micro, macro and social levels. The model produced by the AO Roundtable intersects here perfectly, especially with its levers designed to bring change. This all loops back to our beginning point of constantly monitoring and reviewing outcomes with stakeholders and allies, this circle never ends, but as this circle turns, it takes us closer and closer to AO.

CONCLUSION

In this paper I have looked at ways CASs can move toward AO. I have argued that CAS have been on this journey for some time with some success, most recently the move toward Transformation. At the same time, however, CASs have had some noticeable failures such as initiating the Sixties Scoop and ongoing involvement in processes that perpetuate the overrepresentations of First Nations children in care. I suggest that unless CASs travel on roads that involve establishing firmer collaborative alliances with service users and communities to address risks that children (and families) face as a result of social failings, not just when parents fail, the ideal of AO child welfare work will be a place we cannot reach from here.

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ABOUT THE AUTHOR

Gary Dumbrill has 28 years of experience in child welfare. His career began in London and continued in Canada. He left the field in 1996 and obtained his doctorate at the University of Toronto, where he undertook pioneering research into Ontario CAS service users' theory and its relationship to AO perspectives. Gary currently teaches at McMaster University School of Social Work, where his teaching and research focus on child welfare and anti-oppression. He also remains actively involved with CASs through training, consulting and contributing to OACAS projects.

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OUR WAY: THE CHILDREN'S AID SOCIETY OF BRANT'S AOP JOURNEY

By Iona Sky, Children's Aid Society of Brant

"Anti-oppressive practice is not enough. We cannot decide when or when not to practice in a good way; it must be about living – anti-oppressive living". (Kundouqk & Qwul'sih'yah'maht, 2009, p.35)

This paper is going to illustrate how the Children's Aid Society of Brant (Brant CAS) has organizationally created various models and structures aimed at embedding an anti-oppressive perspective into the fabric of the agency, which in turn influences the delivery of anti-oppressive practice. An anti-oppressive perspective is paramount to the delivery of anti-oppressive practice, since a person's perspective is the lens through which they view and understand the world, which in turn influences the service delivery they

provide to families. An anti-oppressive perspective according to the Child Welfare Anti-Oppression Roundtable (2009) "requires an understanding of the dynamics of privilege, power, oppression and social location. An anti-oppression perspective recognizes how our social identities impact our interactions with both service users and colleagues" (p.7). Dumbrill (as cited in Child Welfare Anti-Oppression Roundtable, 2009) defines anti-oppressive practice as being "concerned with eradicating social injustice perpetuated by societal structural inequalities, particularly along the lines of race, gender, sexual orientation and identity, ability, age, class, occupation and social service usage" (p.2). Figure 1 illustrates how Brant CAS has set the expectation of all decisions and services being examined and offered through an anti-

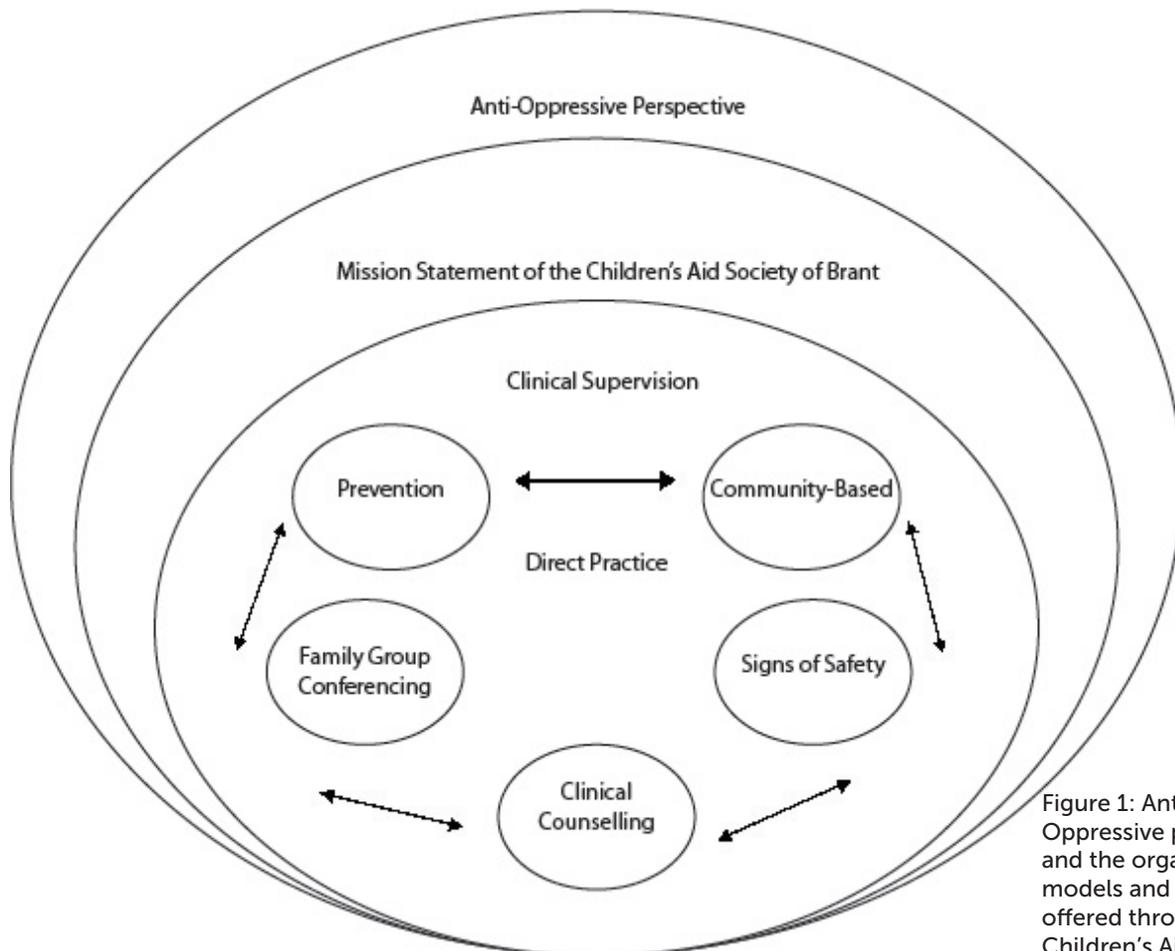


Figure 1: Anti-Oppressive perspective and the organizational models and services offered through the Children's Aid Society of Brant

oppressive lens and that a keen understanding of anti-oppressive practice has to be interwoven into the fabric of the agency. Hence an anti-oppressive perspective surrounds the entire agency (as shown in Figure 1), as it is a guiding perspective and philosophy of service. This paper will examine each of the circles contained within the larger circle and how they intersect and are influenced by an overarching anti-oppressive perspective.

Valuing anti-oppressive practice should be a parallel process and should flow from every aspect and corner of an agency, starting from the agency's mission statement.

The Children's Aid Society of Brant will work with families and the community to safeguard a permanent, nurturing family for all children at risk of abuse, neglect or abandonment. In response to our commitment to strengthen and value families, we will work to recognize and use the strengths of families in all assessment, decision-making, and actions. We share with the community the responsibility for protecting children and strengthening families. We will work in collaboration with the community to achieve this purpose. (Children's Aid Society of Brant, 2011)

As evident from Brant CAS' mission statement, working from a strengths-based collaborative approach with families and communities is valued and guides all of the work that is done, right from the front-line practitioners, to the accounting department, to the senior management level and finally to our Board of Directors. This is vitally important as it sets the stage and expectations of how staff will work together with families and our community to help promote child well-being.

A prime example of embedding an anti-oppressive perspective into the practice is how the agency works from a community-based perspective. This commitment to community-based child welfare is purposeful and based on the premise that having teams embedded in various communities throughout the county, enhances collaborative practice with families as it deepens workers' understanding of the individual and systemic factors influencing families and communities. For example, our agency has teams based in geared-to-income housing complexes, in schools, in the hospital, in the local women's shelter, and in various other locations throughout the county.

Working from a community-based perspective does not just entail moving one's office to a location in the

community, it involves becoming a part of the fabric of that community and working with families to help identify and advocate against, not only individual areas of oppression but also larger systemic issues, such as poverty. This is important for us to be aware of not only as child welfare workers, but also as social workers, as one of the tenants of our professional values is to be advocates and work towards social justice.

So what does that look like in practice? In practice, community-based work involves participating and engaging with the community, as you would in your own neighbourhood. It involves playing basketball with the kids during recess if you are a school-based worker or being a part of open houses or neighborhood cleanup events if you are based in a neighborhood centre, so that kids and parents see you there as a familiar face. This is key to working from an anti-oppressive perspective as it can help reduce some of the fear associated with a child welfare worker showing up at a parent's door. If a parent knows a worker as "Frank the guy who played basketball with Johnny yesterday", it is less scary than viewing the worker as "Frank the unknown scary child welfare worker who has the power to take Johnny away".

Being a community-based worker also entails changing the lens through which we view our work and not increasing our surveillance of families, but seeing the strengths and assets of a community and increasing our visibility and engagement with families as an ally. We should be neighbors in the community...neighbours who are concerned not only about the welfare of the community's children, but also the welfare of the families and the community as a whole. Although our mandate identifies that our primary role is the welfare of children, children do not live in isolation of their family or community, and so our teams work from a holistic bottom-up (as opposed to the traditional top-down) approach with families and communities towards a shared goal and responsibility of children's well-being. This shifts the responsibility of child welfare from a singular CAS bureaucratic perspective, to one of neighbours working together to care for their children and communities. Since we cannot "protect" children as we leave our offices at the end of the day; families and communities protect their children. It is our job to shift our thinking of doing silo "expert" driven work with individual families, to collaborative strengths-based anti-oppressive work with families and their communities to make this happen.

Community Developers wanted to know how the presence of CAS workers impacted the community members. They responded with great positivity commenting on feeling

supported with a good safety net. Community members added that they feel good about someone being there in times of struggle that they can trust to talk to. Feedback from community members during a Community Advisory Board meeting (Children's Aid Society of Brant, 2011)

Brant CAS has also incorporated the Signs of Safety (Turnell & Edwards, 1999) approach as a way to engage with families in a more collaborative, strengths-based manner. It is important to recognize that while we link anti-oppressive practice to Signs of Safety (SOS), SOS in itself is not a neutral or powerless approach. This approach is meant to be a solution-focused approach to working with families (Turnell & Edwards, 1999), but it is still agency-led. It is meant to reduce some of the power imbalances by working with families to safety plan for their children by using various tools such as the SOS Board, the 3 houses etc (Turnell & Edwards, 1999). These tools use appreciative inquiry (Signs of Safety Net, 2011) to identify the strengths of the family, concerns as it pertains to child safety, and safety planning for the children in question. In working with this model from an anti-oppressive lens, it is important for staff to clearly identify, and recognize, that there are power imbalances inherent in this approach, as it is agency-led and is predicated on bottom lines set by workers. However, it also recognizes that families have strengths, and the solution and safety lies in the family and community, and not with the agency.

The agency has been a large proponent of Clinical Counselling (Dumbrill & Young, 2010) and the importance of recognizing that our work with families incorporates this method of intervention. With all the organizational structures and initiatives that I am outlining, an anti-oppressive practice framework has to be interwoven into the application of it. Clinical counseling provided by workers has to be embedded with a thorough understanding of oppression and anti-oppressive practice. Organizations can work towards enhancing workers' sense of competence in this area in order to increase the likelihood that service will be provided in an anti-oppressive way. In practice, this involves developing different practice skills such as: valuing the knowledge of families, a commitment to transparency and clarity, being self-reflective and examining our knowledge and the roots of this knowledge, examining the lens with which we see the world and families, and broadening this lens from the individual struggles that families face to recognizing how different systemic issues impact families and how we can work as allies to fight against these areas of oppression (Dumbrill & Young, 2010).

These different models of practice and organizational structures are supported on an individual worker level to embed an anti-oppressive perspective into practice through Clinical Supervision (Children's Aid Society of Brant, 2008). Clinical supervision is vitally important to examining our roles as child welfare workers and to help enhance our understanding and development of the practical skills needed to carry out anti-oppressive work. Clinical supervision should also be an expectation of all leaders in an organization, as it is a parallel process and should not only focus on front-line staff. It is essential for us all to take the time to self-reflect and examine not only ourselves and our practice, but also the different systemic issues that affect our work. Clinical supervision can help staff develop the different skills needed for clinical counseling, using the SOS approach as well as examining community-based practice.

Family Group Conferencing (Family Group Conferencing, 2011) is another method of operationalizing anti-oppressive practice that Brant CAS has incorporated for a number of years. Family Group Conferencing (FGC) has come to be recognized as a leading way to address some of the power imbalances inherent in child welfare as it shares power by giving the decision making over to the family system to come up with the solution for a child. FGC differs from other methods of conferencing. Signs of Safety as FGC is "family-led" as opposed to "family involved" (Family Decision Making, 2011, p.3).

The voices of many who care will inevitably meet on the common ground of the child's best interest. This is by far the best forum for this type of situation and I wish it were available to more people. - Participant at FGC (Children's Aid Society of Brant, 2011)

It included everyone in the family that had an interest in X & Y's future and well-being. Everyone put aside past hurts/issues to come up with a plan for them. - Participant at FGC (Children's Aid Society of Brant, 2011)

This meeting really brought us together to show us what really matters! Everyone put aside their differences to come and show X and Y how much we love them and how much they mean to everyone that showed up today. - Participants at FGC (Children's Aid Society of Brant, 2011)

The Child Development Unit at Brant CAS works from an ecological approach to community development (Sky, 2008) in various areas of Brant County, including

three geared-to-income housing complexes. This model is a clear example of putting an anti-oppressive perspective into practice, as it examines all the factors influencing communities and families and how the agency can act as allies to work with the communities towards addressing different areas of oppression. The Child Development Unit works in collaboration with protection teams to offer a myriad of early help services to families, children and youth through working with each unique community to identify the gifts and challenges that they each possess, and how they and the agency can work together towards increased child well-being. The agency views this layer of service as imperative to child welfare, as it provides multi-layered support to help improve outcomes for children and families in the context of their communities. In practice this looks like offering a range of supports to deal with systemic issues, such as poverty. For example, supports can range from instrumental ones such as the provision of breakfast programs, community kitchens, back-to-school programs etc, to larger supports to help increase social inclusion such as collaborating with service providers to offer opportunities such as recreational programs, skill development programs, literacy programs, etc.

These centres are a God-send to myself. They are less threatening than having to have groups at a more formal site....Being right in the neighbourhood makes it easy and convenient for me to access. (Parent who accesses services from a neighborhood resource centre, personal communication, n.d)

I started this group in May not because I had to. I had just moved to Brantford and was looking to make friends and get A around some other kids. I wasn't sure how or where to start so I got on welfare and I had heard about a LEAP program. So I asked for it and I was introduced to X. She gave me this number for Children's Aid. At first I was terrified, I mean CHILDREN'S AID! But when I thought about it, I'm not doing anything wrong so I tried it out. This program is the best thing I've ever done for me and my child. He looks forward to coming". (Teen who attends the Teen Parenting Program, personal communication, n.d)

I first came to this group through the LEAP program. After I finished my hours I decided that it would be healthy for my kids and I to continue to come. My kids have other people their age to play with and it gave me chance

to communicate with other parents. The staff here has helped me through a lot of difficult times and problems and has given me different advice that helped make my problem easier to solve. These are something I look back on and I am pleased with myself for trying to make my home life a better place for my children". (Teen who attends the Teen Parenting Program, personal communication, n.d)

The agency is also a member of various community committees and initiatives aimed at addressing systemic issues of oppression. For example, staff are represented at committees charged with examining issues of poverty, homelessness, issues facing LGBT (lesbian/gay/bisexual/trans) groups, immigrant issues, First Nations issues, issues facing groups with developmental challenges, etc.

Brant CAS has also created internal committees which examine issues of anti-oppression and diversity through the formation of the Diversity-AOP Committee, where members from all corners and levels of the organization meet to discuss oppression issues as they pertain to not only the families in our community, but also larger global issues that impact on child welfare as a whole.

Lastly, the agency also has a committee for all staff called the Agency Development Committee that has a representative from every team in the organization. This committee is essential to incorporating anti-oppressive practice into our work as it provides a voice from each corner of the agency to bring forth issues and ideas where we can improve as an organization, as well examine external issues that staff feel are important for our agency to address.

As this paper has illustrated, Brant CAS as an organization has created different purposeful ways to embed an anti-oppressive perspective into everyday practice. As every agency and individual embarking on their anti-oppression journey, this process is organic and takes time and commitment by everyone involved, as it is not only a framework, but a way by which to live our everyday lives. This is a continual process and we as an organization are working towards examining how we can incorporate the Anti-Oppression framework (Ontario Child Welfare Anti-Oppression Roundtable, 2010) into further embedding anti-oppressive practice into our organization. Brant CAS, like every other agency or person embarking on their anti-oppression journey, has hits bumps on the road in this journey (such as resistance to change, or moving too fast resulting in some unintended consequences), and

each of these bumps have taught staff important lessons about respecting the process and journey of this work. However, I am hopeful that the structures that have been outlined in this paper will continue to embed and interweave anti-oppressive practice into all facets of our work, so that we can continue on this journey together with and alongside the families and communities that we serve.

ABOUT THE AUTHOR

Iona Sky joined the Children's Aid Society of Brant in 2001 after working and volunteering in the women's services, developmental services and LGBT sectors. At Brant CAS, she has worked as a Family Service Worker, Community Developer and is now the Resource Development-AOP Manager. Her passions include working with and learning from families and diverse communities, so together we can work towards social justice for all.

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SHARING STORIES TO CONNECT WITH CHILDREN

By Dr. Gabrielle Israelievitch

The love a foster child may encounter in a new home leaks right through a heart inexperienced in being held.

Somewhere in the journey of their internally disconnected and haphazardly assembled lives, foster children have come to us-into our homes, into our therapy offices, into our hearts-with a complex history, with snippets of Whats and Wheres and Whos and sometimes Whys, but no Story that binds the pages together. Yet we all need stories of ourselves. They help us make sense of our world, where we fit in, how we matter to others, and what we can hope for.

Often the only sense foster children can make of their chaotic lives is that somehow its pain and confusion are their fault. Ways of understanding the self in relation to others are cruelly distorted by trauma, but even in safe arms, tenderly offered explanations or statements of fact are not stories.

The ways in which stories may be developed and used with hard-to-reach children to make connections with them are very wide-ranging. Here we will look at three important possibilities: reading stories aloud, generating stories together from experience, and co-creating stories from imagination¹.

The most typical time to think about stories is at bedtime. There are good reasons for this. First, reading is-or can be-part of a predictable routine of special one-to-one sharing and time together. Especially for children who have had none, this structure, predictability, and positive attention is essential if they are ever to feel that they belong anywhere. Even if they've had a bad day, they can look forward to the sweetness of a time when they can be cuddled and comforted-not corrected, not judged. (Children for whom bedtime has terrible associations obviously need to be soothed and reassured. They cannot 'connect' if they are feeling fear or shame). Second, the entry into the separation night brings is a time when children are likely to be more open and vulnerable, allowing themselves into a relationship.

I have encountered older children who've been insulted by the idea of being read to because they "know how to read," but it can be quite surprising how often even teens can love being read children's stories that in some sense allow them to experience a

childhood they never had, both in terms of reliable ritual and in its tender content. Further, experiencing emotions through stories can feel safer than experiencing them directly.

One book that stands out for me as a model of bedtime stories and of how a mother and child connect through them is Else Minarik's simple and delightful *Little Bear*. In this book we see a young bear in various ordinary life episodes: playing in the snow, jumping around on a hill, preparing a birthday party for a friend, and going to bed.

We see a mother who patiently allows her child to discover that his own fur coat feels better to him than wearing all sorts of snow clothes. We see how she enjoys her child's exploration of the world, how flexibly she sets rules and guidelines (he may go to the moon as long as he's back for lunch). We see how she empathically helps him with his disappointments and how she is curious about and listens to his outlandish wishes.

In the end, Mother Bear is even able to grant Little Bear his greatest wish: to be told a story. "Tell me a story," he says, "about me." Of course, she couldn't be telling these stories if she had not been part of them and in this way the stories she tells both imply their relationship and weave it into memory.

Little Bear is a story about a mother enjoying and listening to a child and telling him his own stories, as he chimes in his thoughts and feelings, thereby creating those stories with her. In addition to reading such a story to your child, you can also create them in much the way they did.

Telling your children or telling with your children the story of an experience (about them) can help them integrate both the event and the emotional content of that experience. We just spoke of bedtimes. Let me tell you about Maya's mornings.

Ten-year-old Maya has lived with her parents of two years following many years of unspeakable neglect, quite accustomed to having no one's interest. Currently she alternates visits to my office with each of her parents. During a grumpy recent session with Mom, she complained that she didn't like the way her dad

woke her up in the morning.

She said, "He wakes me up on the wrong side of the bed. He puts me in a bad mood." "What do you mean?" her mom asked. "He comes into my room, makes me sit up, shakes my shoulder and says: 'Time to get up.' Then he opens the blinds and leaves. I wish he woke me up the way you do." "Well maybe you need to talk to Dad about that."

At our next session, following some prodding, Maya did bring this up with Dad. After her description of how he woke her, Dad said, "Actually, I wake you up on the left side of the bed."

She ignored this and continued her lament: "It's suddenly bright and daylight and I'm all awake and you're gone, like you don't even care about me."

"Oh my goodness. You feel alone and even angry when you get up and think I don't care!" "Right. I don't like it." She pouted. "It's very interesting to hear this because the things you tell me are only part of what I actually do when I wake you. Do you want me to tell you what I remember?" Maya nodded.

"Each morning when I come in, I sit on your bed and push the hair out of your eyes and kiss each one. Then I pick you up all floppy and put you on my knee. You lean against me and I rub your back as I whisper in your ear: I am so happy to be your dad. I am so very proud and glad. I love you, Maya, my sweet little pup. And now it's time for you to wake up. And I jiggle your shoulders. Then I put you upright on your bed and open your blinds..."

"Daddy! I must be ASLEEP when you do this!!!"

"I didn't realize it, but I guess you are asleep, until I say it's time to wake up and jiggle your shoulders." "But I want to hear you wake me up! Maybe you are so quiet it's like saying goodnight!" Maya said. "Did you make up that poem for me? I want to hear it!" "How can we make sure you do?"

"Maybe you could open the blinds first and then maybe tickle me awake and ask if I'm ready for my special poem." "Well, let's try that tomorrow....Tell me. When Mom wakes you, what does she do?"

"She comes into my room and starts talking about the gift she sees wrapped in the sheets on the bed, saying: 'Is it Christmas already?' Then she unwraps her package all surprised and excited, and that package is ME!"

Maya was so happy to begin a day where Mom was

pleased to see her. Now she knows that so is Dad. Each parent has a different style. In Maya's words: "Mom wakes me up on the right side of the bed and Dad wakes me up on the left."

Through this reworking of the morning story Maya became aware of how people can have different experiences of the same event and so understand it differently. She learned that one can participate in changing one's story, even find humor in it, and that all of this is part of being in a family.

Now, each morning, no matter who wakes her up, there is a re-enactment of how she was a gift to her parents. She never gets tired of this story, in the doing or the telling. It has become part of their family treasury.

Let me tell you one more story. It came from the minds of Sammi, 8, and his dad, George. Sammi had lived in five different homes before coming with his two siblings to live with George and Sandra a year ago. At that time he was so full of confusion and anger that he often expressed in out-of-control ways. He had a hard time letting others take care of him and he did not feel he was good at anything.

Last week in my office with his dad, Sammi proposed playing the Squiggle Game, which George had never played before. In case you don't know how to play this game either, I'll tell you: You take a piece of paper and two markers, a different color for each of the two players. One player makes a squiggle on the paper between them. The other 'finishes' the squiggle into a picture of something. Then the picture-maker makes a squiggle for the other to 'finish.' And so on. Since I like to make this a storytelling game, I have each person tell a piece of a story about their drawing that the other person responds to. The players go back and forth until they both feel they've finished the story.

Sammi, with an orange marker, squiggles first and George, in blue, draws a chicken.

G: Once there was a young chicken who had grown extremely fast. He had grown so fast that his muscles didn't have time to develop properly and often when he took a step, he fell.

George squiggles and Sammi draws a rainbow with clouds on each end and a tiny person standing on each cloud.

S: There were two beings, like angels, watching over this chicken

and only animals could see them. They wanted to take care of him but didn't always know what to do. They loved him very much and did the best they could.

Sammi squiggles and George draws a huge angel.

G: The two little angels had a supervising angel who had a lot more experience and she gave them guidance when they needed it.

George squiggles and Sammi draws a house.

S: This is the house of dreams where the angels live. This is where they get their assignments for the animals they will take care of; usually they get to choose their assignments. No one can see this house except the angels and animals.

Sammi squiggles and George draws a turtle.

F: Then there was a Turtle of Destiny who helps the chicken achieve his dreams. He listens to the chicken's thoughts and helps him focus.

George squiggles and Sammi draws a chicken, who utters the words: "I can walk!" No elaboration required.

Not only is the story-making a present moment activity with shared attention and intention, it also reveals an unconscious understanding of a more profound shared life experience. For now, it doesn't need to be more explicit than this. Although Sammi sometimes references the past, he is gaining the resources to be able to reflect with his parents and compose with them the story of his life that includes the awful times in the context of the whole.

Stories of themselves sew children into their own lives with others, lives they can learn to wonder about, gain insight into, grow with, and most of all, belong in. Stories can help repair hearts that leak out the love that may pour in because hearts leak when they are not connected safely and predictably to meaningful others.

FOOTNOTES

1 I will not discuss here the use of storytelling specifically as a way of addressing problem behaviors or difficult early lives nor as a way of correcting traumatically conceived perceptions, though what I'll talk about can certainly provide a foundation for those.

ABOUT THE AUTHOR

Dr. Israelievitch currently has a small, child-focused psychotherapy practice where she maintains her special interest in attachment, play, and stories of the young people she works with. This is the stuff she writes and speaks about. This year, her book for foster children and their parents, *Where's Home?* (2011) was published to rave reviews

(www.whereshome.me).

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PATHWAYS TO PERMANENCE: EXPLORING LEGAL CUSTODY FOR CROWN WARDS

By Simon Dadds, Kawartha-Haliburton CAS

ABSTRACT

To achieve permanency for Crown wards, Kawartha-Haliburton Children's Aid Society (KHCAS) is pursuing legal custody orders. Currently, the Society has ended Crown wardship orders for close to 20 children, and most of these children's new guardians are their prior foster parents. Our five year longitudinal study will examine these children's life outcomes and compare them to the outcomes for children who remain Crown wards to provide insight into whether our legal custody program helps to achieve better life outcomes for children than long-term foster care.

INTRODUCTION

Legal custody may provide foster children with permanent families. In 2010, two years after placing our first foster child in the legal custody of their foster parents, Kawartha-Haliburton CAS began evaluating the effectiveness of these orders through several focus groups. This initial evaluation was followed in 2011 by a five-year longitudinal study plan developed by Charterfield Consulting. The researchers conducted a literature review and interviewed KHCAS staff to create permanency measures based on life outcomes. They conducted case studies and 41 interviews with legal custody and foster parents and children. Staff were asked if the initiative had any impact on attitudes and casework practices. Foster parents were asked what prevented them from choosing guardianship. In our first year of the study, we found differences in several life outcomes: employment, self-esteem and sense of identity, self-care, social relationships, and resilience. Due to the small sample, these results are preliminary. The Society will continue our longitudinal study and development of the life outcome measures.

BACKGROUND

In 2006, the Ministry for Children and Youth Services initiated a Transformation Agenda that included requiring Children's Aid Societies to pursue permanent families for children in their care, with legal custody orders as a separate policy directive (Child Welfare Secretariat, 2005). Legal custody orders award custody

of a child to a significant adult in the child's life. The Child and Family Services Act (CFSA) was strengthened to facilitate legal custody orders and legal custody to foster parents (CFSA, 1990, s.65(2)). Foster parents are a significant source of permanent homes for foster children (in 2003, 62% of adoptions of foster children in the U.S. were to foster parents) (Cushing & Greenblatt, 2005, p. 10).

Other provinces in Canada have introduced permanency programs that included custodial care being awarded to foster parents. The government of British Columbia introduced a guardianship subsidy for foster parents in 2000. This subsidy supported foster parents assuming legal custody and provided a level of subsidy that matched their then current foster care per diems. In 2004, Alberta introduced a new foster care model, which included extensive involvement of foster parents in permanency planning and required case workers to discuss with foster parents the options of adoption and private guardianship orders (legal custody). This provincial program standardized financial supports based on children's needs, and it continues to provide ongoing support services to guardians who pursue this permanency option. However, despite these provincial initiatives, there is no Canadian research or literature on foster parents assuming legal custody of foster children.

Much of the available longitudinal research on legal custody was authored in the United States, where new permanency initiatives were created to respond to a drastic increase in the number of children coming into foster care (Testa, 2004). Numerous large, quantitative studies were conducted. Seven states piloted subsidized legal custody programs. In Illinois, legal custody orders brought about a 25% increase in the rate of achieving permanency for children coming into foster care and approximately one-sixth of children who were headed for long-term foster care were found permanent homes. The majority of the new legal guardians took custody of children to whom they were related (Testa, Cohen, & Smith, 2003). Similar results were found in several other states' evaluations of their legal custody programs.

EVALUATION

In 2010, Kawartha-Haliburton CAS started evaluating our legal custody program. In two focus groups of legal custody parents and their custodial children, our consultants asked what impact legal custody orders were having on children and their guardians. Participants who were unable to attend in person, due to distance or scheduling, were offered telephone interviews. Eight legal custody parents and four legal custody youth from five families participated in the focus groups. Three parents and two youth participated through individual interviews. The results of our preliminary research indicated the program was successful but it needed to be further developed to provide consistent information to potential guardians and staff on legal custody, standardized subsidy agreements, support in accessing community resources, and post-permanency supports for potential acute crises.

Based on insights from our preliminary research, Charterfield Consulting worked with KHCAS to design and implement a five-year longitudinal study, *Comparing Life Outcomes of Permanency Options* (2011). The research question is: Are children and youth who are Crown wards with access and in stable placements more likely to have positive life outcomes if they have a caregiver who is their legal guardian rather than a foster parent? Through interviews with Kawartha-Haliburton CAS staff, Charterfield developed a logic model of the legal custody program at KHCAS, identifying seven intermediate outcomes for youth in the program describing the expected changes in behaviour arising from achieving permanency. The seven "life outcomes" are related to:

1. education,
2. employment,
3. self-esteem and sense of identity,
4. self-care,
5. family support,
6. social relationships, and
7. resilience.

To track the youths' progress in relation to the life outcomes, 26 indicators were identified through a literature review and validated in a workshop with KHCAS staff. The indicators describe what we would expect to see in a child's life when they are successfully

raised in a permanent home (for example, maintaining or increasing their engagement at school, and graduating from secondary school), both for youth in stable foster care placements (lasting more than two years) and those living in legal custody families. A tracking and reporting database was also developed to facilitate the analysis of the data.

Charterfield then proceeded to the 2011 data collection phase, conducting several in-depth cases studies as well as in-person and phone interviews of parents and children. Interviews were done with 11 legal custody parents, 8 legal custody youth, 13 foster parents, and 3 foster youth. Twelve children's services team members were interviewed regarding twenty-three foster youth, and four additional staff were interviewed on legal custody youth. The staff interviews included an examination of the impact that the initiative had on attitudes, casework practices, and potential areas for program growth. During the interviews with foster parents who are not choosing to pursue legal custody of children for whom they have provided long-term foster care, the researchers invited feedback in order to understand why the parents were making this choice and to explore any barriers to achieving permanency. Interviews with legal custody parents examined any difficulties they experienced in pursuing legal custody and potential improvements to the program.

The initial year provided baseline data on all of the children. Initial analysis indicated differences between the two groups of children in several indicator measures under five of the seven life outcomes (see Table 1). Due to the small sample, these results are preliminary, and it is too early in the study to draw conclusions. In future years of the study, we will be able to make comparisons to the Year 1 benchmark data. The Society will need to adjust its collection methods to address impact of the children aging and make some minor changes to improve data collection and ensure consistent engagement across the comparison groups. Our Year 2 data collection is currently underway. In the second year of the study, the children's interviews will include three questions from the Canadian adaptation of the Assessment and Action Record (AAR) from the Looking After Children international initiative, an assessing and planning tool used across Ontario for youth in CAS care. These questions will provide the young person's view on their sense of identity and self-esteem, in addition to the data collected from the caregivers and KHCAS staff.

In 2012, the Society hopes to determine through four case studies whether the permanency life outcomes, and their measures used in this study, can be used to evaluate the use of legal custody orders in our kinship

Table 1: Year 1 Longitudinal Study Key Differences in Indicators for the Life Outcomes

Indicator Measure	Life Outcomes	Findings
Progress toward a career goal, for youth aged 15 and over	employment	Caregivers reported 3/3 legal custody youth had made progress toward a career goal, compared to 6/7 foster youth (workers reported 8/9 foster youth)
self-confidence	self-esteem and sense of identity	Caregivers rated 11/13 legal custody youth as self-confident, compared to 8/13 foster youth (workers reported 13/20)
maintenance of appropriate hygiene	self-care	Caregivers reported 13/13 legal custody youth maintained appropriate hygiene, compared to 13/16 foster youth (workers reported 15/22)
peer visits outside of school	social relationships	Caregivers reported 11/13 legal custody youth had peer visits outside of school, compared to 10/16 foster youth (workers reported 15/23)
balanced peer relationships	social relationships	Caregivers reported 9/11 legal custody youth were in balanced peer relationships, compared to 4/10 foster youth (workers reported 10/15)
positive relationships with adult leaders in the community (coaches, group leaders, etc.)	social relationships	Caregivers reported 13/13 legal custody youth had positive relations with adult leaders, compared to 13/16 foster youth (workers reported 19/22)
successfully meeting a significant challenge	resilience	Caregivers reported 13/13 legal custody youth successfully met a significant challenge, compared to 10/14 foster youth (workers reported 15/18)

services (granted under sec. 57 of CFSA). Most often these children were not in our agency's care and have never been Crown wards. Their custody was granted to kin families as a permanency plan, after longstanding safety concerns with their parents. This group of children may be able to form a third comparison group, for the remainder of the longitudinal study.

CONCLUSION

In conclusion, there have been many discussions within our agency and with other agencies on possible merits and potential short-falls of legal custody orders, current and future agency budget impacts, how legal custody compares to adoption, as well as different perspectives and values on providing long-term funding for permanent families. To determine if our legal custody program can achieve better life outcomes than long-term foster care, the research will continue with Year 2 to 5 of the longitudinal study. The life outcomes measures being created in this study may be useful to evaluate other child welfare services. The research findings and data analysis will continue to inform service practices and permanency planning for children requiring long term out of home care.

ABOUT THE AUTHOR

Simon supervises a child in care team at Kawartha-Haliburton Children's Aid Society. Other members of their legal custody project team are children's services supervisors Laura Quibell and Susan Milligan, and director of client services Nathalie Fouquette. They have a very good lead researcher in Janet Hunter, of Charterfield Consulting. They are all grateful for the ongoing support of the many children, committed parents (legal custody and foster) and Society staff, participating in the study.

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DEVELOPING A MODEL GUIDE TO OPENNESS PLANNING IN CHILD PROTECTION-BASED ADOPTIONS

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This article was originally published in the OACAS Journal Winter 2010, Volume 55, Number 1. It has been updated to address additional changes to adoption practice in Ontario, regarding openness planning, resulting from the passage of the Building Families and Supporting Youth Act, 2011(Bill179)

Much of the advocacy and research on the benefits of openness arrangements in adoption practice comes from openness agreements in voluntary adoption placements. Within Ontario's public adoption sector previously, the majority of children placed on adoption have experienced serious protection issues. As such, there have been a number of questions about the benefits of openness to the child and about the long-term stability of the child's adoptive placement when applying openness arrangements to non-voluntary relinquishments. New laws have been passed in Ontario which place an obligation on Children's Aid Societies to consider the benefits of openness when ever planning for the adoption of a child with a Crown Ward order whether the child has an access order or not. There are now a range of openness arrangements available in public adoption, which previously were not addressed in the CFSA. To date there has been a lack of training and assessment models to inform and guide both the courts and Ontario's child protection agencies when applying openness legislation. As a result, there are significant differences in how agencies and courts have been applying openness in adoption. There are now two sections of the Child and Family Services Act which deal with openness orders: s.145.1.1 applies to Crown Wards without access and the new s.145.1.2 applies to Crown Wards with access orders. Regardless of which openness provision is being applied there is the same expectation that the court must be satisfied that an openness order is in the best interests of the child, and will permit the continuation of a relationship that is beneficial and meaningful to the child. This openness planning model will be applicable to all paths to openness.

The intent of this article is to review some of the research on openness in order to develop a better understanding of the potential benefits and challenges to openness arrangements in child protection based adoptions, and to provide a model that can guide openness planning in meeting adopted children's long-term needs. For the purpose of this review, it should be understood that openness arrangements in Ontario

include both court ordered openness and voluntary openness pursuant to openness agreements, the latter of which are arranged and agreed upon outside of the court process. Openness is understood to involve a broad range of contact options, from an exchange of letters and photos to face-to-face visits. Each adoption plan will need to be individually assessed in order to determine what type of openness arrangement best meets the child's long-term best interests. For example, when birth parents have abused their child, contact may still be beneficial, but will need to be a safe experience for the child. As such, direct contact may not always be appropriate.¹

BENEFITS OF ADOPTION

Research shows that when children cannot return to their birth family, adoption is the most stable form of alternative care. When children have the continued support of an adoptive family into adulthood, they gain a lifetime perspective. Research shows good outcomes across a range of measures, with children placed in adoption having better outcomes than children placed in foster care.²

While foster care is an excellent emergency and temporary support to children, and some children in care are able to maintain these supports and life-long commitments, it is inherently limited in providing a stable, predictable, long-term placement compared to adoption. The limitations in meeting the long-term needs of children in long-term foster care are well recognized as a serious deficit. Within the Child and Family Services Act, Section 66, the Ministry is required on an annual basis to review the status of every child in care who has been a Crown ward for two or more years. For many years, provincial data has consistently shown that on average, children in care can expect to experience a placement change, as well as a change in workers, approximately every two years. There are minor differences between agencies and from year to year, but not significantly so. While there are no reliable statistics speaking to adoption breakdowns we do know that research shows better overall outcomes for children being adopted, than those being raised in foster care. It is also important to note that there are often reconciliations when adoption break downs do occur, with the adopted youth and their adopted family resuming their relationship, which typically does not

occur for foster care break downs.

Foster care support, in Ontario, is time limited by legislation. Foster care funding ends when a youth turns 18, and Children's Aid support and funding end for a youth when they are required to leave CAS care by age 21, regardless of their needs. Typically, youth leave the foster home at age 18. The move out of the foster home and the subsequent disruption in the school year may partially explain why educational outcomes for youth in care are significantly lower than the provincial average. Advocacy by the Ontario Association of Children's Aid Societies and youth from youth in care groups like YouthCAN have repeatedly brought this issue to the Ontario government's attention, and some change is beginning to occur, however it is far from raising the age for protection and supports for youth aging out of care. Four other provinces have raised the age that youth can remain in foster care and receive support, but even if legislative improvements do eventually occur in Ontario, adoption will continue to offer greater benefits to the child as there is no expiry date on an adoptive family's commitment, support, and long-term attachments. Adoption creates a legal status related to family relationships, which foster care does not provide. Adopted children have a much greater chance of receiving ongoing family support into their adult years, with reasonable expectations of participation in family gatherings, support with their own child rearing, inheritance rights, as well as emotional and perhaps financial support when needed.

BENEFITS OF OPENNESS IN ADOPTION

An adopted child's attachment to their adoptive family, healthy sense of self identify and health all have the potential to be enhanced through openness arrangements in adoption.

The statutory test for openness is whether the relationship the child has with the person seeking the openness is beneficial and meaningful to the child, and whether the openness order is in the best interests of the child. This decision, and the CAS position regarding openness for a particular child will be guided and informed by attachment theory. "Attachment theory describes the dynamics of long-term relationships between humans. Its most important tenet is that an infant needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally." Paul Steinhauser's³ research on attachment formation and the creation

of attachment disorders is well recognized and respected in Ontario's child protection field. Ever since Ontario established consistent, province-wide training of child protection workers, his research has underpinned mandatory training and is currently referred to in Child Welfare Professional Training Series, Course 6—Permanency and Continuity of Care⁷. Paul Steinhauser's research found that severing a child's past relationship with a primary caregiver can have a cumulative impact upon a child's ability to make new relationships. The more changes of primary caregivers, the less invested a child is in forming close attachments. If a child experiences too many losses, they may ultimately not invest any effort in forming close emotional relationships, and may even lose the capacity to do so.

When applying these research results to adoption practice, it should be recognized that a well thought out openness arrangement can promote an adopted child's capacity to form and maintain new attachments with their adoptive family. Research from the Centre for Adoption Support and Education in the USA has identified the unique needs of adoptees during adolescence, even those who were adopted as newborns. Challenges unique to this population revolve around identity formation. Like race and culture, being adopted is an integral part of the adopted teenager's identity, and in developing their sense of identity they need to determine how they are alike and different from both the biological and adoptive families. The research also found that an openness arrangement improved positive outcomes for adoption stability by providing adopted teens with accurate information about their birth parents, which allows them, amongst other benefits, to understand and assess the reasons why their birth parents were unable to parent them. The research also found that openness allowed adoptive parents to be better informed about their adopted child's birth parents, which allowed them to better assist their adopted child to incorporate their history into a healthy sense of self.⁴

There are also potential benefits, through openness, for the adoptive parents. Contrary to some concerns expressed by the field, the research shows that adoptive parents benefit from openness, with many reporting increased feelings of entitlement, less fear of the birth family, and feeling a greater sense of empathy for the child and the birth family.⁵

In addition to potential benefits to the adopted child's attachment formation and self identity there can also be health benefits through openness. Standard adoption practice in Ontario is to make efforts to acquire medical histories on birth families, which are

shared with the adoptive family to aid in identifying potential genetic health risks for the child. However, the majority of the birth parents involved in child protection cases are young, and therefore many genetically based disorders will not have developed and been diagnosed at the time of the adoption. One of the standard medical diagnostic tools is to review a patient's family health history. Adoptive parents and the adopted child may be better informed of potential health risks by receiving ongoing updates on birth parents' health, contributing to earlier and more accurate diagnosis of genetically derived health concerns.

DETERMINING IF A RELATIONSHIP IS BENEFICIAL AND MEANINGFUL TO A CHILD

Attachment Theory will be a useful tool in assisting CASs in assessing how beneficial and meaningful a relationship is to a child. Attachment theory has become "the dominant approach to understanding early social development, and has given rise to a great surge of empirical research into the formation of children's close relationships".³ Paul Steinhäuser's research identified two processes by which attachment occurs through consistent, skilled and appropriate attention to a child's physical and emotional needs, over a prolonged period of time. For a child the quality of attachment with a care giver is "based on the child's need for safety, security, and protection, paramount in infancy and childhood."³ It should be anticipated that the protection concerns that resulted in the need for a child's removal from their parent's care have probably also negatively impacted the child's attachment formation to their caregiver to varying degrees. When assessing if a child's relationship with a person is beneficial and meaningful to the child there are several sources of information that can aid this assessment. The following are just a few suggestions of areas of information that can be accessed to inform an assessment of the quality of attachment a child may have. When assessing a parent or primary caregiver areas to include will be the history of the quality of care the child received prior to admission to care and reasons for admission. The age of the child at time of admission and how long the child was in the primary care of the caregiver is also informative. A child apprehended at birth will not have the opportunity to develop a significant attachment to a visiting parent, whereas a child who spent their first 5 years with a parent has clearly had that opportunity. However, time with a caregiver is not a determinant of the quality of attachment formed, only an indicator of the potential for one to have formed. If emotional and/or physical

needs were not met, or inconsistently met, the quality of the attachment will be compromised. If there was a lack of a sense of safety within the home, the quality of the attachment will be impacted. One could review health reports of the child re overall health, nutrition, dental care, attention to medical needs such as immunization shots, treatment of injuries etc, and state of the home the child was living in, for indicators that would support or challenge healthy attachment formation. Additionally one could review how functional the child was emotionally, socially, and from the perspective of their overall health at the point of admission, and identify whether there was any significant change in the child's functioning following admission to care. The age at which a child is apprehended is also crucial information. Attachment theory indicates "infants become attached to adults who are sensitive and responsive in social interactions with them, and who remain as consistent caregivers during the period from about 6 months to 2 years of age." "...parental responses lead to the development of patterns of attachment"³. Therefore it needs to be recognized that in admissions to care of very young children there is no ability for a full attachment to have developed. Access visits after admission to care will not equal the repeated daily care requirements necessary for a significant attachment to form. If a child is removed from parents after reaching 2 years of age, from an environment with neglect or abuse, the research of developmental psychologist Mary Ainsworth identified the formation of avoidant or anxious attachments, vs. secure attachments.³ Such weak attachments will need to be recognized as such when entering openness planning. A child's meaningful and beneficial relationships may not be limited to birth parents, and Societies should be identifying all significant attachments a child may have when considering openness planning.

OPENNESS ISSUES UNIQUE TO ONTARIO

In reviewing the research from the USA and Britain on the potential benefits of openness in adoption, it is important to note that all the research pertained to openness agreements. Openness orders are unique to Ontario. Considering how recent the openness legislation in our province is, there is currently no research available that demonstrates whether or not there are any additional benefits to openness orders over openness agreements, nor regarding the potential impact of openness orders which may be imposed following an adversarial process in the court. While the provision in s. 145.1 for openness orders with respect to Crown Wards with no access order

which was introduced in 2006, limited the court to making an order where the CAS applied for one and the prospective adoptive parents consented to the openness order, the new provisions do not include these safe guards. Persons who were granted access to a Crown Ward may now apply for an openness order under s.145.1.2 after the Society, pursuant to s.145.1.1, gives notice of its intent to place the Crown Ward with access for adoption. The court need only consider the ability of the adoptive parents to comply with the terms of the openness order, and may make an openness order without their consent. Although adoptive parents are not automatically parties to the court application for openness under the new provisions, it can be anticipated that they will want to participate. At a minimum, it may be advisable to suggest that all potential adoptive parents of Crown Wards where an openness application could be made obtain independent legal advice, and certainly those in cases where an openness application has been initiated.

CFSA s.153.6 which deals with openness agreements remains in full force and effect. One important legal distinction between openness orders and openness agreements is that the CFSA addresses a court process for variation or termination of openness orders, while remaining silent with respect to enforceability of an openness agreement. Once a court makes an openness order, regardless of whether it is made under s. 145.1 or s. 145.1.2, an application can be made to vary or terminate it. After finalization, such an application can be initiated by either the adoptive parents or the person having openness with the child. There is some understandable anxiety on the part of the field that this will open adoptive families to ongoing litigation, at the expense of the adopted child's well being and the family's stability, as well as subjecting them to financial hardship related to legal expenses. Since the legislation is recent and very few openness orders were made between 2006 and 2011, it is unknown how the courts will respond in these situations.

Beyond legal issues, there are clinical considerations that should be evaluated when determining the relative merits of an openness order and openness agreement. Well thought out adoption planning will seek to reduce unnecessary stress on the adoptive family, as their stress can have a negative impact on the child's well-being. The research finds that "the provision of substitute parents in itself represents the most radical, comprehensive and potent therapeutic change in a child's psychosocial prospects" (and) "the first level of intervention needs to ensure that" (the adoptive parents) "are sufficiently stress free in order to be psychologically available and responsive to the child's needs" (Howe, 2006, 129-130). An openness order

or agreement can therefore impede or enhance the adoptive parents support to the child, depending upon if it is experienced by them as a hindrance or support to the adoption. An openness order may be of greater benefit than an openness agreement when trying to ensure contact between siblings. When siblings have well established, healthy, strong attachments, but are not being adopted into the same family, they are not in a position to negotiate or advocate for themselves. In this circumstance, an openness order might better ensure that their attachments are preserved. However, even in this situation, consideration must be given to potential risks that might undermine an adopted child's success. For example, if there are differences in the birth family's contact with the child's siblings, or in legal status and/or court orders, pursuing an openness agreement may be the prudent practice, depending upon the child's needs.

STEPS IN THE ADOPTION OF CROWN WARDS WHERE THERE IS NO ACCESS ORDER

- 1) Crown Ward order is made. This terminates all existing access orders. No further access order is made
- 2) Benefits of openness is required to be considered by the Society -s141.1.1(2)
- 3) Adoption placement cannot occur until the expiry of a 30-day period from the date of the Crown Ward order was made, during which time an appeal can be launched - s141.1
- 4) If no appeal has been filed 30 days following the Crown Ward order (without an access order being made), and if adoption is viewed as beneficial to the child, the child can be placed on adoption probation
- 5) Only the Society can launch an openness application if they determine it is in the child's best interest, prior to the adoption being finalized. All those involved in the openness order must consent, including the adoptive parent(s). After the adoption is finalized, amendments or termination of the openness order can be initiated by the adoptive parents, the person(s) granted openness pursuant to the order, or the Society where it is required to supervise or participate in the openness order by the terms of the order.

STEPS IN THE ADOPTION OF CROWN WARDS WITH AN ACCESS ORDER

In addition to steps 1 through 4 listed above the following additional steps are required for the adoption of Crown's Ward with an access order:

- 1) Adoption placement cannot occur until the Society gives notice of its intention to place the child on adoption to the child and to all parties with legal access.- s145.1.1(2)
- 2) Adoption placement cannot occur if there are difficulties in serving notice on one or more parties until the requirements of s145.1(4) and (5) are met.
- 3) Adoption placement cannot occur until 30 days after all parties have been served, or the requirement for service has been dispensed with by the courts, or every person entitled to service has filed an openness application. Note adoptive family can apply for party status (see recommendations below)
- 4) Court may make an openness order under s145.1.2 (6) and(7) when the following conditions are met

a) it is in the best interests of the child.

b) the order will permit the continuation of a relationship with a person that is beneficial and meaningful to the child .

c) the child consents to the order if age 12 or older (note: no other parties' consent required).

d) the court considers the ability of the Society's selected adoptive family ability to comply with the arrangements under the order.

Note: s145.1.2(8) specifies the court cannot direct a Society to supervise or participate in the arrangements of the openness order which has significant implications which will be spoken to re the difference between access and openness orders

- 5) The adoptive parents are not automatically parties in the openness proceeding. The Society is obligated to notify the prospective adoptive parent of the fact an openness application has been brought, the relationship of the applicant(s) to the child and the nature of the relief sought. The adoptive parents

must also be advised by the Society the outcome of the openness application (s. 145.1.2 (5)). Before an adoption order is made the Society or prospective adoptive parent can apply to vary, or terminate, an openness order.

ADOPTION PLANING RECOMMENDATIONS/ CONSIDERATIONS

There are potentially more challenges to the successful adoptions of children with access orders compared to those without access orders. These concerns can be best addressed by identifying potential problem areas and possible solutions.

Some potential risks to successful adoptions for children with access orders are the following:

- 1) Longer delays in adoption placement due to requirements for service of all parties with access. It is not uncommon for delays resulting from some parties being difficult to locate to serve, and/ or delays in dispensing with service when this is necessary.
- 2) There may be reluctance for some adoptive families to commit to adopting children with openness applications, in the situation in which they will not be required to consent, and the fear of legal challenges and the costs associated with future variations to an order. This could reduce the numbers of suitable families applying to adopt a child, which in the worst case scenario could result in a less desirable adoption placement or no adoption placement occurring.
- 3) Theoretically Societies can place a child on adoption probation, prior to an openness application being finalized. However if the openness application is not viewed by the Society as being in the child's best interest they may chose to delay placement of the child for adoption until the final order is known, in order to prevent harm to the child from adoptive parents refusing to complete the adoption or living with an openness order that may undermine the potential success of the adoption. Subrule 34(19) of the Family Court Rules requires that a hearing of the openness application take place within 90 days of the filing of the application, so there could be significant delays in adoption placements where there are contested openness applications. Such an undesirable delay may be necessary as there are no safe guards in place ensuring the Society's

and/or adoptive parent's consent being required in these hearings.

Steps which may reduce or eliminate the above concerns are the following :

- 1) Determine whether the child will benefit from adoption and if so...
- 2) Determine whether the child has a beneficial and meaningful relationship with one or more individuals.
- 3) If there is not a relationship that is beneficial and meaningful to the child, or the person with whom the child has the relationship lacks the capacity or motivation to support the child's success in an adoptive placement, the Society should pursue a Crown Wardship without an access order.
- 4) If the child has a relationship that is beneficial and meaningful to the child, and the person with whom the child has the relationship, has the capacity and motivation to support a successful adoption of the child, an access order should be considered, with the Society either recommending one or consenting to a request made by a party at the Crown Wardship stage.
- 5) For Crown Wards with access orders, for whom adoption will be in their best interest, discussions about openness should take place with persons with access orders before formal notice of intention to place for adoption is given. Ideally agreement on openness arrangements will be reached, reducing contested openness applications and supporting greater long term success in openness arrangements.
- 6) When there is not an initial plan to pursue adoption, following a Crown Wardship order with access, adoption may later be determined by the Society to be in the child's best interest. Where such a decision is reached the Society will review whether access has been utilized and how beneficial it has been for the child. Where access has been properly utilized and beneficial to the child negotiations with all parties should be entered into, to seek agreement on an openness arrangement, prior to all parties being served with notice of intent, so that negotiated terms can be put into the openness agreement or the terms of a consent order.
- 7) When an access order is not being well utilized, or is not benefiting the child, or there is strong

opposition to supporting adoption or outright undermining of the plan, by the party with access it may be more beneficial to seek a termination of the access order rather than facing the longer delays and risks identified above for the adoption of children with an access order.

- 8) When consent by all parties is reached regarding an openness order, and the order is flexible enough to accommodate the many changes that can occur until the child turns 18, there will be reduced risk or need for future court hearings for variations or terminations.

UNDERSTANDING THE DIFFERENCES BETWEEN ACCESS ORDERS AND OPENNESS ORDERS

There will need to be significant differences in the content of access orders and openness orders as they are designed to serve different purposes.

Access orders are designed to:

- 1) Maintain a beneficial and meaningful contact between a child and an identified individual while a child resides in the Society's care. Prior to a Crown Ward order being made access may be designed to assess and support possible reunification of a child with a family member. In such cases access is typically used as a method of assessment of parental current skill and capacity, and their ability and willingness to participate, incorporate, and apply improved parental skills. Provided there are no safety concerns and good attendance there may be high frequency of visits to try to preserve or improve attachments in case the child is returned home.
- 2) Access visits for a child in care will have the support of the Society's many resources, including the use of supervised access rooms and access workers, financial support and/or volunteers for drives for the children, worker support to intervene or mediate when problems occur on visits, and agency strategies and staff trained to address safety concerns.
- 3) Due to high levels of the Society's support systems and skill, birth parents with impaired capacity, including significant mental health or substance abuse issues often can continue to have visits with their children, due to the high levels of supervision available to ensure child's safety. This is especially true before Crown Wardship, when the CFSA

presumes access to maintain the parent-child relationship.

- 4) Access is part of the overall "institutional" care of children, i.e. the experience is not similar to that of a normal childhood.

Openness Orders are designed to:

- 1) Support the success of the adoption placement.
- 2) Promote attachment of the child to the adoptive home by preserving significant meaningful relationships, as research shows this enhances attachment formation.
- 3) Provide contact, not necessarily visits, through a range of options from an exchange of letters and photos to occasional visits.
- 4) Take into account the absence of Society resources and support following the finalization of the adoption - s145.1.2(8).
- 5) Take into account the ability of the adoptive family to comply, including finances, distance, family/work demands, and family recreation activities.
- 6) Be flexible (see note below).
- 7) Support as normal a childhood experience within a family as possible, not recreate an institutional experience.
- 8) Stipulate contact, if any, occur less frequently than access during a period of Society care, to allow primary attachment formation to the adoptive family.

Note: To avoid multiple future court appearances for variations or termination of an openness order, the openness order should be as flexible as possible, to allow for moves, child's wishes, changing circumstances, ways to address interference in the adoptive family's parenting, and keeping the child feeling safe and secure with their adoptive family. Openness orders need to recognize and plan for the many changes for all parties that may occur from the date of adoption placement, until the child turns 18 years of age, "children's needs will change, so plans must be flexible."¹ "Because decisions about contact are often made in an emotionally charged atmosphere, they should be periodically reviewed post-placement. In this way one can ensure they reflect the needs and interests of the child, adopters, and birth parents."¹

HOW OPENNESS PLANNING FITS WITHIN ADOPTION

SELECTION CONSIDERATIONS:

The need for openness is one of many considerations that go into the adoption selection process. Adoption practice in Ontario uses research based tools as part of the adoption selection process. Such tools as the SAFE Matching Inventory are used to identify potential risk factors for a child, based upon the impact of neglect, abuse and trauma, in utero exposure to drugs and alcohol, and possible genetic risks for physical or mental health concerns. Additional consideration is given to such factors as race, religion, culture, and native status. Additional factors can also include the child's personality, strengths, preferences, who they best respond to, and other considerations unique to that child. Not all of these considerations will be of equal importance to the future needs/success of the child, with some factors being identified as of greater importance for a specific child to support best outcomes for that child. When openness is considered to be of benefit to a child, it too will be included in the selection criteria along with a weighing of its importance in comparison with all other factors. From this information the selection criteria for that specific child is developed to guide the adoption search and selection process. For example, the Society may be looking for a family that could deal with the possibility of Fetal Alcohol Spectrum disorder, provide a nurturing calm household with a high level of predictable routines in order to promote a sense of safety and ensure physical and emotional needs are consistently met, a family who model a non-addictive life style, who can work with community service providers to promote the child's development, advocate for the child's educational needs and work with mental health professionals re early diagnosis and treatment should a mental health concern arise. The family would need to understand the potential benefit to the child of an appropriate openness order or agreement with someone with whom the child has a meaningful and beneficial relationship. Depending on the level of potential need for each area identified there will be a weighing of the importance of each factor, including openness, in the final selection criteria and the ultimate selection. Depending upon the child, an acceptance of openness on the part of adoptive applicants may be of high medium or low importance amongst all other selection criteria. This point needs to be clearly understood in that while s 141.1.1(2) speaks to openness considerations, all other adoption selection clinical considerations need to get proper attention to promote optimum adoption selections.

It is worth noting that despite best efforts in supporting openness planning, that openness orders and agreements may not be followed through by

many birth parents. Reviews of children in Society care, who have been Crown Wards for two or more years, indicate that over time the majority of birth parents fail to exercise their legal rights of access to their children. For example in the 2011 Crown Ward Review of the York Children's Aid Society it was found that only 6.3% of birth fathers and 34% of birth mothers were visiting the children they had legal access to. The fact that in the long term so many birth parents fail to exercise their legal rights of access to their children in care, would strongly suggest that openness orders and agreements will ultimately not be exercised by the majority of birth parents in the long term. This information is shared not with the intent of discouraging the pursuit of an openness arrangement, but to ensure there is awareness that undue attention to openness considerations over other important selection factors may be a disservice to a child's future success. It would also support the importance of creating openness plans that promote the greatest likelihood for success by setting achievable long term expectations/requirements.

Searches for suitable adoptive homes are done by a review of adoptive homes, studied and approved by that Society. When there are not suitable homes within the Society's pool of approved prospective adoptive homes, province wide searches are made through the use of the AdoptOntario website and the A.R.E (Adoption Resource Exchange). The ARE holds meetings twice a year provincially, and more frequently locally, over seen by the Ministry of Child and Youth Services, to which every Society can present children available for adoption, and every family with an approved SAFE home study in Ontario can attend and indicate any children for whom they are interested in being considered. The AdoptOntario web site allows the Society to post available children to adopt on either a public or professional site. The professional site can only be accessed by licensed adoption practitioners and public adoption workers. The professional site also allows workers to post profiles of approved adoptive families, and to perform a search of all posted families, for a potential match for a specific child. Potential adoptive families identified through the ARE or AdoptOntario are followed up by the parent society with the worker who wrote the family's home study. Those families that appear most promising will have detailed information on the child shared and discussed through their adoption worker to determine interest and suitability. Appropriate families who wish to be considered have their home study shared with the parent Society which makes the final adoption selection by selecting the family that closest meets the selection criteria developed for that child. Transition visits occur, followed by the adoption placement, and

commencement of the adoption probation process.

In Ontario the traditional adoption process of searches for a suitable adoptive home occurred after a Crown Ward order without an access order was made, unless the potential adoptive family was already known, such as for a foster or kinship adoption, or when a child resides in a foster with a view to adopt placement. With the ability to now place children with Crown Ward with access orders on adoption it may be necessary to seek and select an adoptive home prior to serving notice of the intent to place the child on adoption, in order to speak to the willingness and ability of the adoptive home to comply with the proposed openness application, and allow for variations to the proposed order to support the success of the adoption and sustainability of the openness order.

SUMMARY

Crown Ward orders with no access should continue to be sought, where there is no meaningful or beneficial relationship for the child as adoption placement in these circumstances will have fewer delays.

- 1) Crown Wards with an access order should be considered when there is a beneficial and meaningful relationship to the child, and the party who will have access is able to support the adoption placement. If the intent is to pursue adoption once the Crown Ward Order with access order is made, all parties must understand that contact through an openness order will be significantly different than through an access order.
- 2) For Crown Wards with access orders, for whom adoption will be in their best interest, discussions about openness should take place with persons with access orders before formal notice of intention to place for adoption is given. Ideally, agreement on openness arrangements will be reached. If access is poorly utilized and /or not beneficial to the child and/or the party with access is opposed to the adoption plan and will undermine its successes, a termination of the access order is the better approach to support a successful adoption outcome.
- 3) If openness is determined to be beneficial to the child it should be included in the adoption planning, search and selection process regardless of whether there is an access order or not
- 4) Openness agreements have a significant research

record of success and may have greater flexibility than openness orders in adapting to changes as the child grows. They should be explored as an alternative to an openness order when possible.

- 5) Openness Orders will be significantly different than access orders in the type and frequency of contact, to reflect the significant differences in purpose for a child in Society care vs. supporting a successful adoption. Plans will need to support best outcomes for a child's successful adoption, and be adaptable to the changes that will occur over the duration of the arrangement. Potential problem areas and responses should be built into the order to reduce the need for future court hearings for variances.
- 6) An acceptance of openness is one of the many criteria for the selection of adoptive parents that will be developed specific to each child's unique needs, and all selection criteria needs proper attention to ensure the best adoptive family is selected. No single criterion including openness should have undue weight applied to it, unless supported clinically as being in the child's best interests.
- 7) Openness arrangements developed through consent rather than through an adversarial court process will have better long term benefits to the child, provided the child's best interest were not compromised in the negotiations to reach a consensus. Where consensus about the benefits cannot be reached, a child's interests will likely best be served by not granting an openness order or taking a very conservative approach to openness contact.

CONSIDERATIONS IN DESIGNING AN OPENNESS ARRANGEMENT

When developing an openness arrangement, there are three critical areas that must be assessed to ensure that it will succeed and be beneficial to each individual child. "Dogmatic prescriptions regarding permanent placements and subsequent contact with birth families are not supported by research evidence; decisions must be both informed by research and be case sensitive."⁶

The three critical areas in openness planning are:

1. The openness plan is based on assessing if a relationship is meaningful and beneficial to the child.

For the child, "post-adoption contact with birth relatives can assist children with managing attachment and identity issues, but this will be dependent on the quality of such contact. For children who have complicated relationships with birth relatives, this complexity can make both managing contact and managing the severance of contact difficult, and children will need help with this complexity."¹

2. The birth relatives have the capacity to be supportive of the adoptive placement. The most common reasons for children being admitted into the care of a Children's Aid Society are neglect and/or abuse often resulting from impaired capacity of the parent(s) related to addictions and/or mental health. For a child to become a Crown Ward, reunification with a birth parent has not proven to be in a child's best interests. This will often be due to challenges in motivation and/or capacity. A birth parent that lacks the motivation and/or capacity to be supportive to their child's adoption success may not be suitable for any contact, or suitable for a very conservative approach to contact. "Qualities of birth relatives associated with more successful contact include the willingness and capacity to support the child in his or her new family, and to work cooperatively with the child's new parents. Birth relatives with problems of their own are likely to need support in sustaining useful contact with their child."¹ "Post placement contact with birth relatives can assist children with managing attachment and identity issues, but this will be dependent on the quality of such contact."¹
3. The adoptive parents understanding and belief in the benefits to the child of openness. "Qualities of adoptive parents...associated with more successful contact, include: an open, empathetic and inclusive attitude towards the child's birth relatives (acknowledgement of difference); a non-possessive conception of parenting; empathy for the child as an adopted...individual."¹ Therefore agency adoption practices will need to reflect this in their screening, training, assessment and selection of adoptive families.

STEPS IN DESIGNING AN OPENNESS ARRANGEMENT

Based upon the research findings, the following is a suggested model designed to systematically assess the critical factors necessary for openness

arrangements that enhance the likelihood that they will last and be beneficial to the child. As the child's best interests is the foundation for child protection and good adoption practice, the first step is to assess the purpose of openness in meeting the needs of the child. The second step is an assessment of the type and frequency of openness needed to meet the needs of the child. The third step is an assessment of the birth parent(s)/relative(s)' capacity and motivation to meet the child's need for openness. The fourth step forms part of the adoption selection process and requires an assessment of the ability of the adopted family to understand the benefit to the adopted child of openness arrangements, as one of the many considerations that are included in the adoption selection.

It is critical to recognize that a child's best interests are not being served if openness is the only or primary consideration in a child's adoption planning. A full review of the needs of each child must be considered when selecting an adoption placement, and openness is just one of the many considerations to be addressed in sound adoption planning. In child protection adoptions, the majority of children placed on adoption have significant special needs and attempting to meet some of these serious needs will often take greater priority over other considerations, including openness. A professional adoption planning process will be based upon identifying each child's current and potential future needs, weighing the importance of each of these needs, and the selection of the adoptive family best able to meet these needs. Openness is just one of the many considerations that should go into sound adoption planning.

STEP 1: Determine the purpose of openness in meeting the child's needs

- a) If to maintain an existing significant attachment, go to Step 2A
- b) If to provide opportunities for healthy self-identity formation when there is a weak attachment with the birth parents, go to Step 2B
- c) If to maintain contact with a sibling, go to Step 2C

STEP 2: Determine the type and frequency of contact, based upon an assessment of the child's needs

Review case history, including observations of the

child's interactions with the family member, and any assessments of the child.

STEP 2A - Determine the child's needs re: attachment

Assess the quality of the child's attachment by considering the following:

- a) How long the child lived with this adult.
- b) How well the adult met the child's physical and emotional needs
- c) Any trauma the child associates with this adult
- d) How important the child has indicated this person is to them

Based upon this assessment, determine what form of openness arrangement and frequency would best meet the child's needs. "The more complicated the child's pre-placement history, the more complex contact meetings are likely to be."⁵

Once you have developed recommendations based solely upon the assessment of the child's needs, go to Step 3A.

Note: Prior to Crown wardship trials, agencies often provide frequent access visits as a method of assessing and assisting family change and maintaining attachments. For adoption purposes, the frequency of face-to-face visits in openness arrangements can be expected to be reduced, as the purpose of the visit is different. There needs to be a balance between preserving significant attachments and ensuring enough time between visits to allow the child to develop their attachment to the adoptive family. Additionally, adoptive families cannot be expected to have the time or resources to provide high levels of access visits.

STEP 2B -Determine the child's needs re: self-identity formation

As self-identity formation occurs throughout childhood, and research shows it has particular importance during the adolescence of an adopted youth, develop a plan for contact that is sensitive to the changing needs as the child matures. Frequency of contact does not need to be high, but face-to-face is most beneficial, where appropriate. If the child has not established a close attachment to the biological relative, occasional contact will have little adverse affect upon their adoptive placement. Even for children with insecure attachments to past "... caregivers...

contact is probably better than having to reconcile questions about identity and worth in the face of perceived abandonment. For very young children, face-to-face contact is relatively straight forward because the relationship with birth parents is not an attachment relationship and less likely to be a threat to caregivers.⁶

Once you have developed openness recommendations that are based solely upon the assessment of the child's needs, go to step 3B.

STEP 2C - Determine the child's needs re: sibling contact

"Children mostly do better if placed with their siblings, except when there is hostility and/or abuse between them." Despite this, siblings may not be placed together due to things like significantly different needs, different legal status or placement challenges. When siblings will be placed in different homes, determine the quality of attachment to the siblings of the child you are planning for by considering how long they have lived together, how they got along, any shared trauma, and to what degree this child has demonstrated they are missing their sibling(s). The quality of the sibling attachment should guide decision-making about the frequency and nature of contact. If the children have a weak attachment, but knowledge of each other, some form of openness is still of benefit as it provides the child with accurate information about how their sibling(s) is doing. If there is a strong attachment, the benefit to preserving it through an openness arrangement is supported by attachment research.

Once you have developed openness recommendations based upon the child's needs, go to Step 3C.

STEP 3: Determine birth parent(s)/relative(s)' capacity to meet child's identified openness needs

After determining the child's openness needs, it is then necessary to assess the level of the birth parent(s)/relative(s)' capacity to meet these needs and adjust planning accordingly. If planning is not based upon realistic expectations, it will result in failure. Research indicates the most common reason openness arrangements fail is because the biological parent(s)/relative(s) do not maintain them.¹ Unrealistic expectations – those that are beyond the birth parent(s)/relative(s)' willingness and demonstrated ability - will not result in positive outcomes in openness

practice.

The extensive work that goes into child protection findings, treatment efforts, assessments, access visits, and court evidence typically provides a wealth of information to guide assessment of capacity. Research also shows that the birth parent(s)/relative(s)' support systems contribute to successful openness arrangements, so the existence and strength of those support systems should also be considered in openness planning.

When considering the type and frequency of openness, it is critical to take into account potential problems with birth families that may warrant a more arms-length approach. A potential problem area to consider is one in which a birth parent "wants to exert control" or displays "difficult, unresolved feelings and an inability to accept the placement" which "can lead to behaviors that undermine the new placement."¹ Additionally, "difficulties in the relationship between the child and birth relatives are likely to persist after placement."¹ "If no contact is possible, the child's needs must be met in other ways."¹

STEP 3A - Assessing birth parent(s)/relative(s)' capacity to meet child's needs

- Identify how child-focused the birth parent/relative has been in their interactions with the child before and after the child entered care.
- Identify if there are any specific issues of limited capacity due to significant mental illness, addiction or compromised reasoning or intelligence. If so, identify if there are support systems in place that could support some form of openness despite these capacity issues. Determine if these support systems are willing to support openness efforts, and for how long. Informal support systems, like extended family, may have a greater ability to support long-term versus professional community-based support systems.
- Identify if there are any safety issues, such as history of violence, threats, ongoing criminal activity, sexual abuse or violence associated with drug or alcohol consumption.
- Assess how well the birth parent(s)/relative(s) have resolved and accepted the child's adoptive status, and whether they are committed to supporting the child's success in the adoptive home. This typically cannot be assessed fully until after the child is legally freed for adoption, particularly in

contested trials. After the trial, birth parents may understandably need time to come to accept the reality of their loss and to decide if they want and feel able to support the child's adoption.

- Identify how reliable the birth parent(s)/relative(s) were in showing up for scheduled visits and meetings.
- Identify how stable the birth parent(s)/relative(s)' lives are in such areas as housing and their ability to maintain a telephone for contact. Determine whether they ever disappeared for periods of time with their whereabouts unknown.
- Identify how attuned the individual is while interacting with the child, including the degree of sensitivity to any special needs the child may have.
- Identify how geographically accessible the individual is for the different forms of openness contact, as well as their wishes regarding openness contact.

Once the capacity, support systems and circumstances of the birth parent(s)/relative(s) are understood, determine what modifications may be necessary to achieve a workable openness plan. Then go to Step 4A.

STEP 3B - Assessing birth parents(s)/relative(s)' ability to meet the child's needs

- Identify the birth parent(s)/relative(s)' level of commitment to ongoing contact to support the child's understanding of their family history.
- Identify any limitations of the birth parent(s)/relative(s) in meeting these commitments, and determine what support systems are in place to help them do so.
- Identify any safety issues.
- Identify level of cooperation experienced to-date with this relative in relation to the child's substitute care.
- Identify how available the relative is for the different forms of openness contact. Once the birth parent(s)/relative(s)' capacity, availability and support systems are understood, the initial openness plan to support the child's self-identity needs may need to be modified. If no long-term openness arrangement appears possible

or appears likely to succeed, it is critical that a well developed life book and social history accompany the child to their adoptive home, ideally with photos of birth parents and relatives, letters and/or audio-video recordings from them, which will later assist the child's understanding of their family background. Then go to Step 4B.

STEP 3C - Assessing the sibling(s)' ability to meet child's needs, and the sibling(s)' placement and support system's capacity to meet child's needs

- When possible, assess the motivation of the sibling(s) for some form of openness.
- Identify if the sibling will be adopted to another family, return to the birth family's care or remain in foster care.
- Assess how committed the sibling's home/ placement is to supporting openness in a way that is beneficial to both children. Determine whether there are any concerns about the ability of the sibling's home/ placement to communicate directly and cooperatively with the adopted parents in order to coordinate the openness arrangements. Determine whether the sibling's home/ placement agrees with the openness plan, including the level of commitment that is required of them.
- Identify if the sibling will have a different type and/ or frequency of contact with the birth parent(s)/ relative(s) and what impact that might have on the child being placed on adoption.
- Determine if the sibling's home/ placement is interested in an openness arrangement, and what that might consist of.
- Determine any practical considerations of each sibling's circumstances/ placement that might limit the type and frequency of openness possible.
- Determine whether there are any safety issues or concerns that may negatively impact the child being adopted as a result of having face-to-face contact with their sibling or sibling's caregivers, including a history of violence, criminal activity, addiction issues, and mental health concerns
- Determine what support systems are available for the sibling and the siblings' placement that support openness arrangements.

Once the capacity of siblings and siblings' placements

to support openness has been assessed, review the adopted child's assessed openness needs and make modifications to the plan as necessary. Then go to Step 4C.

STEP 4: Finding an adoptive home able to support the openness plan

In the openness planning process, the child's openness needs are determined and then modified in consideration of the capacity of the birth parent(s)/relative(s) or sibling's placement. The next step is to find the adoptive home that is best able to accommodate these plans. When doing openness planning and searching for potential adoptive families, it is critical to remember that openness is just one of many factors that are taken into consideration in the selection process. A family could potentially meet all of the openness planning requirements, but be incapable of meeting other, more critical needs that a child may have. There must not be undue emphasis on any single aspect of adoption planning as a standard practice, as the selection criteria should be supported by the assessed needs unique to each child, in order for each child's best interests to be served.

This next step can help inform the adoption search and selection process. It also recognizes that there may be a need to make modifications to the final version of the openness plan by now factoring in the adoptive parent's commitment, capacity and ability to enter into some form of openness arrangement. It is recommended that the adoption worker provide the adoptive family with a full explanation of the clinical thinking that has informed the openness planning in order to assist in greater understanding, and increase the likelihood of follow through by the adoptive parents. This information will also guide the adoptive parent's future decision-making when making adjustments to the openness plan as the child matures and his/her needs change.

STEP 4A - Assessing the adoptive family's ability to meet the openness planning developed to this point re birth parent(s)/relative(s)

The final step to developing an openness plan that will help maintain a significant attachment to a birth parent or relative is assessing the commitment and capacity of the adoptive parents in supporting the openness plan, and then modifying it as necessary.

- Determine how well the potential adoptive parents understand the child's unique needs, including the potential benefits to the child of some form of openness.
- Determine whether the potential adoptive parents demonstrate a realistic and empathetic understanding of the birth family's challenges in a way that would promote a positive identity for the adopted child.
- Determine the ability of the potential adoptive family to deal directly with the birth family in a respectful and supportive manner.
- Determine what support systems are available to the adoptive family regarding openness issues
- Determine how closely the adoptive family's ideas about the structure of an openness plan matches the openness plan developed by the agency and which the agency believes is in the child's best interests.
- Determine whether the proposed adoptive family have professional or personal experience/knowledge that would assist them in understanding the birth family in a balanced and empathetic manner, like knowledge about addiction, for example.
- Determine whether a cultural/racial match between birth parents and the proposed adoptive family might enhance understanding and communication between them, and help to preserve the child's culture and/or help the child to value his/her sense of racial identity.
- Determine if there are practical considerations, like distance from birth parents, which may limit openness options.

STEP 4B - Assessing the adoptive family's ability to meet the openness planning developed to this point re: identity formation

The final step to developing an openness plan for healthy identity formation is to assess the commitment and capacity of the adoptive parents in supporting the plan for openness. In cases where the child has a limited attachment to the birth parent(s)/relative(s), the success of the openness planning will be dependent on the adopted parent's belief and understanding of the future benefits of openness to their adopted child.

The goal is to have openness arrangements firmly established by the time the adopted child reaches adolescence, which is the time when openness can most assist a child with forming a sense of identity.

STEP 4C - Assessing the adoptive family's ability to meet the openness planning developed to this point re: contact with sibling(s)

The final step to developing an openness plan for sibling contact is to apply the assessment areas identified in Step 4A to openness with siblings by assessing the belief, commitment and capacity of the adoptive parents in supporting some form of openness.

THE FINAL OPENNESS PLAN

Once the above steps have been completed, an agency should be able to recommend the type and frequency of an openness plan, and identify the potential challenges to be addressed. It is both unfair and unrealistic to expect adoptive families to have the expertise to develop a well thought out openness arrangement. They will be reliant on adoption workers and independent legal advice to guide them in their efforts. Agencies should develop models of agreements and orders which provide direction for methods of problem resolution, as well as developing alternative forms of openness if circumstances change, such as when one of the parties moves a significant distance away. Agreements should also guide decision-making around other needed changes, such as alternative methods of communication, and the need for flexible arrangements that accommodate the changes in a child's life, such as participation in summer camps, extra-curricular activities, part-time employment and travel.

Clear expectations and reasonable responses that address challenges such as late or frequent cancellations, missed calls or other repeated failures to meet the agreed upon openness arrangements should be specified. If the child is being negatively impacted by openness arrangements, it may be necessary to reduce openness contact to a more arms-length arrangement. Having the expectations and responses to regular noncompliance of openness agreements clearly understood can reassure adoptive parents and reassure birth parents that contact will continue if they meet the expectations they have agreed to.

SUMMARY

Research on the benefits of openness in attachment formation and on forming a positive sense of identity "cannot provide a blue print for practice; decisions must be sensitively dealt with on a case by case basis."¹ Openness is most likely to be beneficial when:

- 1) It is based upon the child's needs and is designed to be flexible as the child's needs change and when issues of child safety (physical, sexual, emotional) are managed.¹
- 2) The parents/birth relatives have consistent motivation, are geographically accessible and have good support systems.
- 3) The birth parent(s)/relative(s) show acceptance and the ability/capacity to support the adoptive placement.
- 4) The adopting family "has an open and empathetic attitude towards child and birth family."¹

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NEIGHBOURHOOD MEMBERS' PERSPECTIVES AND EVALUATION OF A COMMUNITY DEVELOPMENT INITIATIVE

By Dr. Michèle Preyde, Erin Harvey, Sarah Schinkel and Marcella Galizia

ABSTRACT

The helpfulness of the community development (CD) approach to child protection in a city in south-western Ontario was examined by capturing members' perceptions of the program and analyzing their scores on standardized measures of social capital and social isolation. Community members were asked to complete the "Social Capital Questionnaire" and "The UCLA Loneliness Scale" once from the perspective of themselves prior to their involvement with the neighbourhood group, the second time from their current perspective. Community members reported an increase in social capital and a decrease in social isolation following involvement in neighbourhood groups. All of the CD workers indicated that the neighbourhood groups were helpful. Together, these findings reveal the successfulness of this CD program and its potential to prevent child maltreatment.

Keywords: community development, social capital, social isolation, ecological framework, child welfare, child maltreatment

Early childhood is a sensitive period in the development of an individual. Numerous environmental factors can increase a child's vulnerability. These include socioeconomic disadvantage, social isolation, intimate partner violence, substance abuse, aggression or antisocial behaviour, lack of social support, poor physical health, and caregivers' own history of maltreatment, anxiety or depression (Wekerle et al., 2007). Specifically, studies in the United States and Australia have taken into consideration the importance of community cohesion on levels of child abuse. According to Sarah Wright (2004), these studies have consistently found a significant link with high levels of community cohesion and sense of community identity associated with children's well-being. Moreover, a research initiative conducted by the National Commission of Inquiry into the Prevention of Child Abuse, and described by Wright (2004), identified numerous factors including: the degree of social integration and isolation families feel within their community, imbalances of power within the community, including those between adults and children, social attitudes towards children within the community, and levels of awareness of issues affecting children within the community that affect the care

and welfare of children. Upon review of its findings the Commission made numerous suggestions, such as empowering local communities, strengthening neighbourhood support networks, and supporting the view that entire communities should take responsibility for the care and protection of its children (Wright, 2004). All suggestions were for the promotion of a child-friendly community by addressing child welfare and abuse through a community development (CD) approach. Due to the potential negative results of adverse environments, it is necessary to protect children from these negative experiences with child welfare systems that target these potential risk-factors through prevention programs.

Since risk-factors for child maltreatment range from personal issues such as a caregiver's personal history to issues within a broader community level such as neighbourhood safety, many researchers have adopted the ecological framework originally developed by Bronfenbrenner (1979) when addressing child maltreatment. This approach allows researchers to view families within a variety of interacting layers (Zielinsky & Bradshaw, 2006). Bolen, McWey and Schlee's (2008) study of parents who had been the subjects of Child Protection Services' (CPS) investigations and were termed "high risk" found parents identified a variety of stressors leading to their involvement with CPS, ranging from the individual such as marital conflict to the larger societal factors such as poverty. Therefore it is important to examine contributing factors through the ecological framework.

As outlined in the CD Challenge report (2006), produced by the CD Foundation (CDF), CD can be regarded as a technique or approach to social change which provides individuals and groups of people with the structure and capability to organize themselves collectively around issues involving common or joint concern (Community Development Challenge Report, 2006). CD works from the premise that a wealth of knowledge and experience exists within any community and therefore CD workers should work alongside community members in order to facilitate relationships, help build autonomous groups, increase community capacity and create opportunities to evaluate the outcomes of community actions (Community Development Exchange, 2009). Through enabling community members to become active within the community alongside other community

organizations, CD workers foster social inclusion and equality and also help challenge existing oppressions (Community Development Exchange, 2009). CD provides local communities with the resources and capability to appropriately respond to issues that affect their unique community (Wright, 2004). The 'Safe Kids' project in a small town in Essex, England is an example of the effective implementation and practical application of CD principles and practices. The main objectives of the project included promoting collective responsibility for the protection of children and to take down the existing barriers between professionals and communities (Wright, 2004). As a result of Wright's 2004 evaluation of this program the community work project developed greater partnerships with professionals and local policy makers.

Scholars have long recognized that social context and social relations greatly influence people's everyday lives (Kritsotakis, Koutis, Alegakis, & Philalithis, 2008). Social capital or community capacity are the terms given to reflect this belief. Many different ideas exist around the concept of social capital; however, most scholars generally agree that the concept refers to "civic participation, density of social networks, information channels, shared values, trust, mutual support, and reciprocity among people" (Kritsotakis et al., 2008, p.217). The CD program examined in this project is aimed at encouraging community members to build social capital through engaging in community or neighbourhood activities and interacting with other community or neighbourhood members. According to Kritsotakis and colleagues (2008), frequent social interactions and participation in community activities has been linked to individual and collective well-being. Moreover, creation of social capital has the capability of building a community's capacity to become more inclusive and resilient when dealing with the tribulations associated with socioeconomic hardship (Healy, Haynes, & Hampshire, 2007). Furthermore, Nieminen and colleagues (2008) have identified a variety of wellbeing outcomes to which social capital has contributed, including, health, education, economic growth and social cohesion.

In addition to social capital, an important factor related to individuals' well-being is a feeling of connectedness to others and to their neighbourhood. Many who do not have these connections may feel socially isolated or lonely. Coohy (1996) defines social isolation as the structural characteristics of the parent's informal or formal network, the parent's perception that there is adequate or available support, and whether the parent actually received supportive resources in the past. From a child welfare perspective, adverse environments leading to social isolation can make it difficult for

children to grow into healthy adolescents and adults as the necessary safe and nurturing environment is compromised (Mercy & Saul, 2009). Since the 1960s, researchers have been linking social isolation to an increased risk of child maltreatment (Coohy, 1996). In one study Guadin, Polansky, Kilpatrick and Shilton (1993) used the UCLA loneliness scale to measure social isolation and loneliness in a number of families to show the relationship between social isolation and neglect. The results of this study indicated that neglectful parents report less support from neighbours, friends and relatives than non-neglectful parents, and their needs for social interaction are not well met by their existing social ties (Guadin et al., 1993). It is important, then, when developing a child welfare program to consider social isolation as a potential risk factor in child maltreatment.

Administrators and staff members at the child welfare agency in Guelph, Ontario have been a long time supporter of CD as an approach to promoting child welfare. Rather than working in opposition to families, workers work within communities to strengthen families and assist in fostering supports between neighbours. The hope is that individuals will develop increased social capital and connectedness and decreased levels of social isolation and loneliness. One main program principle concerns building strong relationships – between neighbours, high risk families, neighbourhood staff and volunteers, community leaders and professionals. The goals are to achieve desired child welfare outcomes sooner, close files sooner and re-open fewer files. The above principle is accomplished through a large network of individuals and agencies.

Currently, there are twelve neighbourhood groups within the city. Five neighbourhood groups in the highest risk neighbourhoods operate through cooperation between the child welfare agency and the city. Four CD workers work alongside community boards within each of these five communities. The CD workers do not carry out child protection investigations, but rather, they provide supports such as advocacy for housing, income, legal rights and food security – often referred to as "systems navigation". Programs such as food cupboards, collective kitchens, free bread pick up, garden fresh boxes, clothing cupboards, furniture swaps, neighbours helping neighbours with household items, social supports committees, and "family cares" are all examples of initiatives that assist in building community prosperity and reciprocity among neighbours. Additionally neighbourhood groups seek to strengthen communities through coffee hours, community events, women's groups, speakers, workshops, and visioning.

They also seek to establish and maintain links to community partners such as schools, churches, public health groups, and cultural groups. Finally, CD workers can provide one on one support to families, referrals to informal and formal services and can work with the child protection workers to build capacity and reduce risk. Thus, the ultimate goal of the agency is 'healthy children and families in caring, inclusive and engaged neighbourhoods. This goal is accomplished through the above stated activities that lead to the prevention of child maltreatment.

In 2008 an evaluation was conducted by members of this child welfare agency to assess the perspective of those community members currently utilizing neighbourhood group services, supports and activities. A paper and pencil survey (n=125) was completed by community members when they visited the office of the neighbourhood group. The results suggested that some members benefitted from the CD program (Galizia, Schinkel, Preyde & Harvey, 2009). However, there were some limitations and further evaluation was needed. The survey was developed, conducted and evaluated by the agency and neighbourhood group staff who may present a biased opinion of the program. Survey participants also only completed a survey one time through the perspective of their current involvement. In the survey, participants were not asked to describe their experiences prior to their involvement with the neighbourhood group, and therefore it is difficult to determine how influential these services, supports and programs have been. Also, demographic information was not gathered, which may enrich data results. Additionally, not all of the goals of the CD program were assessed; therefore not all of the program's strengths or weaknesses were evaluated.

The purpose of the present project was to gain community members' perspectives on their participation and involvement with their neighbourhood groups, and whether program goals were being met. Another aim was to determine whether involvement in CD programs was helpful in increasing levels of social capital and decreasing levels of social isolation. It was hypothesized that community members' levels of social capital would increase and social isolation decrease following participation in neighbourhood group programs, supports and services.

Additionally, CD workers were asked to provide their perspective on the helpfulness of the supports, services and programs offered by the child welfare agency within their respective neighbourhood groups.

METHODS

Participants

Participants were recruited from five disadvantaged neighbourhood groups in a city in south-western Ontario with a population of approximately 100 000. The inclusion criteria included age of 18 years or older, a member of one of the five specified neighbourhoods, and the ability to speak and read English at a grade six level. Participants who completed the survey received a \$5.00 gift certificate to Tim Horton's. Additionally, each of the four CD workers within the city was asked to complete a questionnaire. CD workers were not compensated.

Measures

Social capital has been defined as "those features of social organization, such as trust, norms and networks that can improve the efficiency of society by facilitating coordinated action" (Putnam, 1993, p. 24). Social capital was measured with the Social Capital Questionnaire (SCQ; Onyx and Bullen, 2000). The SCQ is based on eight distinct dimensions including participation in local community, social agency or proactivity in a social context, feelings of trust and safety, neighbourhood connections, family and friends connections, work connections, tolerance of diversity, and value of life. Participants rate agreement with statements on a 4-point Likert scale. The SCQ has been shown to be a valid and reliable measure (Kritsotakis et al., 2008; Onyx & Bullen, 2000). Responses are summed, and they can range from 36 to 144. A higher score indicates greater social capital.

Loneliness was measured using Version 3 of the UCLA Loneliness Scale developed by Russell (1996). This scale has been shown both reliable and valid in assessing loneliness in a variety of populations (Russell, 1996). In addition, this scale has been used in a similar study in which the purpose was to compare loneliness in both neglectful and non-neglectful parents (Guadin et al., 1993). This scale contains a series of twenty questions, each beginning with "how often do you feel...", and response options ranging from 1 (never) to 4 (always), resulting in a total score range of 20 to 80. Participant responses were then added together to obtain a single score. Higher scores indicated higher levels of loneliness (Russell, 1996). Community members were asked to complete all questions relating to social capital and social isolation, first answering the questions as they pertained to their current involvement in the neighbourhood groups and then answering the same set of questions imagining

their lives as they were before their involvement in the neighbourhood groups.

Participants were also asked to complete questions concerning their sex, age, living arrangement, highest level of education completed, income, neighbourhood of residence, and number of years they have lived in their current neighbourhood. Additionally, participants were asked to indicate their frequency of neighbourhood groups involvement in months and hours per month and the services, supports and activities they are involved in. Participant involvement and level of involvement in neighbourhood group supports, services and/or activities was also obtained.

CD workers were asked to complete a brief questionnaire in order to gain their perspective on the helpfulness of the supports, services and programs within the neighbourhoods. They were asked how long they have been working as a CD worker within their designated neighbourhood group, in what neighbourhood group they worked, and whether they thought the services, supports and programs offered by the neighbourhood group were helpful to neighbourhood members. Additionally, they were asked to indicate ways to strengthen the program and to provide comments in general on the program.

PROCEDURE

Institutional Research Ethics approval was obtained from the University of Guelph. Community members were recruited through flyers placed around neighbourhood group locations and neighbourhood group staff approached members with written information describing the evaluation. Individuals who provided informed consent were then provided with a survey, and asked to complete each of the questions as they were able. Community members were also given the option of contacting research assistants by phone and completed the survey by phone.

Upon completion of the survey, participants were thanked and compensated for their participation with a \$5.00 gift certificate to Tim Horton's coffee shop. Additionally, they were verbally debriefed and provided with information concerning whom to contact in the event that they would like to view results.

Research assistants contacted CD workers through email and provided them with information regarding the purpose of the study, an explanation of what was required of them if they decided to participate in the study, a reminder that participation was completely voluntary, and a copy of the consent form. Once researcher assistants received via email the completed

consent form, CD workers were then sent the questionnaire in a word document through email and asked to send it back upon completion. Once received, research assistants printed off a copy of both the CD workers consent form and completed survey. These documents were then deleted out of the research assistant's email accounts.

STATISTICAL ANALYSES

Demographic data were analyzed with descriptive statistics and presented in Table 1. The imagined "past" and "present" participant scores were summed for both social capital and social isolation to obtain a total score for each participant. A one-tailed paired t-test was conducted in PASW version 17 to determine whether there was a significant change in mean scores of social capital and social isolation between their past and present responses. Cohen's *d* (Cohen, 1988) was also calculated to determine the effect size for both the social capital and the social isolation scores. Cohen (1988) indicated that a *d* of 0.25 is considered a small effect, 0.5 a medium, and .80 a large effect. Percentages were then calculated for the neighbourhood group services, supports and programs to determine which ones participants accessed most often. Finally, CD workers' qualitative comments were analyzed with thematic analysis. To analyze the CD worker's responses individual cases were examined and organized into commonly defined themes.

RESULTS

Sixty-one community members and all four community development workers participated in this evaluation. Fifty-nine community members completed the "UCLA Loneliness Scale" portion of the survey, while all 61 community members completed the "SCQ" portion of the survey. Community members had lived in their neighbourhood for almost six years, and been members of their Neighbourhood Groups for approximately two years. Seventy percent of participants were female, and the average age was 37 years. The majority of participants indicated that they had less than a high school education (20.3%) or a high school diploma or equivalent (32.6%). In terms of income, participants most frequently reported an annual family income of under \$10000 (23.2%) or between \$10001 and \$30999 (37.7%). Table 1 contains socio-demographic characteristics of participants.

As presented in Table 2, Participants (*n* = 61) indicated significantly more social capital presently compared to their imagined past responses before accessing neighbourhood group programs supports and services,

$t(60) = 6.36, p < .001, d = .81$. Participants ($n = 59$) also indicated significantly less social isolation presently compared to their imagined past responses before neighbourhood group involvement, $t(58) = -4.84, p < .001, d = 0.63$.

Participants ($n = 61$) most often accessed the clothing closet (59%) and food cupboard (59%). Least frequently used services included the parent-child play groups (21%), workshops (15%), and weekly community lunch (7%), respectively.

All CD workers indicated that the programs, supports and services offered by the neighbourhood group staff were helpful. When asked in what ways they were helpful, CD workers identified common themes of assisting community members in achieving basic needs, helping promote networking among isolated community members or those in minority groups, and assisting with crisis prevention and intervention. Themes suggesting limitations of the services were community members being unaware of or choosing not to participate in the programs, CD program not offering the supports, programs and services that may be required for a particular community member such as those with physical or mental health issues, and constantly changing and evolving community needs. CD workers identified several ways to strengthen the program. These included a need for increased funding, a lack of adequate space and buildings, more effective advertising, including advertisements in multiple languages, to make community members more aware of the services offered, partnerships with community and agencies within the neighbourhood to maximize the services offered within a central location, and more CD workers, staff and volunteers.

DISCUSSION

In this evaluation community members indicated that the CD program was helpful and they reported statistically significant improvements in social capital and social isolation after involvement in a neighbourhood group. These variables were chosen as indicators of program helpfulness as they were stated in the agency's program logic model as the desired outcomes of neighbourhood group involvement; thus, these program goals appear to be met. Moreover, the magnitude of the improvements can be considered moderate to large. Furthermore, the longer people were members of the neighbourhood group the less isolated they appeared to be, which suggests not only sustainability of the program goals but that people can continue to experience greater improvements with time. In contrast, many programs have been shown

to exert an immediate effect that wanes over time. For example, programs that implement a "home crisis intervention" approach have been shown to produce short term improvement in a family's functioning, but often have little influence on rates of recurrence of maltreatment within a family (Dufour & Chamberland, 2004).

As outlined in the Community Development Exchange report (2009), CD workers work within communities and alongside community members to facilitate relationships and help build autonomous or self-sufficient groups which can then increase the community's capacity to create opportunities for themselves. It is therefore possible that the CD program is accomplishing this mission through their neighbourhood group work. As expected, participants reported higher social capital scores and lower social isolation scores when completing the present involvement section of the survey compared to their imagined past section. Since a strong relationship was revealed between imagined past and present involvement on measures of social capital and social isolation it was not likely that these results were due to chance. This finding increases confidence in the CD program's role in contributing to community member's feelings of social inclusion and capacity.

The services participants indicated they most frequently accessed neighbourhood groups for were basic needs such as clothing and food, and as such these services more closely resemble standard welfare services than CD program services. While it may not be expected that traditional social welfare programs would influence social capital and social isolation, it is possible that participants in this project may have perceived otherwise. Moreover, it is possible these services provide community members with feelings of connection to their neighbours through the concepts of mutual aid and reciprocity. Moreover, the majority of community members reported an income that was below Statistics Canada's 2008 low income cutoff of \$29,378 (Statistics Canada, 2008) for a household of four people or \$23,548 for a household with three people in a community the size of this city (>100,000 but less than 500,00). The services provided through the neighbourhood group may be vital for many community members.

All of the CD workers who completed the questionnaire stated that they thought the programs, supports and services offered by the neighbourhood groups were helpful. All of the themes reported by CD workers appear consistent with the agency's desired outcomes; however, these responses simply show the CD workers' perspectives and do not imply that

these outcomes are necessarily being achieved. CD workers also presented some valuable suggestions that could help improve the implementation and further development of a CD approach to child welfare through their expressed limitations of the current program. These CD programs were developed for disadvantaged neighborhoods, and thus, adequacy of resources for space and programs is a common problem.

Although the current project was able to contribute to the existing literature, it was still an exploratory study and there were several limitations to its design. Firstly, the single group research design and the lack of a control group prevent the control for other possible influences on the outcomes. For instance, the investigators were unable to control for any contextual influences on the evaluations, such as policy announcements. Additionally, in the current study individuals were asked to imagine their perspective and experiences prior to becoming involved in the neighbourhood group rather than conducting a pre-program survey with new members, and subsequently re-surveying these new members involved in the neighbourhood group. Due to time constraints, it was not feasible to survey community members on two occasions sufficiently spaced to determine a difference between pre and post involvement in the neighbourhood group. It is difficult to determine the accuracy of community members' assessment of their past experiences.

Additionally, it was not possible to obtain equal representation from each of the neighbourhood groups and each of the programs within the groups and it is possible that results were influenced by this imbalance. Finally, research assistants required awareness of and permission to attend neighbourhood group events in order to survey community members. CD workers were, therefore, able to regulate which events research assistants were able to attend. It is possible, therefore, that as a result of this only desired community members were surveyed.

A few previous studies have considered the influence socio-demographic characteristics have on an individual's development of social capital. Of those that have, mixed findings of the influence of age, gender, education, living arrangement, income and type of region, have been reported. Onyx and Bullen (2000) reported that stronger neighbourhood connections exist among those who have lived in the community for longer than those who have been in the community for less time. Nieminen and colleagues' (2008) study revealed that married people had more social capital over people living in other living arrangements; social

capital decreased with age; older people tended to have more trust than those in other age groups; higher income was related to higher social capital, but for males only; and social participation and education were positively correlated. These studies clearly indicate the importance of examining social capital's association with socio-demographic characteristics. Due to the small sample size, the current evaluation could not validate past research. However, future research should attempt to examine the potential relationship between socio-demographic variables and social capital. In this project only the frequency with which community members reported using specific programs, supports and services was examined; however, the mechanism through which programs, supports and services increase community members' social capital scores and decrease their social isolation scores was not explored. Future research could examine how specific neighbourhood group programs, supports and services influence community member's social capital and social isolation scores.

In conclusion, this evaluation provides solid support for the helpfulness of the CD program, and suggests that program goals are being met. Social capital scores for participants accessing the neighbourhood group supports, programs and services were increased and scores for social isolation decreased. Consistent with the findings of Sarah Wright (2004), enhanced social capital and reduced isolation could help increase child welfare through building caregiver capacity and decreasing neglect and abuse. For this reason, it is recommended that more resources be allocated to encourage the continuation of these supports, services and programs.

Table 1

Sociodemographic Characteristics of Participants, n (%)

Frequency

Sex

Male	8 (13.1)
Female	53 (86.9)

Living Arrangement

Alone	4 (6.6)
Just Partner	1 (1.6)
Just Children	15 (24.6)
Partner and Children	36 (59.0)

Extended or Blended Family	3 (4.9)
Friends	0 (0)
Other	2 (3.3)

Education

Less than High School	14 (23.0)
High School or Equivalent	23 (37.7)
Apprenticeship or Trades	3 (4.9)
College or other Non-University	10 (16.3)

University Certificate or Diplomas 2 (3.3)

Bachelors Degree	5 (8.2)
Master's Degree	4 (6.6)

Income

Under 10000	16 (26.2)
Between 10001 – 30999	23 (37.7)
Between 31000 – 50999	10 (16.3)
Between 51000 – 70999	5 (8.2)
Between 71000 – 90999	2 (3.3)
Over 91000	2 (3.3)

Hours Involved in Neighbourhood Group per Month

1 – 5	25 (41.0)
6-10	16 (26.2)
11-15	6 (9.8)
16-20	2 (3.3)
21-25	1 (1.6)
26+	5 (8.2)

Table 2

Mean Scores and Standard Deviations for Social Capital and Social Isolation Before Neighbourhood Group (NG) Involvement and After NG Involvement, M(SD)

Social Capital (n = 61) Social Isolation (n = 59)

Before NG Involvement 98.79 (15.46)
39.37 (9.59)

After NG Involvement 89.79 (20.31)*
46.46 (10.53)*

*Statistically significant improvement at $p < 0.001$

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Acknowledgements: We are grateful to the community members and community development workers for their participation in this project. We are also very grateful to Nicklaus Csuzdi for his assistance with the statistics portion of this manuscript.

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WHEN A CLIENT DIES: SUPPORTING CHILD PROTECTION STAFF

By Karen Bridgman-Acker and Sasha Pivarnyik

ABSTRACT

This study investigated how child protection workers are affected by client deaths within their agency, and which agency resources (formal or informal) are most helpful in assisting the worker after the death. An anonymous survey was sent to all 52 child protection agencies in Ontario, and a total of 702 participants took part in the survey. Most participants (81.9 %) indicated they had been affected by a client death at one point in their career and the top symptoms reported were increased stress, feeling increased accountability at work, and having recurring thoughts of the death. Participants rated informal colleague support as the most readily available type of support, as well as the most helpful. Overall, participants felt they received emotionally supportive supervision and clear direction from supervisors, and that they feel safe talking about job related stress in various work environments. Respondents did express a need for more assistance with paperwork and other fundamental work tasks, as well as increased referrals for support from their supervisors.

LITERATURE OVERVIEW

Like all professionals who work with victims of trauma, child protection workers face a number of on the job stressors. The research on this subject is well established. Stressors emanate from the intrinsic nature of social work; serving people who are at greater risk of trauma and death due to various socio-economic factors such as abuse, neglect and poverty (Gustavsson & MacEachron, 2004). Vicarious trauma, when professionals are repeatedly exposed to their clients' own suffering and trauma, is a familiar phenomenon amongst social workers and is believed to have a strong effect on child welfare worker retention (Bell, Kulkarni, & Dalton, 2003; Corovic, 2006). Child protection workers are also at risk of experiencing specific traumatic events such as witnessing child abuse or the after effects, being threatened or assaulted by a client, or experiencing the death of a client from one's caseload. In one study, Regehr, Chau, Leslie and Howe (2002b) demonstrated that the death of a child is the most emotionally distressing event that child protection workers experience. Agencies must be prepared to assist and support their staff during times of extreme stress as "...both workers and

agencies as a whole are at risk of stress and its negative consequences" (Gustavsson & MacEachron, 2004, p. 319).

When a person who is being serviced by a child protection agency dies, it is a tragic event. These children and their families are some of the most vulnerable in society, and so there is an inherent feeling of loss and guilt for everyone involved. In the case of the child protection worker, there are a number of contributing factors which lead to increased pressure.

Unlike other trauma-related professionals such as police and emergency response personnel, the role of the child protection worker often continues after the death occurs (Regehr et al., 2002b). For example, in assisting families with funeral plans and ensuring family members attend counselling. This means that the child protection worker is not only dealing with his or her own grief, but is frequently assisting the family in dealing with theirs as well. When a child welfare client dies, there are usually a number of investigations and inquiries which must take place. In Ontario, there is a reciprocal reporting relationship between all child welfare agencies, the Office of the Chief Coroner (OCC) and the Ministry of Children and Youth Services (MCYS) when a child client dies within 12 months of receiving child protection services. Many of these deaths require agencies to complete comprehensive investigations and internal child death reviews. The Paediatric Death Review Committee of the OCC also reviews the deaths and issues reports with recommendations aimed at prevention of future deaths. While these reviews are meant to take a non-blaming, lessons-learned approach, the process of retrospective analysis of services after the death of a child can be stressful, and workers often cannot help feeling responsible and liable when their actions and decisions are being reviewed in hindsight (Gustavsson & MacEachron, 2004). In many cases the media takes an interest, which can lead to public scrutiny and questions by those who may not fully understand the role and limitations of child protection work.

Fundamentally, systems of child welfare exist to protect a child from harm, however it is not a perfect system and there are many risks involved. In certain cases, a death (and specifically the death of a child) can be seen to be the consummate failure of the system to exercise its mandate. This can have a profound impact on workers¹.

Another factor which contributes to the worker's level of stress is whether or not the worker was associated with the client directly or indirectly. For example, a direct relationship would be the death of client on a worker's caseload. An indirect involvement would consist of a death on a colleague's caseload, a client death within a branch, or a client death within an agency. As Regehr et al. (2002b) found, stress caused by client death can radiate throughout an entire agency. Gustavsson and MacEachron (2004) point to a number of other factors which can affect a worker's reaction to a client death such as; whether the death was anticipated and expected versus unexpected and sudden; the worker's relationship with the client prior to the death (for example positive or hostile); and the worker's own personal history and experiences with death and trauma.

Individual characteristics have been the focus when assessing and researching child protection burnout. However, some recent research indicates that the characteristics of an organization play an important part in determining an individual worker's level of stress (Bell et al., 2003), and that the agency's environment can have a stronger relationship to worker stress than individual characteristics (Gustavsson & MacEachron, 2004). In a study that examined how child welfare agencies prepared and supported their staff when dealing with client death, Gustavsson and MacEachron (2004) found that agencies must take a number of steps to ensure employees can effectively cope with client death. One of the first steps in ensuring workers can cope is agency-wide acknowledgment that client death is an extremely distressing situation. Once this fact is normalized, only then will it be emotionally safe for workers to discuss their stress and trauma (Bell et al., 2003).

Another important step that agencies must undertake is making supportive resources available which are easily accessible for staff members. Supportive resources within child protection agencies include unions, employee assistance programs, peer-support networks, and direct supervisors, to name a few. Agencies must also ensure that workers and supervisors understand clear performance expectations

after a client death has occurred. When staff members clearly understand what administrative work must be completed, they will feel more confident in carrying out their jobs during an extremely stressful time (Gustavsson & MacEachron, 2004).

There has been some research which highlights the type of support workers find most helpful within a child protection agency. In one study, Regehr et al., (2002) found that workers reported a great deal of support from their agency overall, and noted the importance of support from management, union and their employee assistance program. Supervisory support is associated with worker stress levels. Chen and Scannapieco (2009) advise that positive supervisory support is related to workers' job satisfaction, lower levels of burnout and stress, and influenced a worker's decision to stay on the job. When experiencing a client death, Gustavsson and MacEachron (2004) point out the importance of a supervisor's role in the areas of administrative support, education, and emotional support. Another important source of support comes from colleagues. Support from colleagues has been highlighted as an important resource for child protection workers when dealing with a client death (Regehr et al., 2002) and at times it has been shown to be the most helpful and most utilized type of support within an agency (Csiernik, Dewar, Dromgole, & O'Neill, 2010; Regehr et al., 2000).

PURPOSE

The goal of this study was to administer a confidential survey to gain further understanding of how current child protection staff in Ontario is affected by client death, what types of supports are available, which are most helpful, and how child protection agencies can support their staff in the future .

METHODOLOGY

Participants in this study consisted of 702 staff members from various child protection agencies in the province of Ontario. As client death is a sensitive and often controversial subject, it was important for participants to feel full anonymity. Participants were not asked to disclose any personal information other than their position within the child protection agency, and the survey was designed so that tracking which surveys came from which agencies was not possible. Participants were asked to choose the category that most closely matched their position. Participants categorized themselves as follows: 454 (64.7 %) were front-line workers, 129 (18.4 %) were supervisors or

managers of front-line workers, 52 (7.4 %) represented senior management and 2 (.03 %) categorized themselves as nurses. A further sixty-five (9.3 %) identified themselves as 'other.'

This study was offered to all 52 child protection agencies in Ontario. A letter was sent to all Executive Directors via email that described the purpose of the survey and included a link to the online survey. In an attempt to calculate a response rate, Executive Directors were asked to respond to the email advising whether or not their agency would be taking part in the survey and approximately how many staff members would be sent the survey. Fifteen agencies responded that they would participate in the survey. Of these 15 agencies, 12 replied with the approximate number of staff members to whom the survey would be sent, ranging from one to approximately 200, with an average of 86 participants from each agency. If a response rate is calculated based on these numbers, it is estimated that the survey was sent to approximately 1290 staff members, which would yield a response rate of 54 %. However, it is more likely that many agencies forwarded the survey to their staff without responding to the email. Therefore, an accurate response rate was difficult to calculate. Based on statistics generated from the Ontario Association of Children's Aid Society there are approximately 6964 direct service staff members (Ontario Association of Children's Aid Societies, 2011). While unlikely, if one assumes that all service staff in the province had the opportunity to complete the survey, with 702 completed surveys, a response rate of approximately 10 % may be approximated. Therefore, the response rate for this survey was estimated to be between 10 and 54 percent.

The survey was sent to staff via their agency email addresses. The email included a brief introduction, explanation of the purpose of the study, as well as a link to the online survey. In this study, the online program SurveyMonkey (www.surveymonkey.com) was utilized. SurveyMonkey is a program that enables users to create questionnaires, tabulate responses and analyse results. The survey itself consisted of 10 questions. Nine of the 10 questions were rating scales or offered multiple choice responses. The last question asked participants to answer by writing a small narrative. The survey took approximately five minutes to complete. Since the focus of the survey was learning about experiences with client death, after the first two

questions participants who had not been affected by client death were automatically directed to the last three questions (see Appendix for survey questions.)

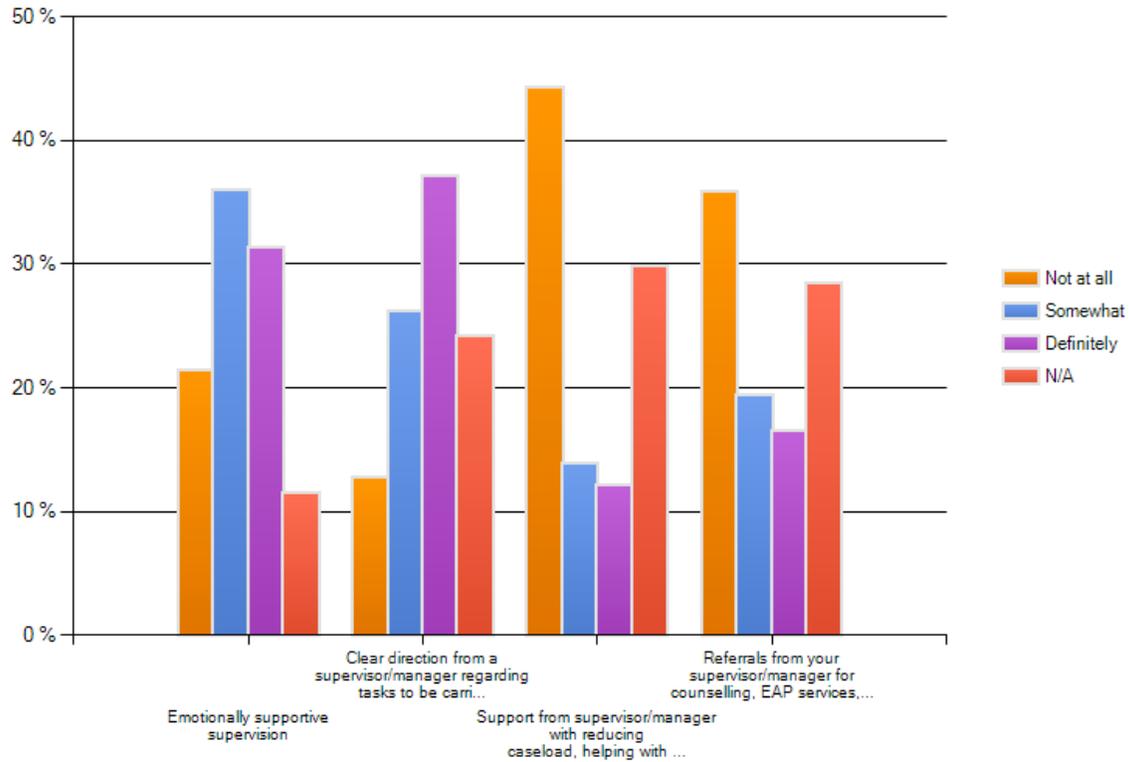
FINDINGS

702 participants took part in this study, with 647 (92.2 %) participants completing the survey in full. The majority of participants (562 or 81.9 %) who responded to the survey felt they had been affected by a client death at some point during their career. Of the 562 participants who had been affected, 481 (85.9 %) reported that the death they experienced was a sudden and unexpected death. In regards to the client/worker relationship, 252 (45.1 %) of workers advised that they had worked directly with the client who had died, while 155 (27.7 %) worked on a team that had experienced a client death, 75 (13.4 %) worked in a branch or department that experienced a client death, and 77 (13.8 %) worked in an agency that experienced a client death.

Adverse symptoms most frequently reported by staff included feeling an increase in stress (61.8 %), feeling increased accountability at work (61.6 %), experiencing recurring thoughts of the death (54.4 %), feeling depressed, angry or sad (48.6 %) and experiencing trouble sleeping (34.4 %).

Regarding availability of supports within the workplace, participants rated informal colleague support, Employee Assistance Programs (EAP), and managerial and/or supervisory support as most readily available. The support that participants felt was most helpful was informal colleague support, while the supports the participants felt were lacking included managerial and/or supervisory support and formal peer or group support programs.

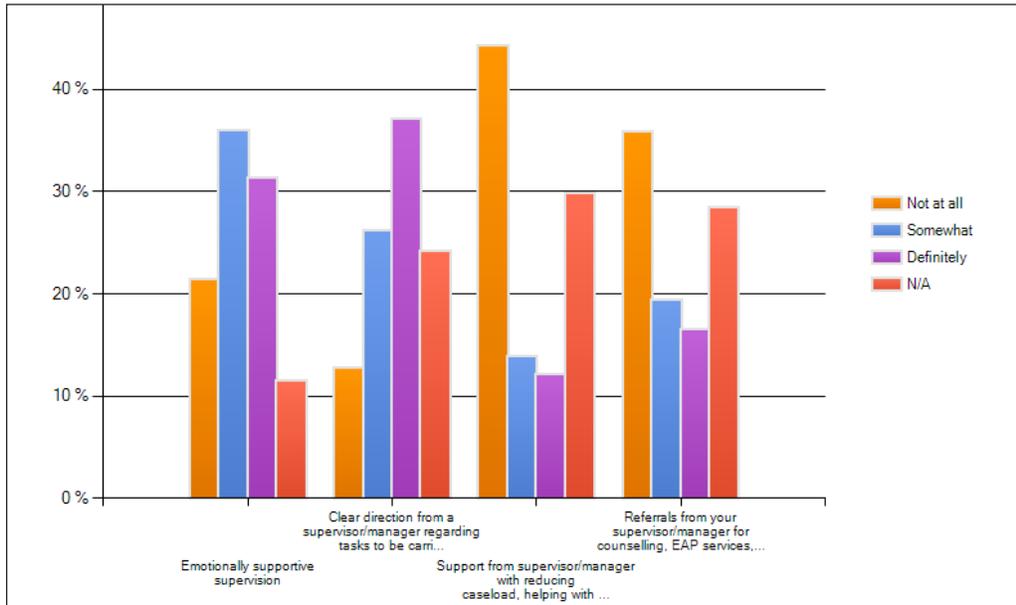
Figure 1. Availability and effectiveness of various supports



Regarding effective supervision, four categories were examined: (a) emotionally supportive supervision, (b) clear direction regarding tasks, (c) assistance with reducing caseloads, help with paperwork and arranging time off, and (d) referrals from supervisors or managers for counselling or other forms of support.

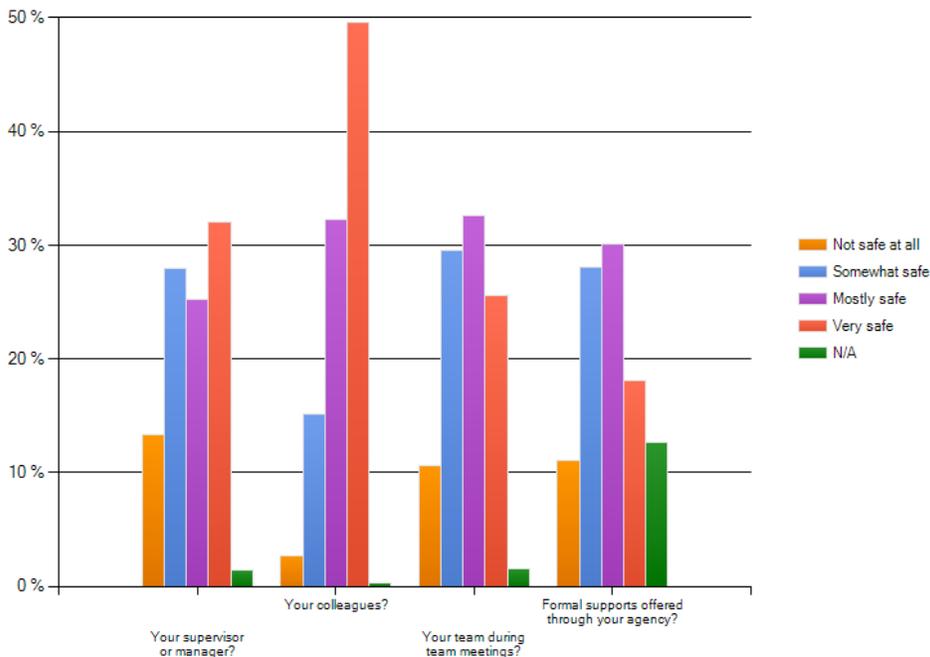
Overall, participants felt that they received both emotionally supportive supervision and clear direction regarding tasks to be completed. However, 44.2% of participants felt they did not receive assistance from their supervisor or manager in reducing caseload, helping with paperwork or arranging time off. Similarly, 35.8% of participants felt they did not receive referrals from supervisors or managers for counselling, EAP services, or other forms of support.

Figure 2. Participant's perception of supervision received after client death.



Overall, results show that participants feel safe speaking about their job related fear and stress within the workplace in all categories. Results are displayed in the figure below.

Figure 3. Staff rating of emotional safety in regards to discussing stress in various work environments.



In reference to whether agencies provided formal training to assist staff in managing stress and dealing with trauma, 43.7 % of respondents advised that this training was available, 33.6 % of respondents advised that this type of training was not available, while 22.7 % advised they did not know. For the final question participants were asked to write a brief narrative describing what they felt was, or would be, the most important support when dealing with a client death. A total of 543 answers were collected. A number of these responses are discussed below.

DISCUSSION

Within this study, the majority of child protection workers surveyed (81.9 %) felt they had been affected by a client death in some form throughout their career. In addition, most of these deaths (85.9 %) were unexpected, which research shows can be more emotionally distressing than anticipated deaths (Gustavsson & MacEachron, 2004). This information speaks to the importance agencies should place on ensuring staff members are prepared in advance of client death, and supported when it happens. While almost half of respondents who had experienced a death worked directly with the client, it is important to note that half of the respondents felt affected by a death, even though they were personally separated from the event. These workers may be overlooked or not considered when it comes to agency support.

In terms of supports, similar to the study completed by Regehr et al. (2000), this study found that workers experiencing stress reported high levels of support from their colleagues. This provides helpful information as to the usefulness of peer support groups and programs, and sheds insight on the workers' need to informally discuss aspects of the job with their colleagues.

Overall, when experiencing the death of a client, participants felt that supervisors and managers were generally emotionally supportive. However, participants did express a need for more assistance with paperwork and other fundamental work tasks, as well as increased referrals for support from their supervisors. This may be an area where agencies can improve.

It speaks to the positive and encouraging environments of many child protection agencies that the majority of participants feel safe, unthreatened and supported speaking about their work stress in varied environments, such as with colleagues and their supervisor. However, an area which may be improved

upon is ensuring that workers have the option of attending training to help them manage stress, as well as learn about agency policies, procedures and resources which are in place to support them.

An interesting and compelling part of this survey involved participants writing a brief narrative as to their thoughts on what the most important support is, when dealing with a client death. The majority of respondents answered this question (77.3 %) which may indicate that staff members are interested in expressing their opinions and that this is an important subject for them to talk about. Many of the responses indicated that they felt supervisory support was most important to them. Other popular answers included counselling support, time off work to grieve, support from team members and family, and acknowledgement of their stress and grief. For those who had been involved in an internal agency death review, they frequently mentioned the importance of reviewing the file and the worker's conduct from a non-blaming, non-accusatory stance, with the goal of learning lessons for the future.

When discussing the implications of this study, limitations may be that this sample may not represent all child protection agencies in Ontario, and therefore may not be representative of the feelings of all child protection staff members. While the exact response rate is unknown, a concerted attempt was made to include broad provincial representation from the child welfare field and to include a cross section of positions within agencies. While a total of 702 respondents participated in the study by completing this confidential online survey it is recognized that those who responded may have felt more inclined to do so for any number of reasons. Similarly, those who chose not to respond may also have been motivated by specific reasons. For example, one agency that chose not to take part in the survey advised that because their agency had recently experienced a death, they did not feel comfortable in issuing it to staff members at that time. There is also the possibility that individual staff members may have been more inclined than others to respond to the survey, for example, workers who had adverse experiences with client death may have been eager to respond as they felt they had something important to share. Conversely, those who had experienced a traumatic death may have chosen not to participate as they did not want to remind themselves of the experience.

There is much to learn regarding the impact of client death on workers, and how they can best be supported. It is important for agencies to understand how death can affect staff, and it is imperative that staff members are heard when they express their needs.

In the field of social work it is understood that clients are the experts; they know what will and will not work for them and their families. Similarly, child protection workers are uniquely positioned to understand what type of supports they require to ensure that they remain healthy, competent and productive throughout their careers.

ABOUT THE AUTHORS

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The authors wish to thank Dr. Joyce Bernstein and Dr. Bert Lauwers for their valuable input in the writing of this paper.

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APPENDIX

Survey Questions

- Please choose one of the following options that best describes your role within the agency.
 - Front-line worker
 - Supervisor/Manager of front-line worker
 - Senior Management
 - Nurse
 - Other
- In your role as a child protection employee do you feel you have been affected by a client death either directly or indirectly?
 - Yes I have been affected by a client

- death at some point during my career
- No I have not been affected by a client death at any point during my career
3. Thinking of your most recent experience with client death, please choose the option that best describes the situation.
- The death was expected (for example, a medically fragile child or a client with a terminal illness).
 - The death was unexpected (a death that occurred suddenly such as an accidental death, or a death caused by violence).
4. Thinking of your most recent experience with a client death, please choose the option that best describes the situation.
- I worked directly with a client who died.
 - I worked on a team that experienced a client death.
 - I worked in a branch or department that experienced a client death.
 - I worked in an agency that experienced a client death.
5. After the client death, did you experience any of the following? Select all that apply.
- I felt an increased rate of stress.
 - I became physically ill.
 - I took time off work.
 - I had trouble sleeping.
 - I had trouble carrying out tasks at work.
 - I felt depressed/angry/sad.
- I had recurring thoughts about the death/case file.
 - I felt increased accountability at work.
 - Other (please specify).
6. Please answer the following. After the client death (select all that apply):
- Which of the following supports were available to you?
 - Which type of support did you find the most helpful?
 - Which type of support was not available, however you feel would have helped you?
 - Answers included: Employee Assistance Program, formal peer or group support program, union support, managerial and/or supervisory support, informal colleague support, and other.
7. Research has shown that effective supervision is essential when assisting employees in coping with a client death. After the client death, do you feel you were offered the following? (Participants were asked to rate each of the following choices as: not at all, somewhat, definitely, or not applicable.)
- Emotionally supportive supervision
 - Clear direction for a supervisor/manager regarding tasks to be carried out pertaining specifically to the client death.
 - Support from supervisor/manager with reducing caseload, helping with paperwork, or arranging time off.
 - Referrals from your supervisor/manager for counselling, EAP services, or other forms of support.
8. Within your agency's culture and/or

environment, to what degree do you feel safe speaking about your job related fear and/or stress with: (Participants were asked to rate each of the following choices as: not safe at all, somewhat safe, mostly safe, very safe, or not applicable.)

- Your supervisor/manager
- Your colleagues
- Your team during team meetings
- Formal supports offered through your agency

9. Does your agency offer staff training to help employees manage stress and/or deal with trauma? Participants were asked to choose one of the following:

- Yes
- No
- I do not know

10. As a child protection employee, what do you feel is, or would be, the most important support when dealing with a client death? (Participants were asked to write a small narrative answer.)

Working with First Nation, Inuit and Métis Families Who Have Experienced Family Violence: A Practice Guide for Child Welfare Professionals

Ontario's child welfare professionals continue to strive to provide culturally respectful services to First Nation, Inuit and Métis families experiencing family violence. The field's efforts toward continuing to enhance their practice led to the development of this practice guide in 2011.

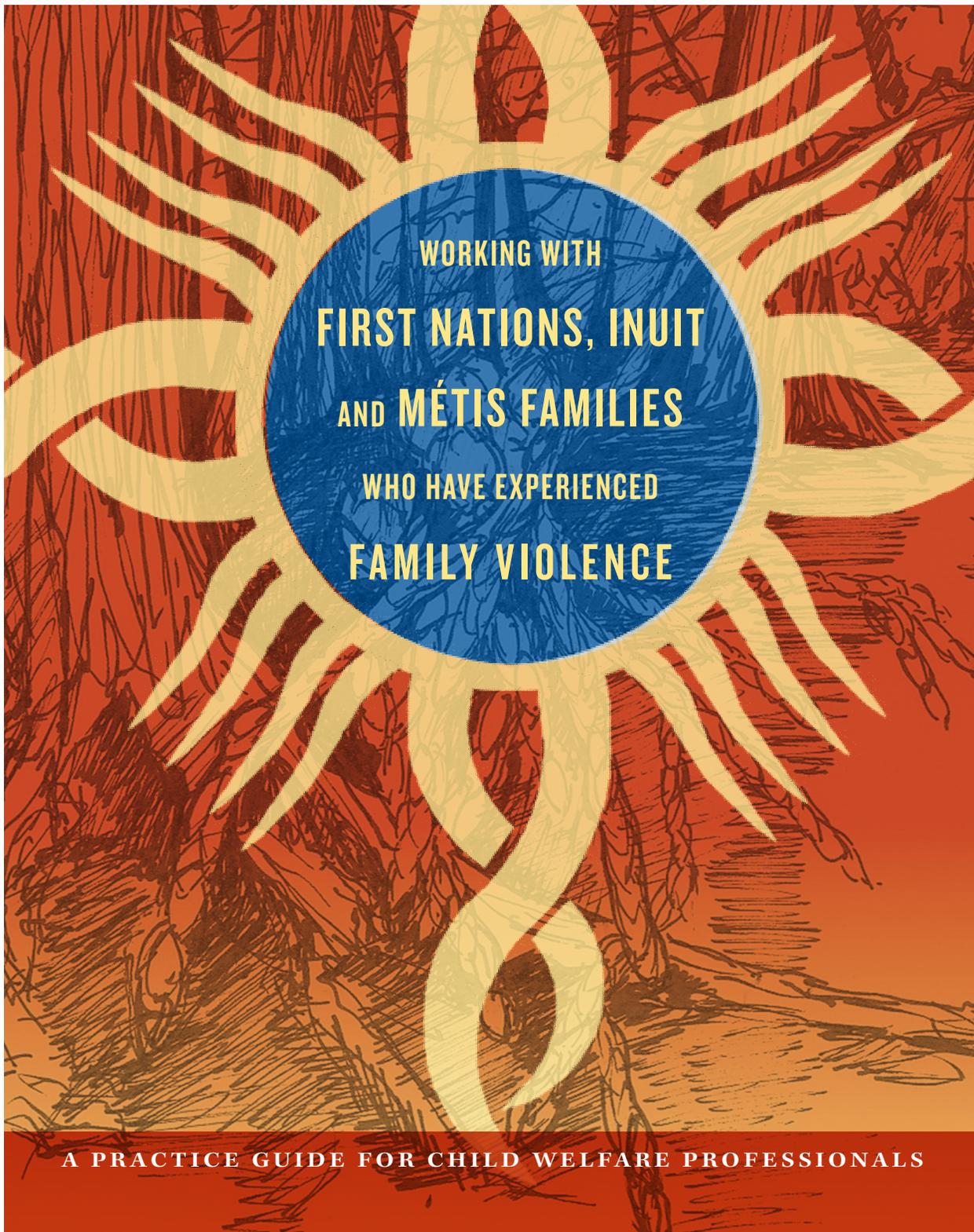
With funding provided by the Ontario Women's Directorate, the OACAS embarked on a learning journey with representatives from First Nation, Inuit and Métis organizations, as well as professionals from the child welfare and violence against women service sectors.

The multi-disciplinary Advisory Committee envisioned a practice guide that would support workers to provide a holistic and strengths based approach to addressing family violence when children are involved, which is respectful of local culture, traditions and practices. The resulting practice guide emphasises that in order to be helpful, child welfare professionals must first have an understanding of the historical background that has led to the present day relationships.

The voices of First Nation, Inuit and Métis families themselves were an important element in the development of the guide. The writer conducted 11 focus groups to glean stories, experiences and advice from families and from child welfare professionals. The participants' voices are threaded throughout as guideposts for child welfare practice.

In an overarching message from the Advisory Committee, they expressed that, "In the end, we want you to see the beauty, resilience and strength of Aboriginal culture and peoples, and become partners in helping us as we rebuild our cultures and our families."

The practice guide is available in English and French, as well as available on www.oacas.org.



OIS-2008 KNOWLEDGE MOBILIZATION: INCREASING RESEARCH CAPACITY IN ONTARIO CHILD WELFARE AGENCIES

By Rachael Lefebvre, Melissa Van Wert, Barbara Fallon & Nico Trocmé

Barbara Fallon and Nico Trocmé with the OIS-2008 Research Team recently initiated several knowledge mobilization activities. One of the OIS-2008 knowledge mobilization projects focuses on increasing research capacity in Ontario child welfare agencies. The objectives of this project include using OIS-2008 data to answer agency-driven research questions relevant to policy and practice, and to promote and facilitate collaboration among the OIS-2008 research team and child welfare agencies. Through collaboration with the OACAS and child welfare agencies across Ontario, agency representatives will work with the OIS-2008 research team over the next year to produce 15 agency-authored information sheets. Barbara Fallon is the Principal Investigator for this project and Nico Trocmé is a co-investigator, with funding provided by the Social Sciences and Humanities Research Council of Canada.

Originally published on the Canadian Child Welfare Research Portal

ABOUT THE AUTHORS

Barbara Fallon is an Assistant Professor at the Factor-Inwentash Faculty of Social Work, University of Toronto. Barbara was involved with the first cycle of the CIS in 1998 as a Co-Manager, and was the Manager in 2003 for both the CIS-2003 and the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS-2003). Currently, Barbara is the Director and Co-Investigator for the CIS-2008 and the Principal Investigator for the OIS-2008. She has published numerous articles using CIS data and presented at many local, provincial, national, and international conferences.

Rachael Lefebvre is completing her Master of Social Work at the Factor-Inwentash Faculty of Social Work, University of Toronto. Rachael joined the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect research team as a practicum student in January 2012. She is interested in working with marginalized young people and promoting social justice through the integration of social work research and practice.

Nico Trocmé is a professor of social work at McGill University where he holds the Philip Fisher Chair in Social Work and directs the Centre for Research on Children and Families. Dr. Trocmé is the principle investigator for the Canadian Incidence Study of Reported Child Abuse and Neglect (1998, 2003 & 2008), the lead researcher for a Federal-Provincial-Territorial initiative to develop a common set of National Outcomes Measures in child welfare, and coordinates the Canadian Child Welfare Research Portal (cwrp.ca). Prior to completing his Ph.D., Dr. Trocmé worked for five years as a child welfare and children's mental health social worker.

Melissa Van Wert is a PhD Student at the Factor-Inwentash Faculty of Social Work, University of Toronto, and a Manager with the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect research team. Her research interests focus broadly on child welfare and well-being, with a specific focus on adolescents who are involved with the child welfare system. Her dissertation will focus on young people who are involved in both the child welfare and youth justice systems in Canada.

A PROFILE OF UNFOUNDED RISK INVESTIGATIONS IN ONTARIO IN 2008

INTRODUCTION

The Ontario Incidence Study of Reported Child Abuse and Neglect, 2008 (OIS-2008) is the fourth provincial study to examine the incidence of reported child maltreatment and the characteristics of children and families investigated by child welfare authorities in Ontario. This fact sheet examines risk assessments in which the child welfare worker determined the child was not at risk for future maltreatment.

BACKGROUND TO THE OIS-2008

From 1998 to 2003, the OIS found that rates of investigated maltreatment had doubled. This pattern may reflect changes in detection, reporting, and investigation practices rather than an increase in the number of children being abused and neglected. Four changes are particularly important to consider: increased reporting by professionals, increased reports of emotional maltreatment and exposure to intimate partner violence, more children investigated in each family, and increased substantiation rates. These changes are consistent with shifts in the context of Ontario child welfare.

Due to changes in investigation mandates and practices over the last 10 years, the OIS-2008 differed from previous cycles in that it tracked both risk-only investigations and maltreatment investigations. Risk-only investigations were those in which a specific past incident of maltreatment was not suspected or alleged to have occurred, but rather a constellation of factors lead to concerns that a child may be maltreated in the future (e.g., caregiver with a substance abuse issue). This fact sheet focuses exclusively on risk investigations.

METHODOLOGY

The OIS-2008 used a multi-stage sampling design to select a representative sample of 23 child welfare agencies in Ontario and then to select a sample of cases within these agencies. Information was collected directly from child protection workers on a representative sample of 5,054 maltreatment investigations and 2,417 risk investigations conducted during a three-month sampling period in 2008. This sample was weighted to reflect provincial annual estimates. After two weighting procedures were applied to the data, the estimated number of maltreatment-related investigations (i.e., maltreatment and risk-only investigations) conducted in Ontario in 2008 was 128,748. Of these, there was an estimated 41,723 risk investigations.

For each risk investigation, workers determined whether the child was at risk of future maltreatment. The worker could decide that the child was at risk of future maltreatment (confirmed risk), that the child was not at risk of future maltreatment (unfounded risk), or that the future risk of maltreatment was unknown. This fact sheet only examines confirmed risk and unfounded risk investigations. Investigations in which the future risk of maltreatment was unknown were excluded from this analysis, as these investigations are more difficult to untangle and understand. These procedures resulted in a final weighted sample of 8,237 risk investigations in which there was a confirmed risk of future maltreatment and 27,764 risk investigations in which there was no risk of future maltreatment, in Ontario in 2008.

FINDINGS

This analysis focused on comparing unfounded risk investigations to confirmed risk investigations, in order to understand what distinguishes these types of investigations. This analysis can provide insight into the factors that child welfare workers consider when determining whether or not a child is at risk of future maltreatment.

Primary caregivers involved in confirmed risk investigations were more likely than caregivers involved in unfounded risk investigations to struggle with a variety of functioning concerns. The most common functioning

concern noted in confirmed risk investigations was few social supports, with 57% of these investigations noting few social supports for the primary caregiver. The most common concern for primary caregivers in unfounded risk investigations was also few social supports, which was noted in 20% of these investigations. Please see Figure 1 for these findings.

Figure 1
Primary caregiver functioning concerns in risk investigations in Ontario in 2008

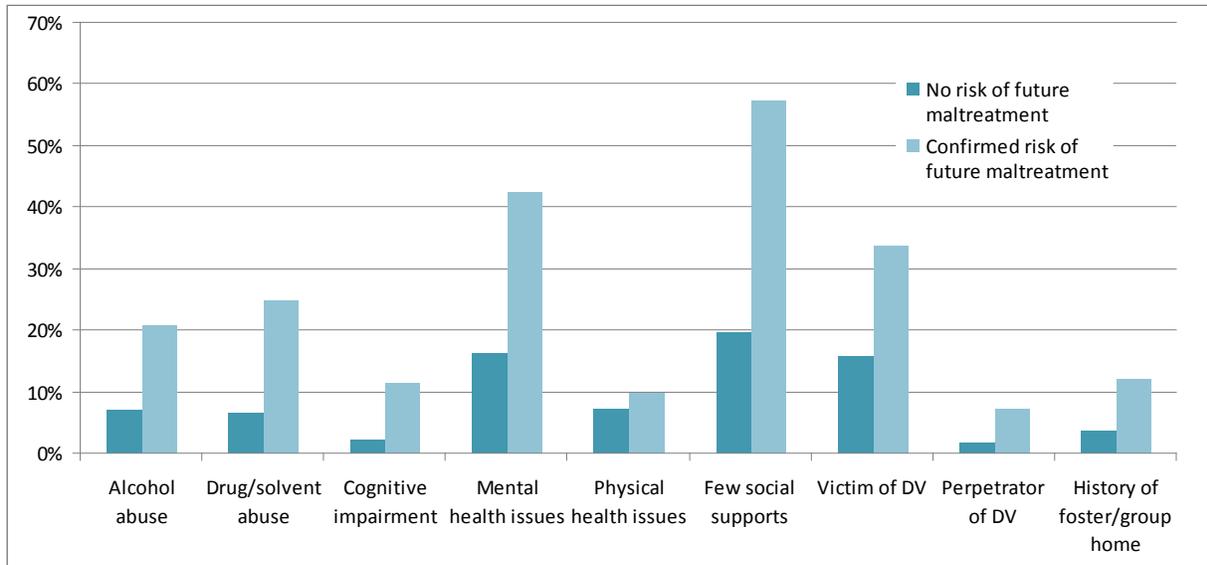


Figure 2 displays the number of moves in the past year for families involved in risk investigations in Ontario in 2008. Families involved in unfounded risk investigations had relatively more stable housing than families involved in confirmed risk investigations, with the majority not moving in the past year. Approximately 18% of unfounded risk investigations noted that the family moved once in the past year, and only 4% noted that the family had moved two or more times.

Figure 2
Number of moves in past year among risk investigations in Ontario in 2008

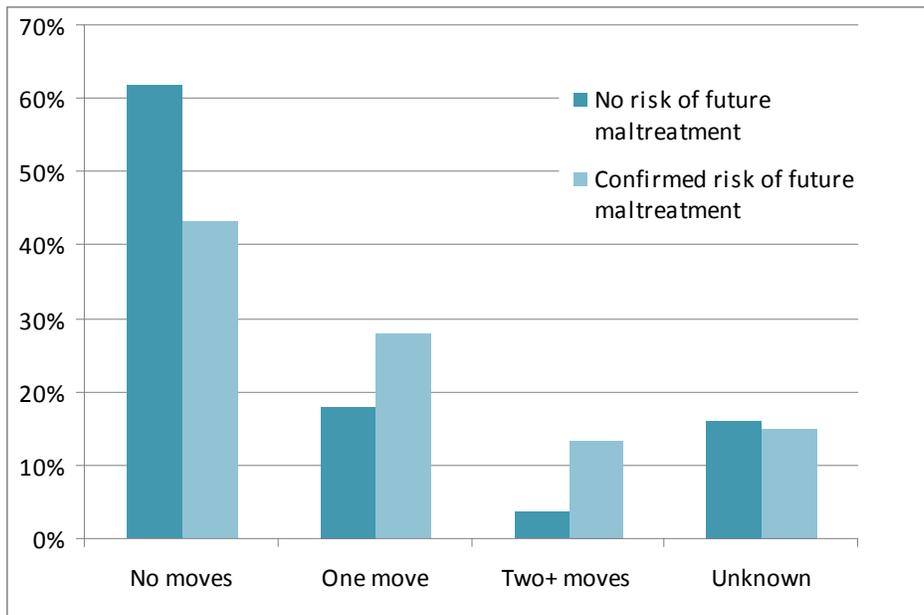
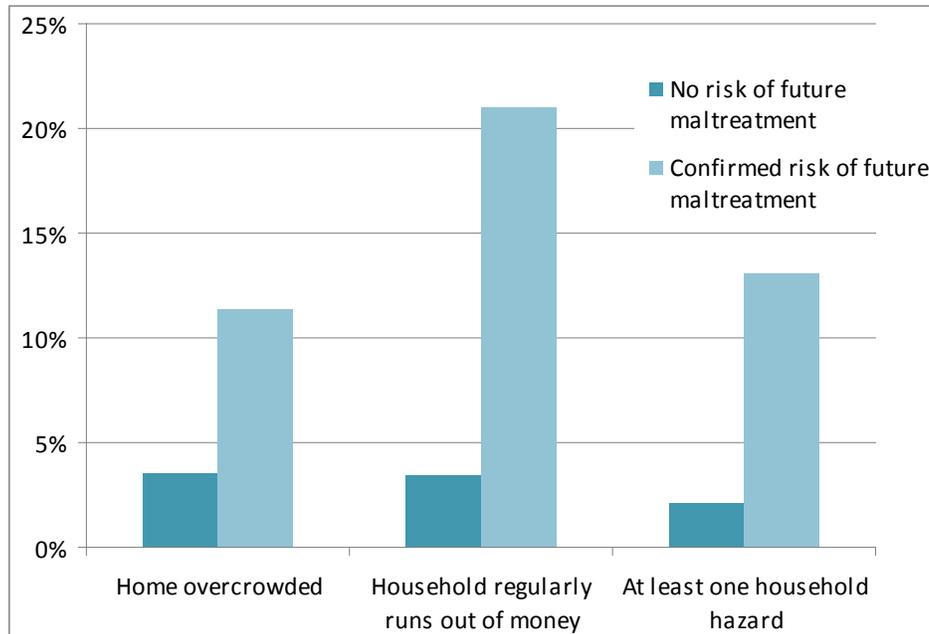


Figure 3 shows the housing concerns noted in risk investigations. Families involved in unfounded risk investigations were less likely to live in overcrowded conditions, less likely to run out of money for basic necessities, and less likely to live in hazardous housing conditions, compared to families involved in confirmed risk investigations. Overall, this suggests that families involved in unfounded risk investigations live in better socioeconomic conditions than families involved in confirmed risk investigations.

Figure 3
Housing concerns in risk investigations in Ontario in 2008



Unfounded risk investigations were less likely than confirmed risk investigations to have had a previous child welfare opening. However, the majority of both unfounded and confirmed investigations previously had an open case file with a child welfare agency, with 83% of confirmed risk investigations noting a previous opening and 58% of unfounded risk investigations noting a previous opening.

Figure 4 describes the service provision in unfounded and confirmed risk investigations. Whereas 63% of confirmed risk investigations were transferred to ongoing services, only 13% of unfounded risk investigations were transferred for these services. Workers could also note any referrals to other social services they made for families and children that were beyond the parameters of ongoing child welfare services. In 41% of unfounded risk investigations and 62% of confirmed risk investigations, a referral was made. The majority of risk investigations, both unfounded and confirmed, did not result in an out-of-home child welfare placement for the child. There was no placement considered in 97% of unfounded risk investigations. An out-of-home placement occurred in approximately 15% of confirmed risk investigations. Similarly, an application to child welfare court was made in only 1% of unfounded risk investigations and 8% of confirmed risk investigations.

Figure 4
Child welfare service provision in risk investigations in Ontario in 2008

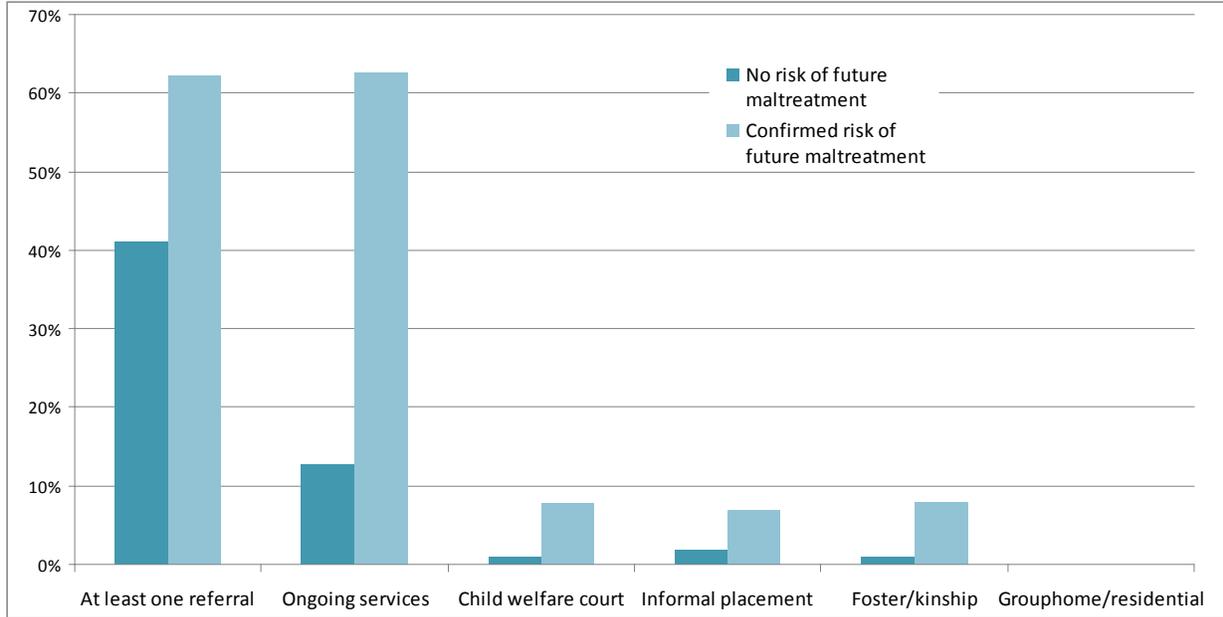
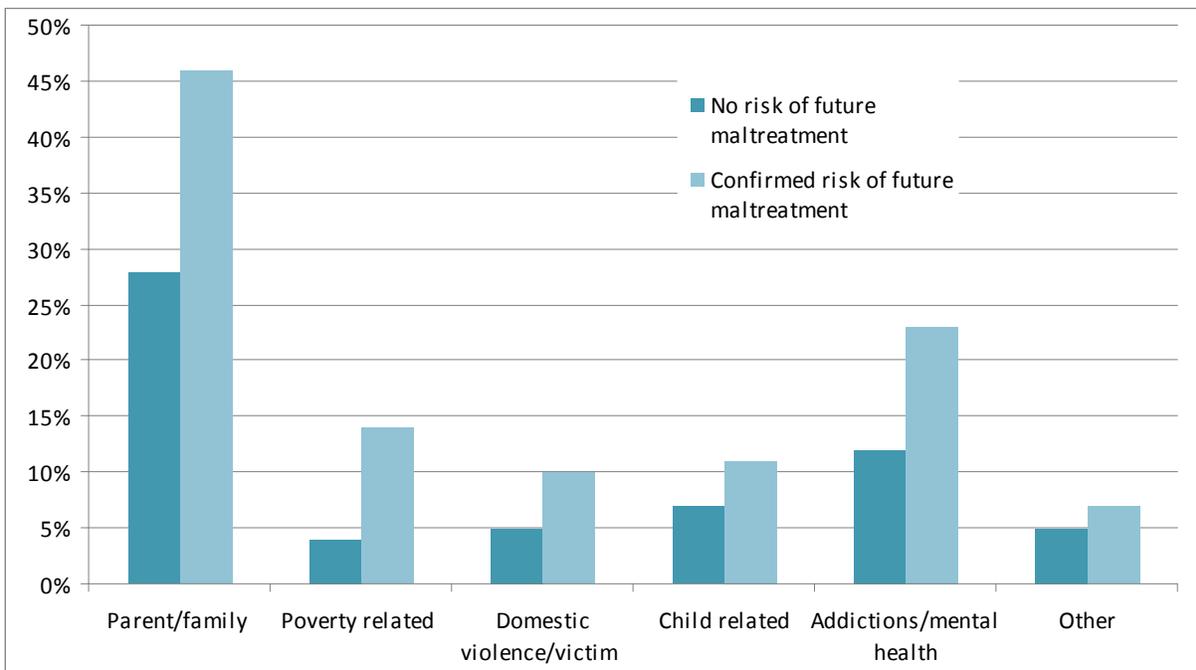


Figure 5 describes the specific types of referrals within risk investigations in Ontario in 2008. The most common type of referral for both unfounded and confirmed risk investigations was to parent or family focused services. The next most common type of referral was addictions or mental health services, for both unfounded and confirmed risk investigations.

Figure 5
Type of referral to services in risk investigations in Ontario in 2008



CHARACTERISTICS OF CHILDREN AND FAMILIES WHO RECEIVED ONGOING CHILD WELFARE SERVICES

INTRODUCTION

The Ontario Incidence Study of Reported Child Abuse and Neglect, 2008 (OIS-2008) is the fourth provincial study to examine the incidence of reported child maltreatment and the characteristics of children and families investigated by child welfare authorities in Ontario. This fact sheet examines the characteristics of children and families whose cases remain open for ongoing child welfare services at the end of the initial investigation.

BACKGROUND TO THE OIS-2008

From 1998 to 2003, the OIS found that rates of investigated maltreatment had doubled. This pattern may reflect changes in detection, reporting, and investigation practices rather than an increase in the number of children being abused and neglected. Four changes are particularly important to consider: increased reporting by professionals, increased reports of emotional maltreatment and exposure to intimate partner violence, more children investigated in each family, and increased substantiation rates. These changes are consistent with shifts in the context of Ontario child welfare.

Due to changes in investigation mandates and practices over the last 10 years, the OIS-2008 differed from previous cycles in that it tracked both risk-only investigations and maltreatment investigations. Risk-only investigations were those in which a specific past incident of maltreatment was not suspected or alleged to have occurred, but rather a constellation of factors lead to concerns that a child may be maltreated in the future (e.g., caregiver with a substance abuse issue).

METHODOLOGY

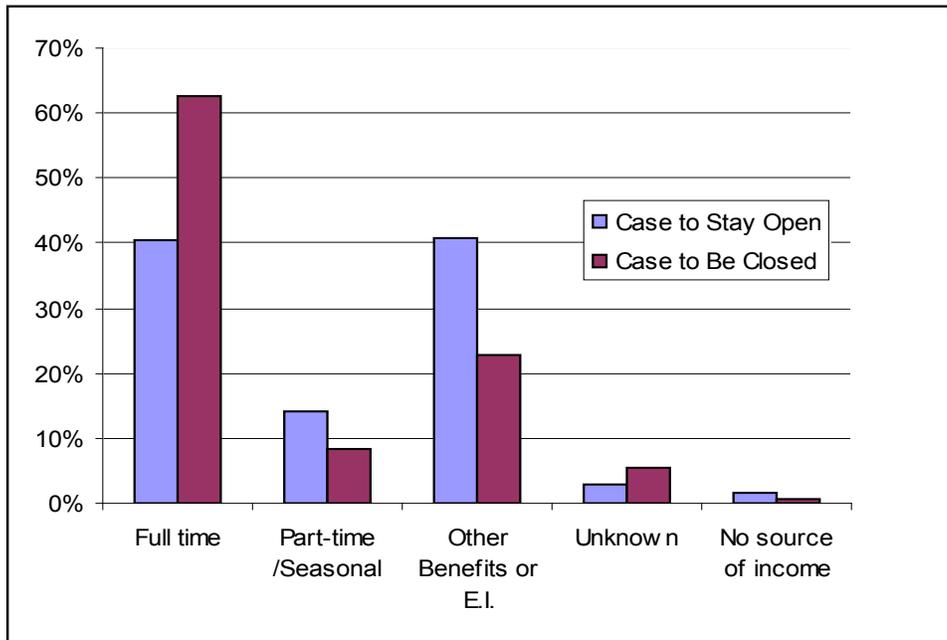
The OIS-2008 used a multi-stage sampling design to select a representative sample of 23 child welfare agencies in Ontario and then to select a sample of cases within these agencies. Information was collected directly from child protection workers on a representative sample of 7,471 child protection investigations conducted during a three-month sampling period in 2008. This sample was weighted to reflect provincial annual estimates. After two weighting procedures were applied to the data, the estimated number of maltreatment-related investigations (i.e., maltreatment and risk-only investigations) conducted in Ontario in 2008 was 128,748.

FINDINGS

There was an estimated 128,748 maltreatment-related investigations conducted in Ontario in 2008. Of these investigations, an estimated 87,025 cases were for an incident of maltreatment and an estimated 41,723 were risk-only investigations. At the end of the initial investigation, an estimated 31,693 (25%) cases remained open for ongoing child welfare services while an estimated 97,030 (75%) cases were closed.

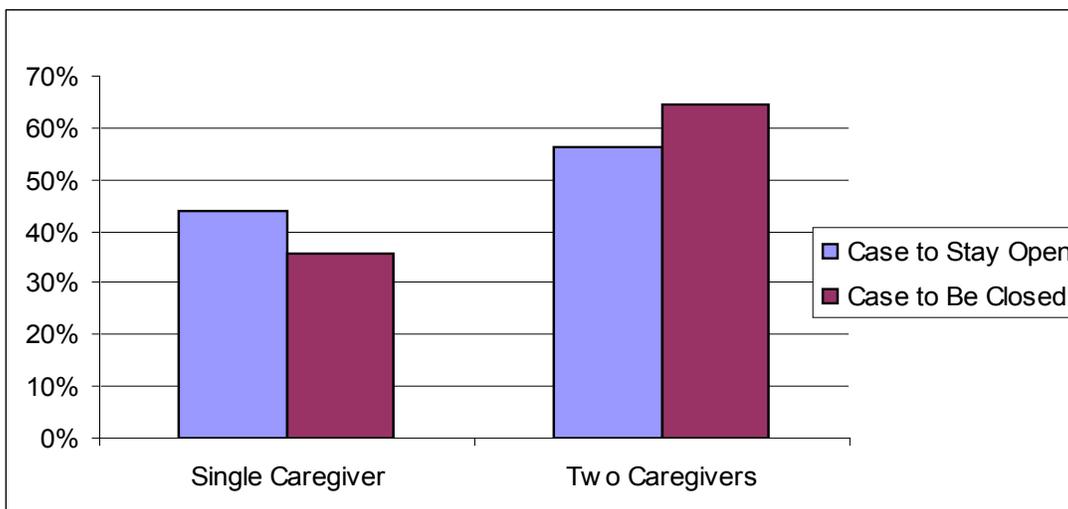
Figure 1 presents the household source of income in maltreatment-related investigations in Ontario in 2008. Cases which remained opened for ongoing services were more likely than cases which were closed to note that the household source of income was from part time work or other benefits/employment insurance, and less likely to note that the household was supported by full time income.

Figure 1
Household source of income in maltreatment-related investigations in Ontario in 2008



In Figure 2, the number of caregivers in the home in maltreatment-related investigations is outlined. Cases which remained opened for ongoing child welfare services were more likely to note a single caregiver (44%) than cases which were closed (35%).

Figure 2
Number of caregivers in maltreatment-related investigations in Ontario in 2008



Housing type is presented in Figure 3. Of the estimated 31,693 cases which remained opened for ongoing child welfare services, 27% of families owned their home, 43% rented their home, 16% lived in public housing, 4% lived in band housing, and 2% lived in a hotel or shelter. In comparison, of the estimated 97,030 cases which were closed, 43% of families owned their home, 36% rented their home, 10% lived in public housing, 2% families lived in band housing, and 1% lived in a hotel or shelter.

Figure 3
Housing type in maltreatment-related investigations in Ontario in 2008

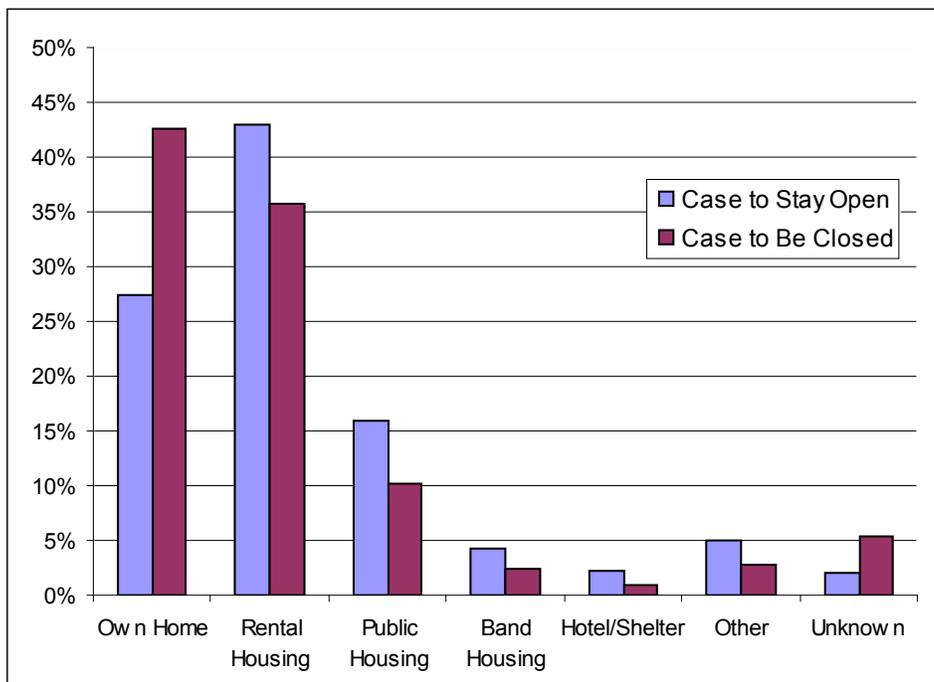


Figure 4 outlines whether or not the family regularly runs out of money for basic necessities in maltreatment-related investigations in Ontario in 2008. Investigations that remained open for ongoing child welfare services were more likely to note that the household regularly ran out of money for basic necessities (20%, or 6,189 cases), compared to closed cases (4%, or 4,353 cases).

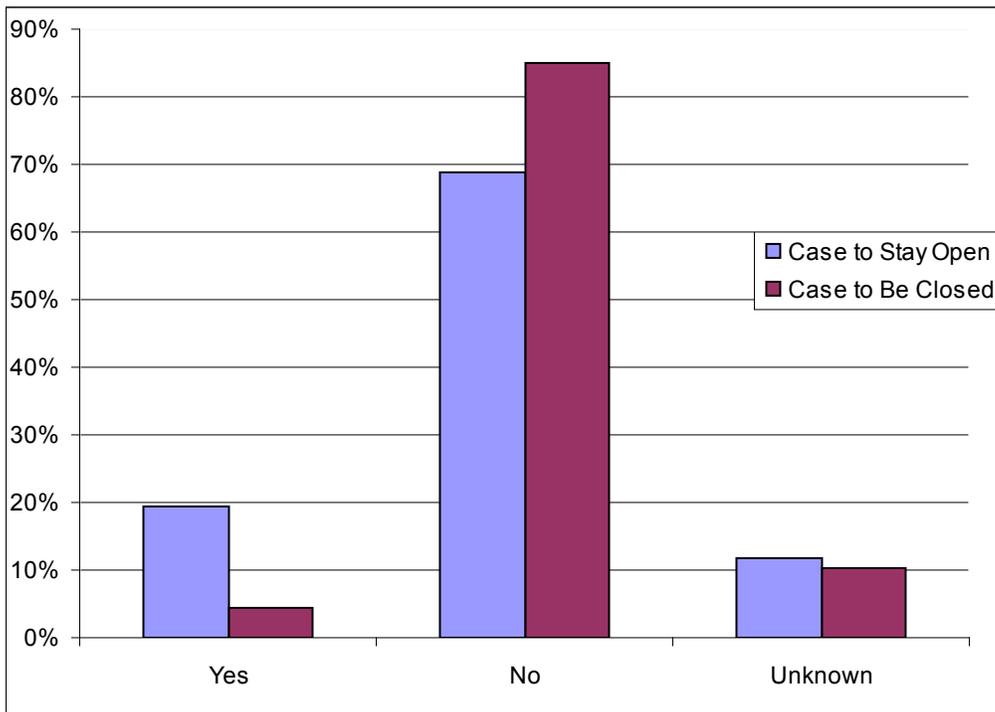
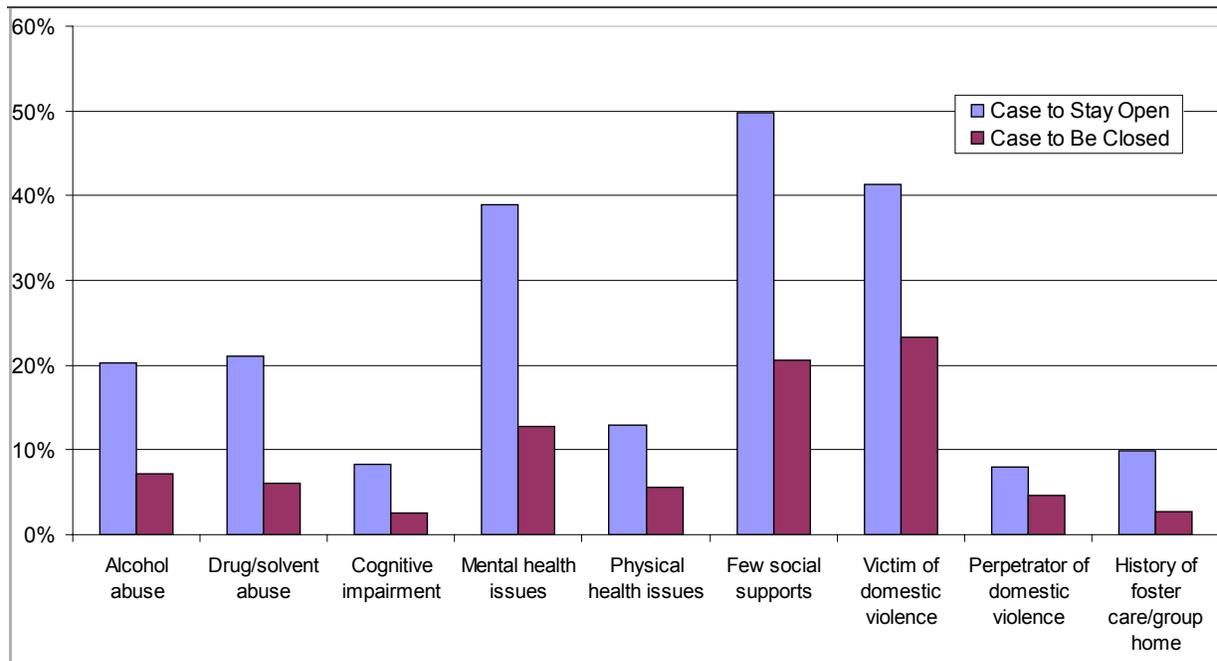


Figure 4
Running out of money for basic necessities in maltreatment-related investigations in Ontario in 2008

In Figure 5, primary caregiver functioning concerns are shown. In cases which remained opened for ongoing child welfare services, all of the primary caregiver functioning concerns were noted more often compared to cases which were closed. Few social supports (50%), victim of domestic violence (41%), and mental health issues (39%) were the most often noted primary caregiver functioning concerns for cases which remained open for ongoing child welfare services. Similarly, for cases which were closed, victim of domestic violence (23%), few social supports (21%), and mental health issues (13%) were the most noted concerns.

Figure 5
Primary caregiver functioning concerns in maltreatment-related investigations in Ontario in 2008



Child functioning concerns are displayed in Figure 6. All of the child functioning concerns were reported at higher rates among cases which remained open for ongoing child welfare services compared to cases which were closed. Internalizing and externalizing behaviours were the most common noted child functioning concerns for both types of cases. For cases which remained open for ongoing child welfare services, internalizing behaviours were noted in 31% of cases compared to 13% of cases which were closed. Externalizing behaviours were noted in 36% of cases which remained open for ongoing services and 23% of cases which were closed.

Figure 6
Child functioning concerns in maltreatment-related investigations in Ontario in 2008

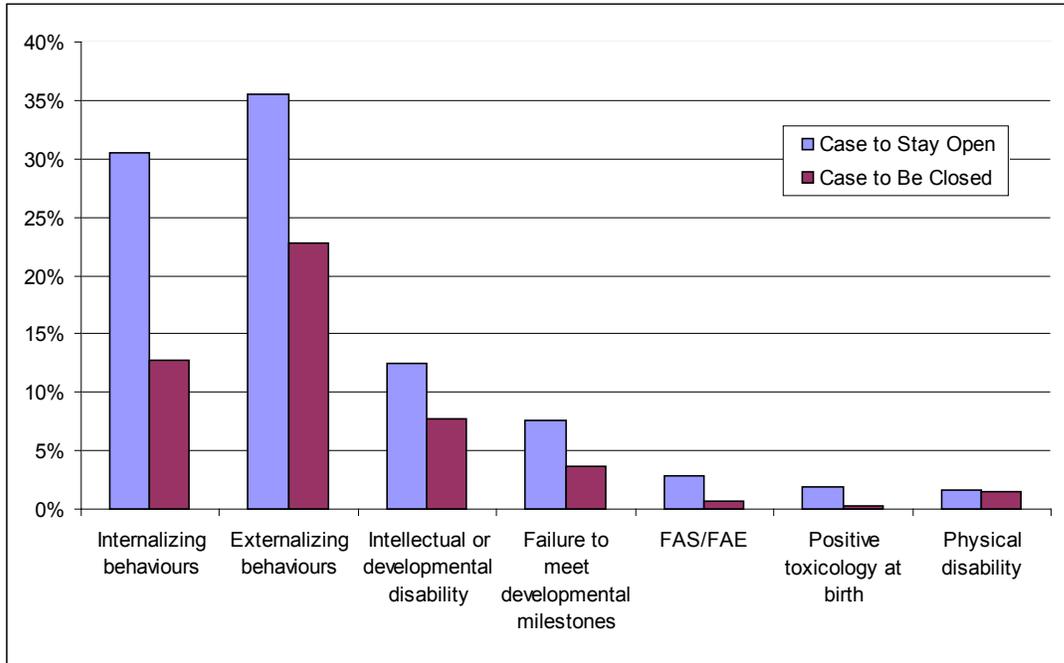


Figure 7 depicts the substantiation level in maltreatment-related investigations in Ontario in 2008. Cases which were substantiated were more likely to remain open for ongoing child welfare services while cases which were unfounded were much more likely to be closed.

Figure 7
Substantiation level in maltreatment-related investigations in Ontario in 2008

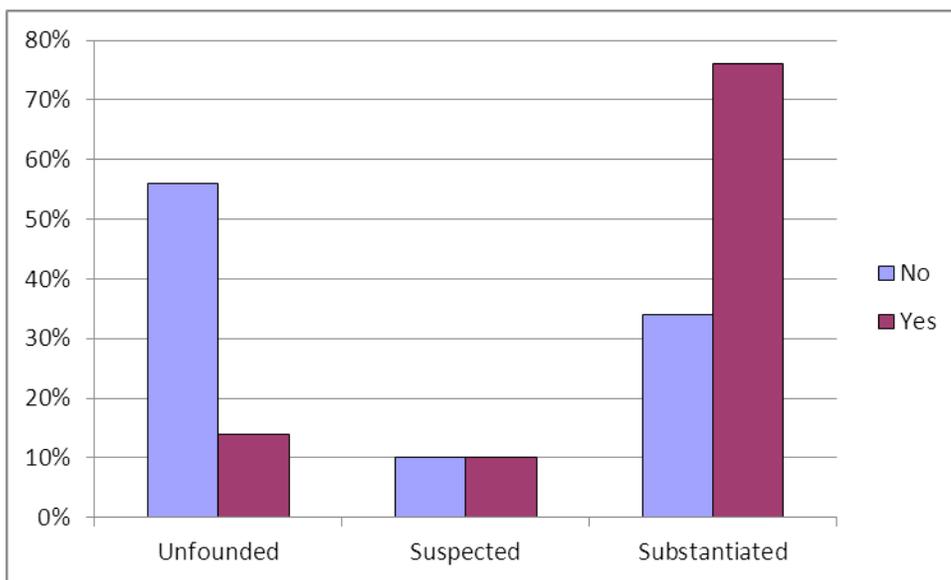
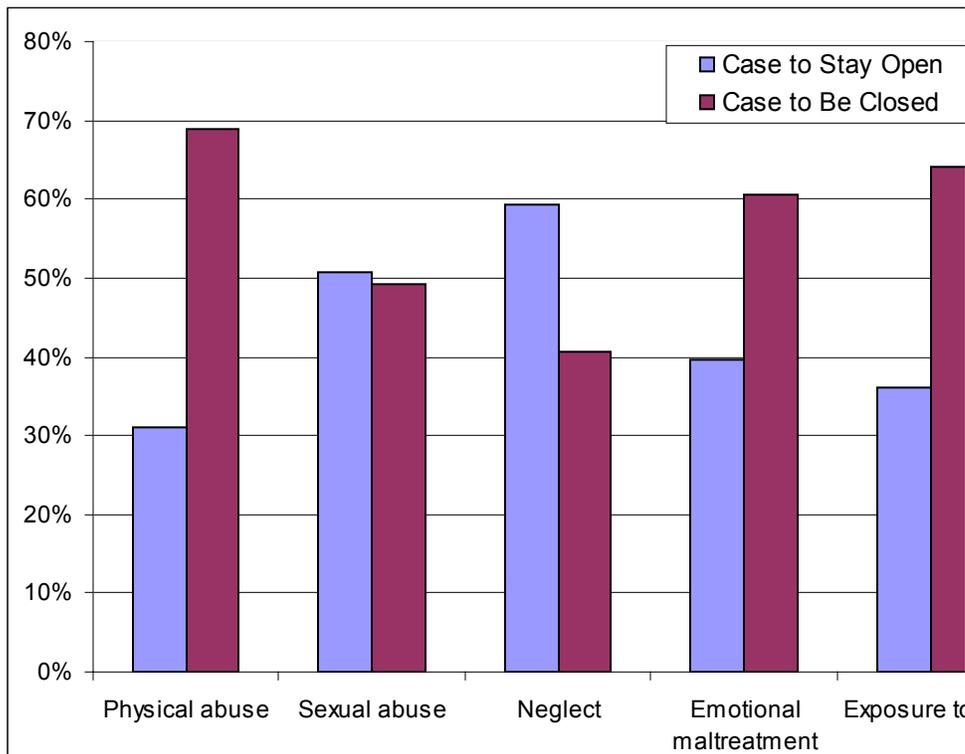


Figure 8 displays the primary form of maltreatment noted among substantiated maltreatment investigations. Cases of physical abuse, emotional maltreatment, and exposure to intimate partner violence (IPV) were more likely to be closed than stay open for ongoing child welfare services. Cases of sexual abuse and neglect were more likely to stay open for ongoing child welfare services than to be closed.

Figure 8
Primary Form of Maltreatment in Substantiated Maltreatment Investigations in Ontario in 2008



The profile of investigations that remain open for ongoing child welfare services differs from the profile of investigations that were closed. Overall, investigations that remain open for ongoing services note more child, caregiver, and household concerns.

Limitations of the OIS-2008

The OIS-2008 does not include information about unreported maltreatment, or cases that were only investigated by police. Reports that were made to child welfare authorities but screened out before they were investigated are not included, and reports on cases currently open at the time of case selection are also not included. The study does not track longer service events that occur beyond the initial investigation.

All fact sheets were developed from a research consultation conducted with Ontario Association of Children's Aid Societies (OACAS) with their membership on November 28, 2011. Funding for fact sheet development was provided by the Social Sciences and Humanities Research Council of Canada (SSHRC).

A PROFILE OF UNFOUNDED MALTREATMENT INVESTIGATIONS IN ONTARIO IN 2008

INTRODUCTION

The Ontario Incidence Study of Reported Child Abuse and Neglect, 2008 (OIS-2008) is the fourth provincial study to examine the incidence of reported child maltreatment and the characteristics of children and families investigated by child welfare authorities in Ontario. This fact sheet examines the characteristics of children and families whose cases remain open for ongoing child welfare services at the end of the initial investigation.

BACKGROUND TO THE OIS-2008

From 1998 to 2003, the OIS found that rates of investigated maltreatment had doubled. This pattern may reflect changes in detection, reporting, and investigation practices rather than an increase in the number of children being abused and neglected. Four changes are particularly important to consider: increased reporting by professionals, increased reports of emotional maltreatment and exposure to intimate partner violence, more children investigated in each family, and increased substantiation rates. These changes are consistent with shifts in the context of Ontario child welfare.

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METHODOLOGY

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For maltreatment investigations, information was collected regarding the primary form of maltreatment investigated as well as the level of substantiation for that maltreatment. Thirty-two forms of maltreatment were listed on the data collection instrument, and these were collapsed into five broad categories: physical abuse (e.g., hit with hand), sexual abuse (e.g., exploitation), neglect (e.g., educational neglect), emotional maltreatment (e.g., verbal abuse or belittling), and exposure to intimate partner violence (e.g., direct witness to physical violence). Workers listed the primary concern for the investigation, and could also list secondary and tertiary concerns. For each form of maltreatment listed, workers assigned a level of substantiation. Maltreatment could be substantiated (i.e., balance of evidence indicated that the maltreatment had occurred), suspected (i.e., maltreatment could not be confirmed or ruled out), or unfounded (i.e., balance of evidence indicated that the maltreatment had not occurred).

FINDINGS

Of the 87,025 maltreatment investigations, 38,571 were substantiated, 8,640 were suspected and 39,814 were unfounded. This analysis compares investigations which were unfounded to those which were substantiated. Suspected cases were not included in the analysis as these investigations are more difficult to untangle and understand.

Figure 1 displays the number of moves in the past year for families in unfounded and substantiated maltreatment investigations in Ontario in 2008. The majority of families in both unfounded and substantiated investigations had no moves in the past year. Families in unfounded investigations were more likely to have no moves in the past year.

Figure 1
Number of moves in the past year in unfounded and substantiated maltreatment investigations in Ontario in 2008

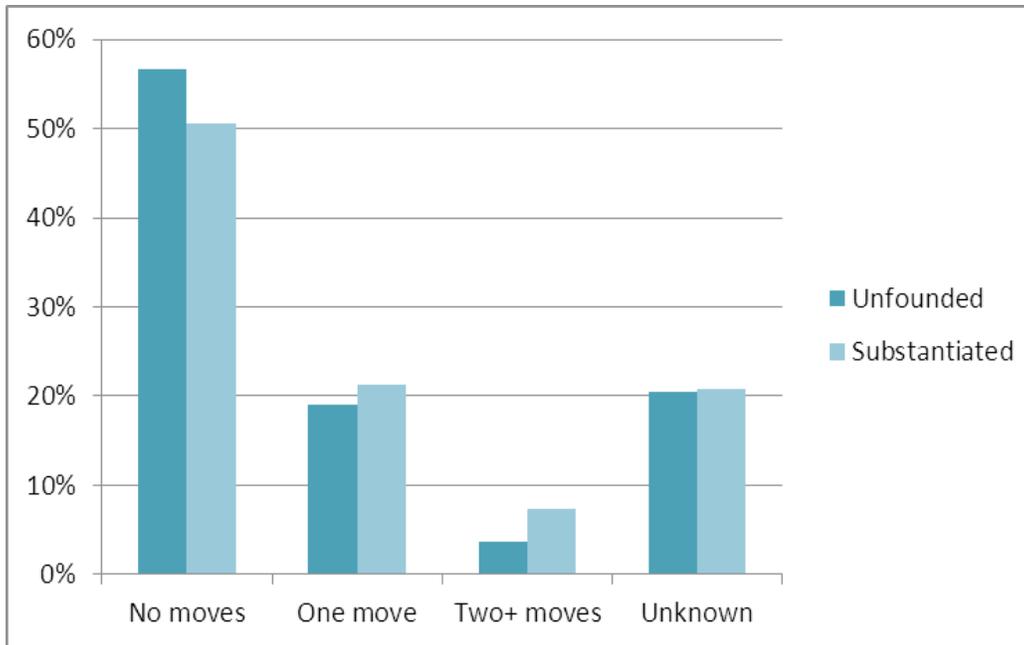
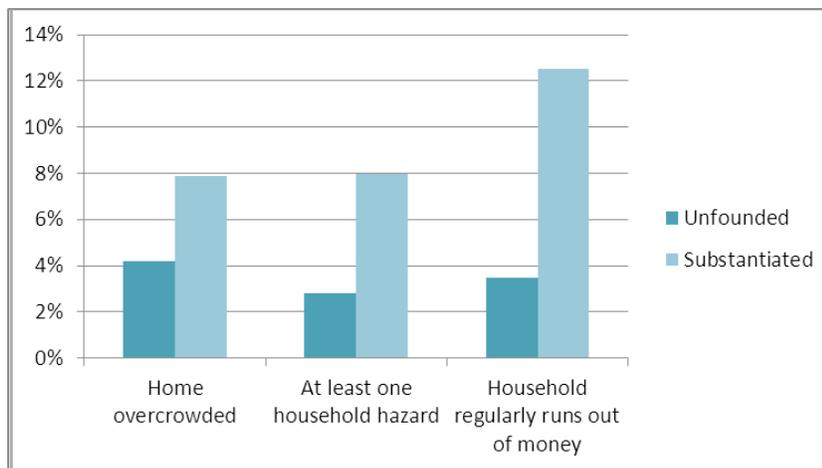


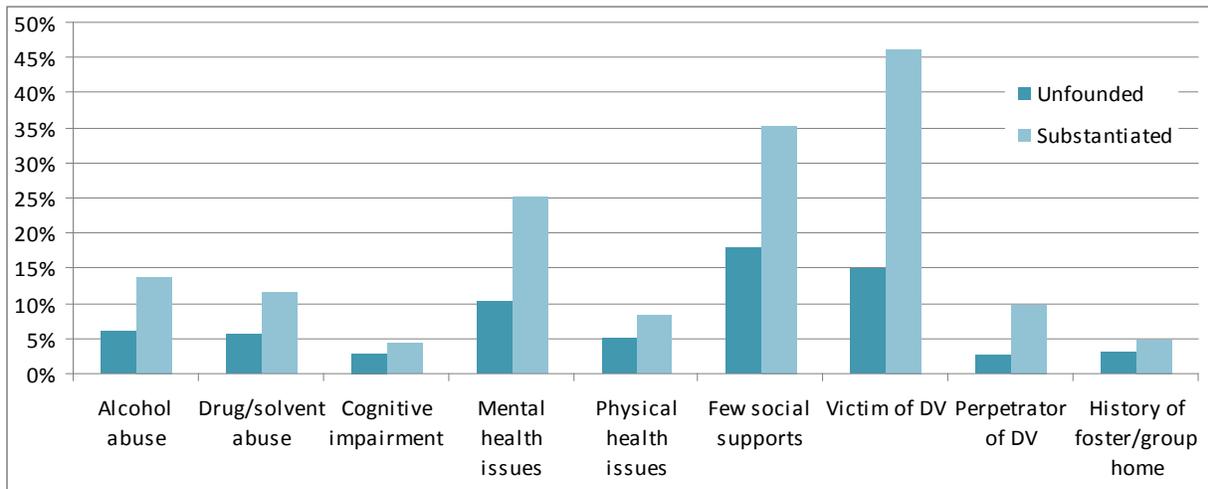
Figure 2 presents the following housing concerns: home overcrowding, at least one household hazard, and household regularly runs out of money for basic necessities. Substantiated cases were more likely than unfounded cases to have all three of these housing concerns noted.

Figure 2
Housing concerns in unfounded and substantiated maltreatment investigations in Ontario in 2008



Primary caregiver functioning concerns are outlined in Figure 3. In cases which were substantiated, all of the primary caregiver functioning concerns were noted more often compared to cases which were unfounded. Victim of domestic violence (46%), few social supports (36%), and mental health issues (25%) were the most often noted primary caregiver functioning concerns for substantiated investigations. Similarly, for unfounded investigations, few social supports (18%), victim of domestic violence (15%), and mental health issues (11%) were the most noted concerns.

Figure 3
Primary caregiver characteristics in unfounded and substantiated maltreatment investigations in Ontario in 2008



Unfounded investigations were slightly less likely than substantiated investigations to note previous child welfare openings.

For investigations which were unfounded, the child welfare worker could note whether or not they believed there was a significant risk of future maltreatment. These findings are presented in Figure 4. In most unfounded cases, the worker felt that there was no risk of future maltreatment. In 5% of these cases, the worker felt that there was a significant risk of future maltreatment. In 11% of these cases, the worker noted that the risk of future maltreatment was unknown.

Figure 4
Significant risk of future maltreatment in unfounded investigations in Ontario in 2008

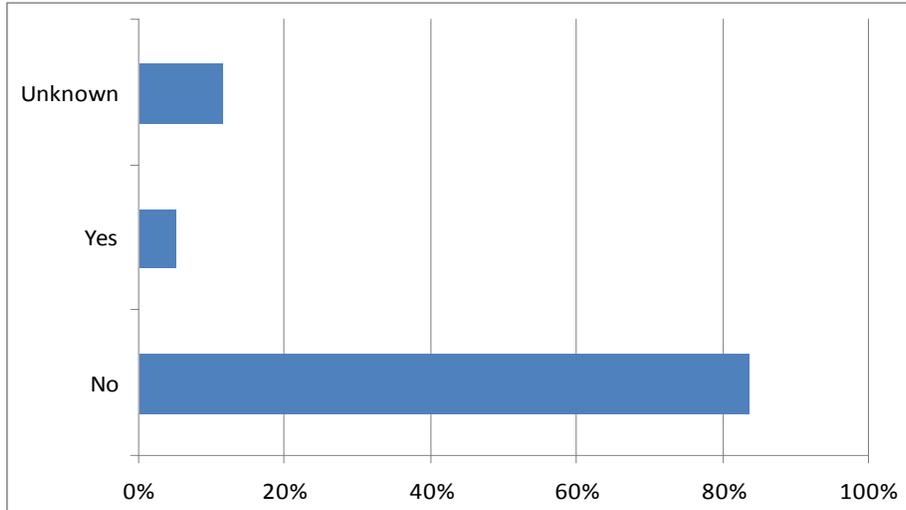
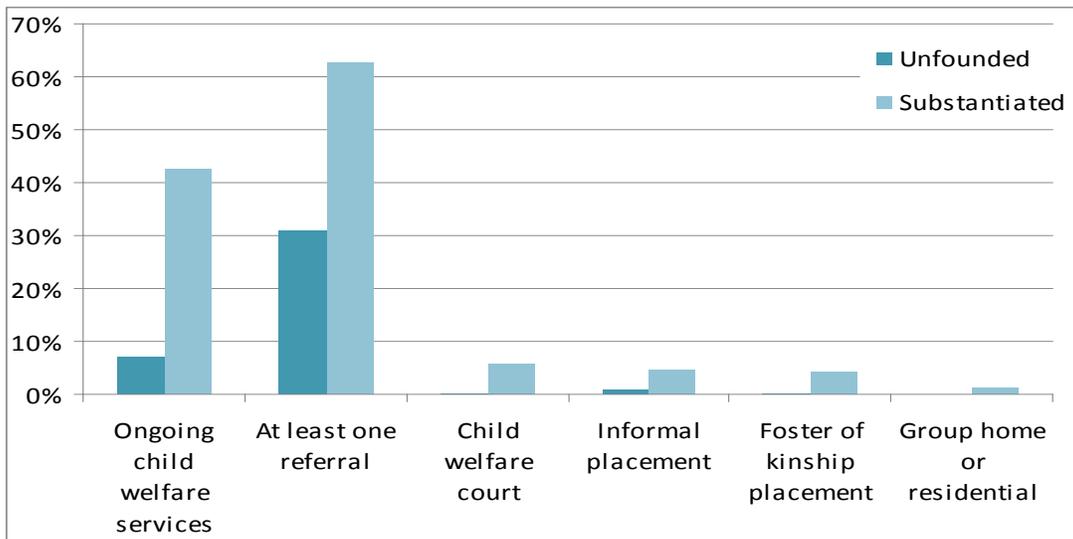


Figure 5 outlines service dispositions in unfounded and substantiated maltreatment investigations in Ontario in 2008. Substantiated cases were much more likely to be transferred for ongoing child welfare services (43%) than unfounded investigations (7%). At least one type of referral was made in 63% of substantiated cases compared to only 31% of unfounded cases. An application to child welfare court was made in 6% of substantiated cases and almost no unfounded cases. The majority of both unfounded and substantiated investigations did not result in an out of home welfare placement for the child. Specifically, no placement was considered in 98% of unfounded cases and 89% of substantiated cases.

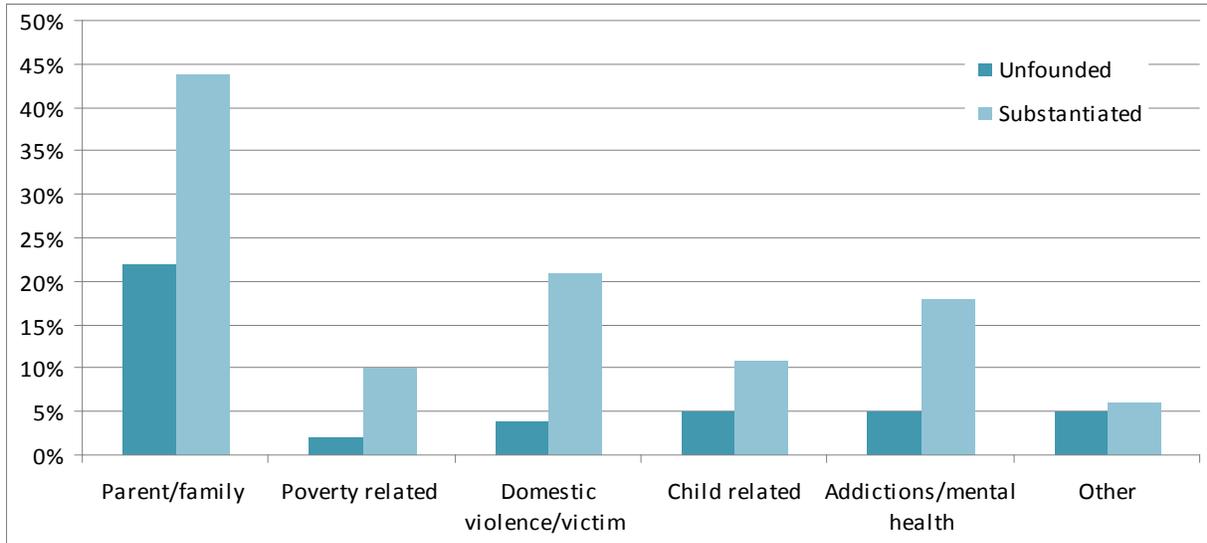
Figure 5
Service disposition in unfounded and substantiated maltreatment investigations in Ontario in 2008



The types of referrals that were made during maltreatment investigations are presented in Figure 6. The most common type of referral was to parent or family services, for both unfounded and substantiated maltreatment investigations. Very few referrals to poverty related services were made for unfounded maltreatment investigations. In a small proportion of unfounded maltreatment investigations, a referral was made to domestic violence or victim services, child related services, addictions or mental health services, or other services.

Figure 6

Type of referral in unfounded and substantiated maltreatment investigations in Ontario in 2008



A PROFILE OF CUSTOMIZED AND TRADITIONAL INVESTIGATIONS IN ONTARIO IN 2008

INTRODUCTION

The Ontario Incidence Study of Reported Child Abuse and Neglect, 2008 (OIS-2008) is the fourth provincial study to examine the incidence of reported child maltreatment and the characteristics of children and families investigated by child welfare authorities in Ontario. In 2008, the study collected information regarding the use of differential or customized response during the initial investigation. This fact sheet examines the profile of both customized and traditional protection investigations conducted in Ontario in 2008.

BACKGROUND TO DIFFERENTIAL OR CUSTOMIZED RESPONSE

(For more information, visit <http://www.oacas.org/childwelfare/changes/differentialbackground.htm>)

Differential or customized response models have been adopted by more than half of the jurisdictions in the United States, parts of Australia, and in British Columbia and Alberta. In April 2007, child welfare agencies in Ontario began to respond to referrals using the Differential Response Model. This model allows child welfare agencies to provide different streams of service to children and families depending on their strengths and vulnerabilities, as well as the type and severity of child maltreatment. If a young person is not in immediate danger or risk of harm, child welfare workers may help families through a customized approach designed to connect them with useful community resources. This approach is also designed to empower families and address children's cultural and emotional needs. Guidelines for practice under the Differential Response Model are designed to assist child welfare workers in each phase of service delivery, beginning with the initial report of suspected child abuse or neglect and continuing throughout all phases of service.

BACKGROUND TO THE OIS-2008

From 1998 to 2003, the OIS found that rates of investigated maltreatment had doubled. This pattern may reflect changes in detection, reporting, and investigation practices rather than an increase in the number of children being abused and neglected. Four changes are particularly important to consider: increased reporting by professionals, increased reports of emotional maltreatment and exposure to intimate partner violence, more children investigated in each family, and increased substantiation rates. These changes are consistent with shifts in the context of Ontario child welfare.

Due to changes in investigation mandates and practices over the last 10 years, the OIS-2008 differed from previous cycles in that it tracked both risk-only investigations and maltreatment investigations. Risk-only investigations were those in which a specific past incident of maltreatment was not suspected or alleged to have occurred, but rather a constellation of factors lead to concerns that a child may be maltreated in the future (e.g., caregiver with a substance abuse issue).

METHODOLOGY

The OIS-2008 used a multi-stage sampling design to select a representative sample of 23 child welfare agencies in Ontario and then to select a sample of cases within these agencies. Information was collected directly from child protection workers on a representative sample of 7,471 child protection investigations conducted during a three-month sampling period in 2008. This sample was weighted to reflect provincial annual estimates. After two weighting procedures were applied to the data, the estimated number of maltreatment-related investigations (i.e., maltreatment and risk-only investigations) conducted in Ontario in 2008 was 128,748.

FINDINGS

An estimated 96,347 (75%) customized maltreatment-related investigations were conducted in Ontario in 2008, while 32,321 (25%) traditional protection investigations were conducted.

Customized investigations were less likely than traditional investigations to focus on a past incident of maltreatment, and more likely than traditional investigations to focus on an assessment of future risk of maltreatment. Approximately 66% of customized investigations focused on a past incident of maltreatment, whereas 72% of traditional protection investigations focused on maltreatment. Please see Figure 1 for these findings.

Figure 1
Type of investigation in customized and traditional maltreatment-related investigations in Ontario in 2008

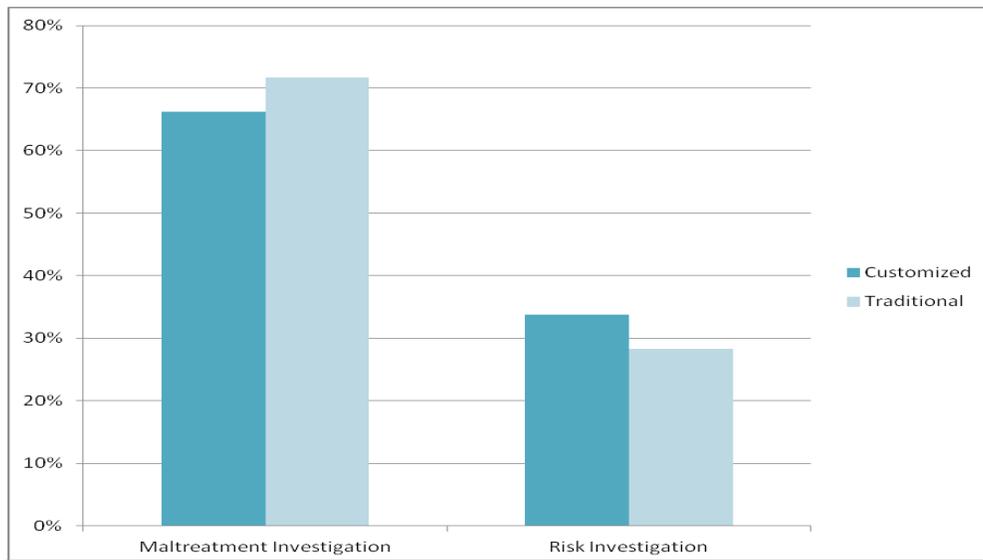


Figure 2 shows there are some slight differences between primary caregivers involved in customized investigations versus traditional investigations. The primary caregivers involved in customized maltreatment-related investigations were more likely than primary caregivers involved in traditional maltreatment-related investigations to struggle with alcohol and drug abuse, cognitive impairment, mental and physical health issues, intimate partner violence, and were more likely to have a history of foster or group care. Primary caregivers involved in traditional protection maltreatment-related investigations were less likely to have social supports.

Figure 2
 Primary caregiver characteristics in customized and traditional maltreatment-related investigations in Ontario in 2008

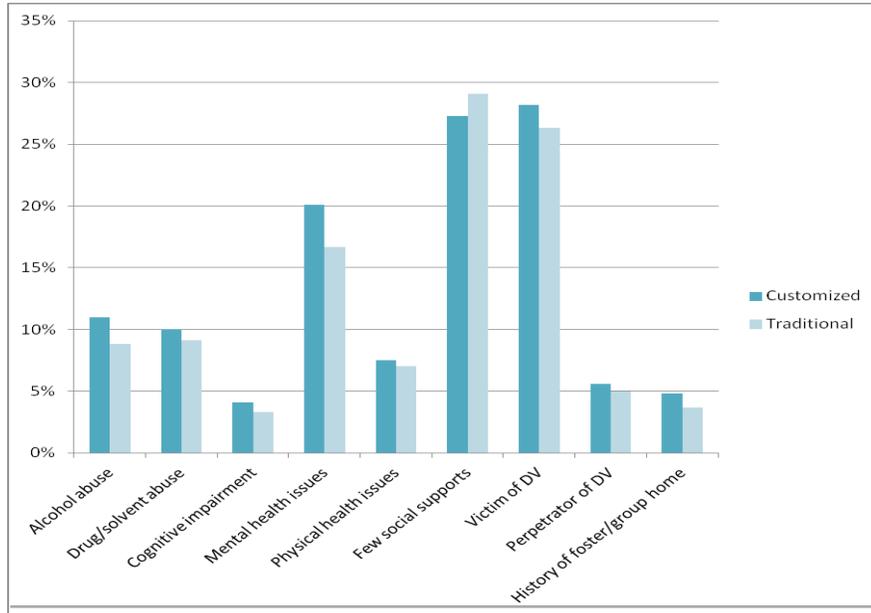


Figure 3 displays the case characteristics of maltreatment-related investigations, comparing customized and traditional protection investigations. Customized investigations were slightly more likely to note previous child welfare openings.

Figure 3
 Case characteristics in customized and traditional maltreatment-related investigations in Ontario in 2008

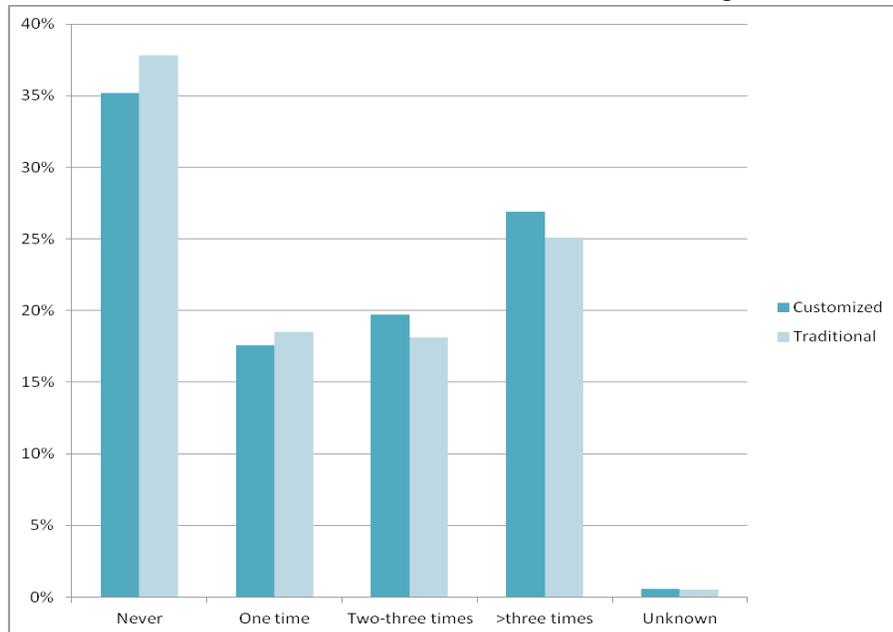
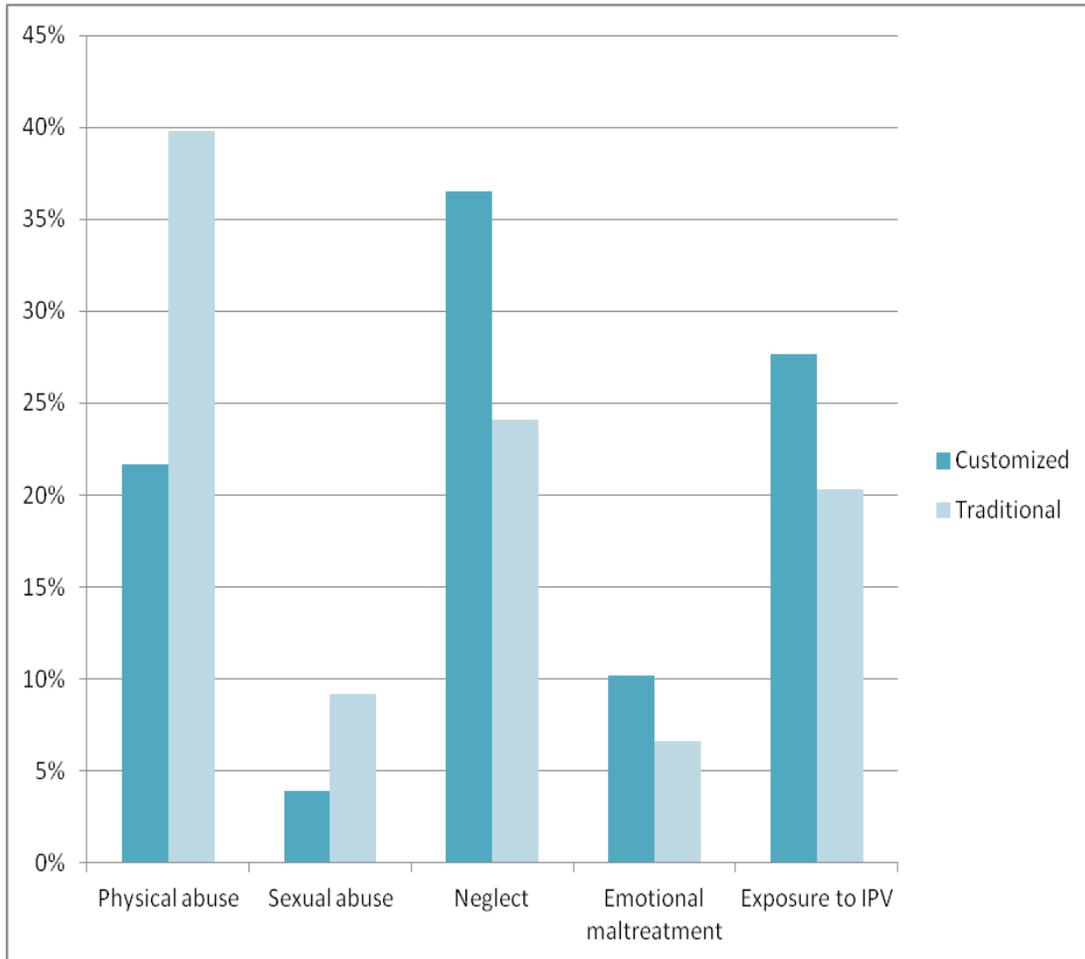


Figure 4
Primary form of maltreatment reported in maltreatment investigations in Ontario in 2008



THE PROVINCIAL PROJECT MANAGEMENT COMMITTEE

By Rod Potgeiter and Ray Muldoon

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has – Margaret Mead

The Provincial Project Management Committee (PPMC) has been an official sub-committee of the Local Director's Section since 2004. It uses funds allocated from OACAS (\$100,000 annually) to further develop and enhance the strategic directions set by OACAS and the Local Directors Section. While the amount of funds available has been relatively modest – approximately \$20K per project – it is the passion and experience of the committee members and project teams that has strengthened provincial front-line services, management, quality assurance and advocacy.

EARLY HISTORY

The initial concept of a Provincial Project Management system was developed in 1996 after discussions within the Eastern Zone of Local Directors, including Ray Muldoon from Frontenac, Greg Dulmage from Northumberland, Bob Gardner from Lennox & Addington, Suzanne Geoffrion from Lanark, Bob Pickens from Brockville and Mel Gill from Ottawa, identified an ongoing concern regarding the duplication of various change initiatives in CASs across the province. The lack of organized provincial networking system and without a provincial projects process meant that much of the planning within the system was fragmented and uncoordinated. In 1997 Ray Muldoon and Greg Dulmage presented a paper entitled "Coordinating the Work of the Zones" to the Local Directors Conference in 1997. This presentation outlined the basic proposal for the Provincial Projects Management Committee system and outlined some of the key issues facing the field, including scattered resources and a lack of alignment with new research and initiatives. The authors recognized that there was a large potential for increased capacity, collaboration and innovation within child welfare in Ontario at all levels if a coordinated provincial system could be developed.

The early version of the Provincial Project Management Committee formed in 1999 initiated the work of developing a provincial system for the review, approval, evaluation and management of projects across the province.

PPMC IN EARLY YEARS

Once a provincial committee had been established to develop a provincial system for the management of field projects, a number of needs emerged including the need for:

- a representative committee that was well connected to the field
- a terms of reference for the committee in order to guide its work
- a process for coordinating the call, review and approval of zone projects
- a process for communicating the work of the committee across the province
- increased funding/resources to support the work of project teams

As these issues were addressed and the system evolved, a number of innovative and creative projects were reviewed and approved by the committee during its first five years. Some of these projects resulted in significant improvements across the child welfare system and many of these initiatives are still in place today.

Some examples of early projects that were successful for the project management committee include:

- The development of a research utilization model for provincial CASs that provided a systematic method for the dissemination and utilization of evidence-based research. This model subsequently led to the creation of the provincial agency PART (Practice and Research Together) that currently provides service to 41 CASs across Ontario.
- The creation of a provincial Quality Assurance Framework and Networking Committee. This work has informed and assisted in the development of quality assurance training and programs in the majority of CASs in Ontario.

PPMC TODAY

The Provincial Project Management process works by leveraging the capacity of the child welfare field by selecting priority projects, championed by leaders in our field who then may do the work as a team, or may carefully selected consultants to produce significant results in the form of reports, papers and policy positions.

This is achieved by small groups of persons, passionate about an area of focus in child welfare, who are connected to one of the zones or networking groups and who are prepared to act as advisory committee members to guide the project.

It is important that the area of focus for the project application is directly relevant to the current strategic priorities of the OACAS and Local Directors Section and meets many of the criteria that are used to adjudicate the proposals, including:

- Province-wide implications
- The unique nature of a project
- Reasonable expectations for success of a project
- Financial case for projects (demonstrable value for money)
- Proposed timelines, demonstrated support including sponsorship from a Network Champion (Local Director), or Zone Chair, and/or member of LD Section Executive
- Whether a project's outcomes would appear to be measurable

There are four main types of projects:

- Practice guides and tools
- Analysis related to provincial policies or standards
- Frameworks to support systemic change
- Other special or innovative projects

The Purpose of the Provincial Project Management Committee as set out in the Terms of Reference developed during the initial planning phases of the Provincial Projects system is:

- To promote the work of the LD Section and the OACAS by participating in i) identifying priorities and ii) organizing and evaluating the project work of the Section and the OACAS by using a project management approach."

ROLE OF THE OACAS IN THE PPMC PROCESS

This includes:

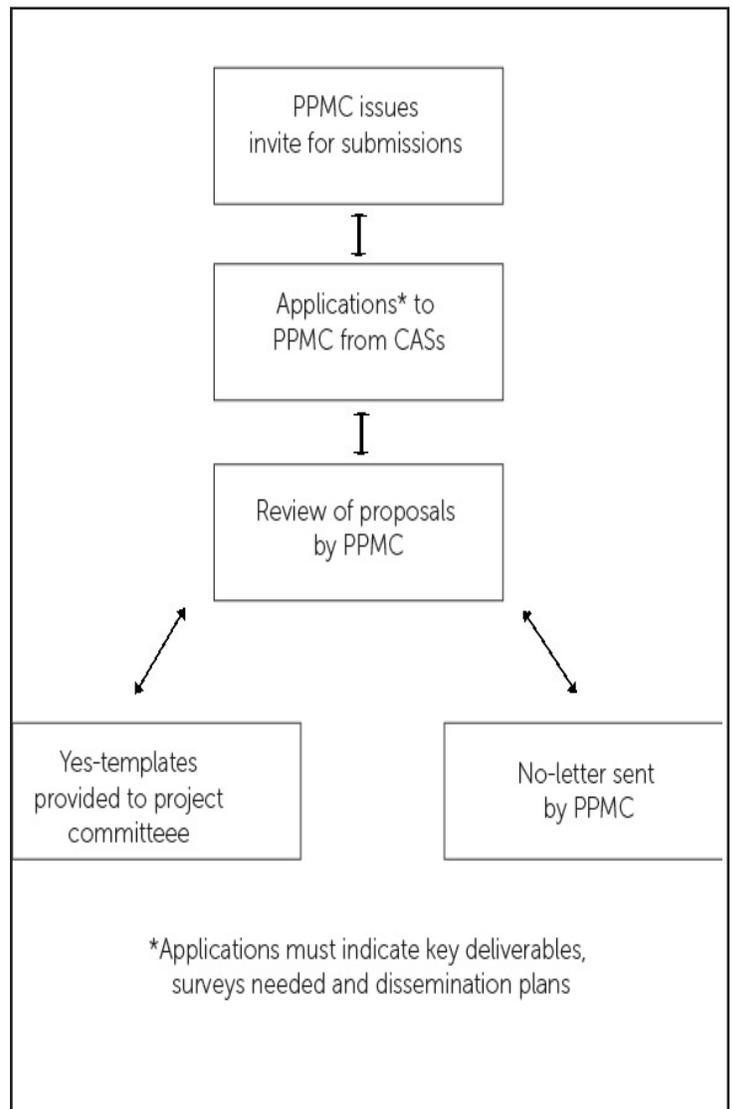
- Helping to manage the call for projects according to OACAS priorities set by OACAS Board and LD Section.
- Determines fit for projects with: Education Services, Policy, Advocacy, YouthCAN, Government Relations, and Communications including platforms, publications and Events.
- Provision of funding and tracking of spending, support in managing surveys and translation as needed,

assigning OACAS liaisons for surveys, communications and other coordinating and support functions.

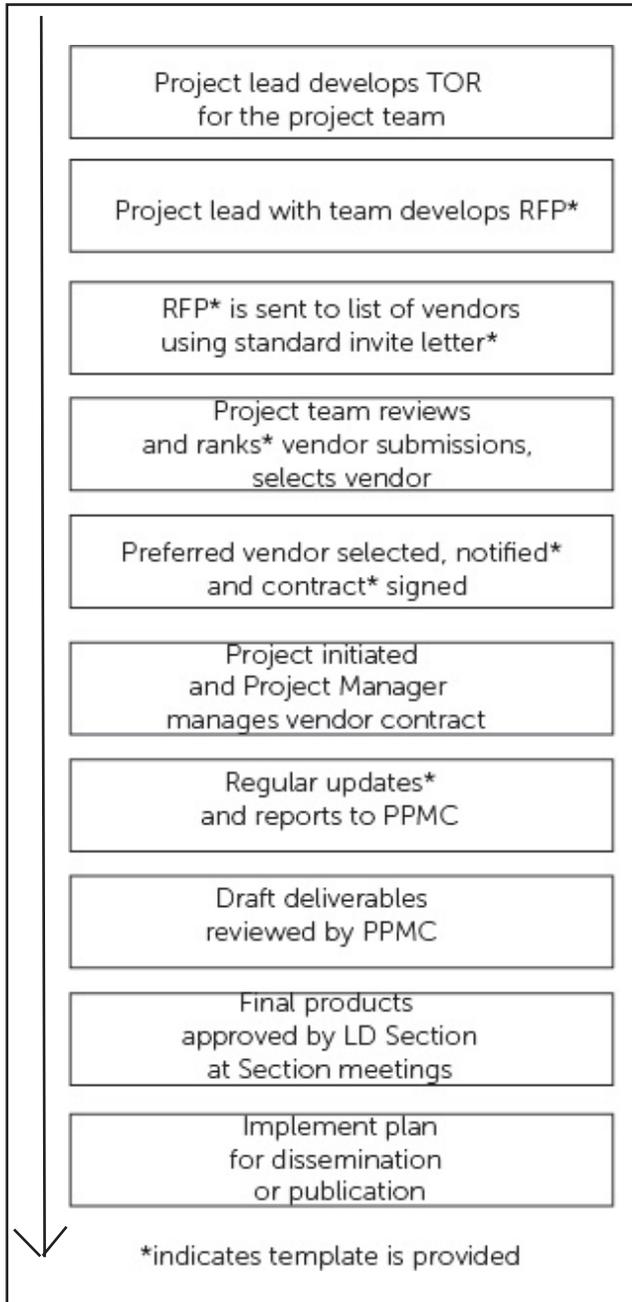
- OACAS provides various kinds of supports to the PPMC as well as leads project integration into policy, advocacy and/or Education Services products and platforms, and leads thinking about discussion and implementation of project results throughout the field.

There is a two-phase process for Provincial Projects: the first is the selection of projects by the PPMC, and the second is the selection of the vendor by the project manager of an approved project. Process illustrated below.

1: Selection of Projects



2: Management of Project by Project Lead



EMERGING CONSIDERATIONS

Some interesting questions have arisen and been addressed by the PPMC once the system was functional in its current form as it matured:

- Who owns the reports and products, once the consultant has completed the work?

This is an important question particularly when the

consultant may want to use the materials and research produced as part of a university course, an article or in other work the consultant is producing. To address this question, contracts have been modified and policy written to clearly state that all written materials and products (including survey data) produced by consultants during the project process belong to OACAS. Once projects are completed and fully approved by the Local Directors Section, OACAS may consider a request to use these materials in different forms. Permission to share will not be unreasonably withheld as long as it can be demonstrated that the use of these materials accurately reflects the approved reports/products and that dissemination will further knowledge, research and benefit the field and that the consultant is not receiving remuneration for work that was funded through the OACAS funds.

- How to ensure that consulting work is what was contracted, delivered on time and within budget.

In a very few instances, consultants have produced work that has not met the standards of the advisory committee and the PPMC. In some of these cases, the CAS Project Managers have directed and redirected consultants, sometimes with numerous redrafts of plans and reports. In rare cases, consultants have been terminated when the work they were contracted to provide has not been of sufficient quality to meet the required standards and other consultants hired. These actions are taken in consultation with the PPM Committee and sometimes with the support of a committee member.

- How to position recommendations that have an impact on Government Relations and/or Advocacy.

Recommendations in some reports may sometimes be considered too "strong" or at other times "not strong enough", and it may be that they are not aligned with broader advocacy positions. For example, reviews of policies or standards may call for additional focus at a time when the field is pushing for a reduction of administrative burden. Hence it is important to position the recommendations in the larger context while ensuring they are integrated into the OACAS government relations "conversations". Debate continues in the field regarding how project reports and materials are employed and used in advocacy, information exchange and developing new ideas and approaches. Projects have gained strong recognition for excellent work from the Ministry of Children and Youth Services and from the Child Welfare Commission for Sustainability (2009 to 2012). While the question of who owns the responsibility for implementing the recommendations is still being discussed in the field, it is clear that the work of the groups is critical to effective provincial advocacy with government, which is the role of OACAS.

EXAMPLES OF PROJECTS COMPLETED IN THE LAST SEVERAL YEARS:

Practice Guides:

- Building Bridges to Belonging, a practice guide is now used by OACAS in Educations Services trainings and by CASs in advancing emerging promising practices for youth in care
- Enhancing Communications Capacity Across the Province- a toolkit which is now used by local CASs to help them manage a range of local communications functions.
- Clinical Counseling, a comprehensive practice guide which recognizes and strengthens the concept of existing clinical practices, and helps workers integrate these interventions into everyday practice as a means of supporting families and keeping children safe.

Analysis:

- Child Protections Standards review recommended changes to the 2007 standards and is now being considered by MCYS as the do their work on revisions to the standards
- Children in Care Standards review looked standards dating back to 1985, and made recommendations for modernization and consolidation. The report was considered by MCYS as they revised the licensing standards and continues to be a resource for policy consideration.
- Transformation Tracking Five Year Progress Report, which provided evidence of significant improvements to protection, preventing admission to care and permanency outcomes which informed the Ministry of Children and Youth Services, the Commission for Sustainable Child Welfare

Frameworks:

- Anti-Oppression Framework for Child Welfare in Ontario to help CASs look at their organizations and integrate anti-oppression in every aspect of their services and operations
- Leadership Competencies, which also was the foundation for the new Schulich Child Welfare training for current and emerging executives
- Inter-Agency Protocol Committee-to guide inter-agency/inter-jurisdictional protocol between CASs across the province.

Copies of all completed projects can be found on the OACAS Members site <http://www2.oacas.org/> under

"Provincial Projects", Selected products are also available on the OACAS public site.

PPMC EVALUATION AND RESULTS

In a 2011 survey of Executive Directors Project Leads across Ontario found that the Provincial Project Management Committee met their objectives from the point of view of both the Executive Directors and Project Leads. The evaluation showed that the Project Management Committee increased the capacity of the child welfare sector, projects were aligned with the sector's priorities, there were sufficient financial resources, and the provincial projects raised awareness of issues at all levels of the sector. Of the comments, the following represent thought of respondents:

"The Provincial Project Management Committee has contributed significantly to the field's understanding of project management, and has helped coordinate and prioritize field priorities".

"The PPMC has created an accountability framework for funding emerging trends and concerns in the field, held the various network groups accountable for outcomes, showcased and highlighted excellent work from the field, and created an effective research/outcomes deliverable framework for every level of service within child welfare. These are important projects that focus on specific, timely and relevant field issues. Well done!"

CONCLUSION

The Provincial Projects Management Committee illustrates the field's increased interest in sharing best practices, synchronizing efforts and maturing as system. The PPMC incorporates the drive from a shared service perspective to stop duplicating work across the field, leverage investments and also work in an aligned fashion. The value for money that has emerged from the PPMC system has consistently exceeded expectations. The structure of the system leverages expertise from within the field, leading to projects that, though guided by priorities, are highly-specialized, and driven by individuals who are passionate and very skilled in their work. Furthermore, the results have yielded excellent products that have contributed to the provincial Education Services program, supported provincial communication and given credibility to provincial advocacy and government relations.

Since its initial formation, the Provincial Projects Management System has matured and now yields valuable results that would be unobtainable at the existing resource level, and has developed aspects of community governance and service within the sector.

OACAS 100TH ANNIVERSARY, 1912-2012

THEN AND NOW: MOMENTS IN THE HISTORY OF CHILD WELFARE IN ONTARIO

2012 marks the Ontario Association of Children's Aid Societies' 100th year of work in support of Children's Aid Societies in Ontario. This year OACAS is honouring, reflecting upon and celebrating this history. Moving forward, OACAS member agencies in Ontario are committed to continuing to work with diverse communities and to providing excellence in service in supporting the well-being of children, youth and families in Ontario.

Throughout 2012, on www.oacas.org/100years, content components are being featured that highlight elements of this history as well as current services and priorities, such as this 'Then and Now' post:

THE CHILD AND FAMILY IN 19TH CENTURY ONTARIO

The first-ever agent for Simcoe County. Photo taken in 1918.

NOW

Poverty, income and class-barriers are recognized as factors in children and families needing support and access to community and social services. The 2011 Ontario Child Welfare Report stated that:

"While poverty on its own does not result in child abuse and neglect, research clearly identifies a link between pov-

erty and child abuse, mental health issues and woman abuse. More than 12 percent of Ontario's families live below the poverty line, in impoverished conditions. Ontario remains Canada's "child poverty" capital with almost 412,000 children and youth (more than 1 in every 6) living in impoverished conditions. The reliance on social services has

increased by 60 percent since the economic crisis began in 2008 and community support agencies are continuing to see an increase in accessed services and client needs."

The Ontario Association of Children's Aid Societies works closely with child welfare agencies throughout Ontario in service of the welfare of children, youth and families. Ontario's community-based Children's Aid Societies (CASs), partner with community service organizations, some of which came into fruition more recently than the turn of the 20th century, to identify and serve the needs of children and families in a variety of ways. These partners include: counsellors, medical professionals, social housing organizations, food banks, and many more.

The sector's focus on community building is strengthened by a commitment to anti-oppression, and providing service and support in such a manner that reduces barriers to opportunities that marginalized communities face in their lives, including income and class-barriers.

THEN

The global influence of 16th and 17th-century European philosophers effected many changes in Europe and North America in attitudes towards families, children and child-rearing in the 18th century. Part of this cultural shift was a growing concern for human worth and an increase in social efforts to relieve human suffering. Worry about the vulnerability of their own children and potential impact on the future of the community caused parents and community leaders to seek different ways to reduce the perceived threats to their stable families by criminal and so-called delinquent children. There was unease that children and youth who were raised in unstable families would negatively influence their own with evil and criminal ways.



*Yonge Street pre-1900 with horse-drawn streetcar
Credit: Chuckman's Other Collection volume 4*

Ontario's rapid growth in industry and manufacturing attracted immigrants from Europe and created an industrial working class as well as slum areas in urban centres. Families who were unable to profit from the major growth in this economic and industrial period were also facing realities in their new homeland such as drought, disease

and periods of economic depression. Some families abandoned their children. Some placed their children as apprentices to help them learn a trade. Children were forced to work at a very young age. They sold newspapers or pencils on street corners, worked long hours in dark and unsanitary factories and in some cases were forced by their parents into lives as beggars or thieves. Life for poorer families and their children was harsh.

Children from poor families were often abandoned or forced to work as soon as they were able, and some became beggars or stole food to survive.

"Many of these children were infants, who, although fit subjects for the nursery were, through this thrusting out onto the streets, familiarized with all the vices and profanity of the worst society." Kelso, JJ. (1911) "From Journalism to Philanthropy: An Early History of the Humane and Children's Aid Movement in Ontario 1886-1893". Canadian Humane Association

More well-off families from the upper and middle classes reaped the benefits of the cultural shift to an increased focus on family and child-rearing given their leisure time and comfortable standard of living. With this class divide came a growing fear that children from poorer families without the benefit of a 'good family upbringing' may negatively influence the more well-off children as well as the future of society. Enthusiastic Christians took upon themselves what they saw as their duty to improve the lives of those less fortunate. Included in this movement were people like JJ Kelso, a journalist largely acknowledged as the founder of child welfare in Ontario, who used his existing position and skills to advocate for 'improved' conditions for children and their families.

"Conditions in Canada were often contrasted with those in Britain where the existence of poverty was publicly recognized and provided for by the Poor Laws. In Canada, however, the prevalent attitude was that the poor were considered lazy, weak or immoral. This meant there was no need to have permanent provisions for the poor." (Jones and Rutman p. 16)

Commitment to the prevention of cruelty to animals long preceded any interest in issues of inhumane treatment to people. In the late 1700's, reformers in Great Britain launched a campaign to prevent cruelty to animals. This concern was taken up by the Americans in the mid 1800's with the organization of humane societies and societies for the prevention of cruelty to ani-

mals, in particular to farm and work animals. But these societies did not concern themselves with children until 1873 when the well-publicized case of Mary Ellen Wilson came to the public's attention through extensive newspaper coverage, championed by community worker Ella Wheeler.

When community worker, Ella Wheeler discovered Mary Ellen Wilson horribly beaten, tied to a bed in her locked tenement apartment in New York City, she turned to the only organization she could think of to help her rescue this abused eight year old girl – the Society for the Prevention of Cruelty to Animals that had been in existence there since 1866. After the child was rescued from her tragic situation, Miss Wheeler convinced the organization's director Henry Bergh of the need for an agency to advocate for, and prevent the abuse of, children. This was accomplished two years later with the creation of the Society for the Prevention of Cruelty to Children. (This organization exists today and focuses its attention on parenting programs, trauma recovery and crisis debriefing for child welfare workers.) An association of like-minded agencies was formally organized as the American Humane Association in 1877. It too, is still in existence today and has been at the forefront of child welfare and protection advocacy, research and legislation reform and development.

In Canada, ten years later, young Toronto journalist, JJ Kelso, spoke passionately to the Canadian Institute about the need for a general humane association. Due to the positive support from the audience, the Toronto Humane Society was formed just a few days later in 1877 and Kelso became its first general secretary. It was intentionally formed with the broad purpose of protecting both animals and children in order to avoid confusion with the Toronto SPCA that had been unsuccessful in sustaining its Toronto activities in the preceding decade. Kelso's work with the Toronto Humane Society and its efforts to address child welfare reform issues provided a firm foundation upon which today's child welfare system has been built. Active advocacy with the government proved successful and in 1888, the government acted to pass a bill to extend government responsibility for neglected children. The Children's Protection Act was one of the most significant accomplishments for Kelso and the Humane Society.

