CHILDREN AT THE CENTRE:
THEIR RIGHT TO TRUTH AND VOICE

Children in Limbo Task Force

May 2019
DEDICATION

For all of the children in care, across Canada, whose voices we must hear, no matter how small or quiet, in order to achieve positive change.

And for

Child Psychiatrist Dr. Jim Wilkes who has always championed their right to truth and voice.
ACKNOWLEDGEMENTS

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On our WEBsite one can find video recordings of the Symposium Panel presentations: https://childreninlimbotaskforce.ca/
PREFACE

CHILDREN AT THE CENTRE: THEIR RIGHT TO TRUTH AND VOICE

Ontario has new legislation: *The Child, Youth and Family Services Act, 2017.*

“The paramount purpose of this Act is to promote the best interests, protection and well-being of children.” The government of Ontario acknowledges that children are individuals with rights to be respected and voices to be heard.

Members of the **Children in Limbo Task Force** strongly support the new legislation which will align with the *U.N. Convention on the Rights of the Child*, ratified by Canada in 1991. The Task Force believes that Ontario’s legislative initiative is informative to all Canadians who serve children in need.

In November 2017, the **Children in Limbo Task Force**, in partnership with the **Office of the Provincial Advocate**, hosted a Symposium: “*Children at the Centre: Their Right to Truth and Voice.*” The publication grew from there. The **Children in the Limbo Task Force** is based in Ontario, but the content of the publication is important country wide and beyond.

This publication is a collection of voices and varied perspectives, from young people with lived experience and from various professionals who have worked within the child welfare system. Some of the authors are members of the Children in Limbo Task Force, some are not. The papers vary in style and in length.

We sincerely hope that this publication will encourage and support improvements in the **human and financial resources available to our children in need**.

**The purposes of this publication are to:**

- Emphasize the importance of the **child’s voice and engagement in all processes** related to that child’s care including legislation, policies and practices.
- **Underscore the critical importance of telling the truth**: children are entitled to know their story.
- Develop, promote and advance **best practices** in order to ensure that the CHILD is at the CENTRE of all processes in our child welfare systems including: agency structure, clinical practice, decision-making and communication between systems/agencies.
- Recognize the impact of **trauma** on children who are in the child welfare system, and promote the development of resources to address the child’s needs, both in the short and in the long term.
- Urge that the child welfare system provides children with **ongoing, meaningful and culturally relevant relationships**.
- Support every child’s living up to his or her **potential**.
- Support agencies and professionals by providing **tools, strategies and resources** from both experienced practitioners and young people with lived experience.
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I. INTRODUCTION

*Gitte Granofsky*
Psychological Associate
Chair, Children in Limbo Task Force

This publication has its origin in a Symposium, November 24, 2017, hosted by
The Children in Limbo Task Force:
“Children at the Centre: Their Right to Truth and Voice.”

By definition children are at the centre of the child welfare system. This system was created with the welfare of children in mind. And the people who work in the system choose to do so because they care about children and want to do what is best for them. So why even question whether children are truly at the centre of their own lives once they become involved with child welfare? The answer to that question has to do with the second half of the title: Children have “Their Right to Truth and Voice.”

Having a voice implies that somebody listens. Listening to another person is a lot more difficult than it sounds. How often do we truly hear the words and the emotions behind the words, and behind the nonverbal cues, in any dialogue? Listening to children, to children who are traumatized, to children who may be infants or for other reasons have little language, to children who have not had stable attachment figures, is truly challenging. It requires skill and expertise.

Providing children with the truth is another challenge. Keeping children informed about what is happening to them. What has happened in their past including the part of their life stories that might be very painful to them and also painful to the people working with them.

Right is the last concept of our title. Children have guaranteed rights to truth and voice through the United Nations Convention on the Rights of the Child and through the *Child, Youth and Family Services Act, 2017*. The challenge is to translate those rights into practice. And to ensure that children are informed and that their voice, verbal or nonverbal, guides any decisions made on their behalf. And that they are informed about those decisions and the reasons for them.

Child Psychiatrist *Dr. Jim Wilke* spoke first at the Symposium and set the tone for the day as he has for the work of the Task Force for 25 years: “In child welfare one loses one’s identity, not deliberately, but by atrophy, by a neglect of keeping the story, by feeling that certain information should not be told, by not engaging the young person in the decision making, so they lose who they are.” We have transcribed his speech: “Loss of Story/Loss of Identity.”

*Irwin Elman*, then Provincial Advocate for Children and Youth, was the Keynote Speaker at the Symposium: “Listening to Children - From Rights to Love.” He recounted stories that had meant something for him and for the Province related to the issue of children’s voice. He brought home the complexities in implementing the new Ontario legislation, the *Child, Youth and Family Services Act*, and spoke to the essential role of young people-in-care in the shaping of this new legislation. He addressed the importance for First Nations to finally have their own support and jurisdiction to care for their children. “How do we build relationship and trust in the system,” Irwin Elman asks. “Belonging, relationship, opportunity, safe space, all of that is what is going to be required to make children’s voice come alive.”
Lawyer and Human Rights Advisor Marvin Bernstein addresses the needed legislative measures for creating a framework for truly child-centred child welfare practice. In 2017 Ontario saw a paradigm shift in the right direction with the new Child, Youth and Family Services Act. Marv Bernstein addresses the question of how we can assure that the aspirational principles or “paper rights” of that Legislation get translated into “lived rights” for children and youth.

Mira Pilch, who is a lawyer and works with children and youth in the child welfare system, addresses the systemic issues and culture of the child welfare system that resist change. If there is not a systemic and cultural shift in thinking, children and youth will likely not experience the benefits of the new legislation, she says.

Dr. Jim Wilkes, outstanding clinician and first Chair of the Children in Limbo Task Force, believed fervently in children’s right to truth and voice. Throughout his long career he inspired all who worked with him to make this happen. We have reproduced an article of his published by The Journal of the Child Welfare League of America, Volume LV1, Number 3, March 1977: “Truth or Consequences,” and another, until now unpublished: “Permanency Planning and Foster Care,” from 2011. One would hope that writings from 1977, and even from 2011, would be outdated, but that, unfortunately, is not the case.

Dr. Harriet MacMillan is a psychiatrist and pediatrician and a specialist in family violence prevention. She writes in her chapter that we “need to emphasize ‘listening to children’ throughout the spectrum of preventing children’s exposure to maltreatment,” and she explores what that means. Dr. MacMillan explains that how we educate health and social service providers working with children might have to change because often professionals do not actually listen to children. And more emphasis needs to be on research that can help us understand and address “the challenges faced by children experiencing maltreatment.”

Psychologist Dr. Nitza Perlman describes what happens psychologically when adults give children a voice and when they do not. When verbal and behavioural cues are responded to sensitively and appropriately, the child learns to trust the adult and him/herself. Whereas a child “whose cues are ignored … or not respected” develops very differently.

The following chapter is written by psychologist Dr. Wendy Manel. She argues that children need to be “unconditionally loved and cherished” in order to develop optimally, and she explains how to interact with and support children and youth who have not had that advantage or who for other reasons have difficulty with emotion regulation, never mind with the challenges of life in child welfare.

Dr. Sally Palmer, who is a retired social work professor, sums up the many advantages of Family Group Conferencing (FGC) when planning for children’s lives, and the absolute importance of having the children participate. She also argues that FGC and child participation are ideal for the purpose of organizing open adoption agreements. Social worker Marilee Sherry, who has done Family Group Conferencing for many years, initiates the chapter by providing us with its history and rationale.

The following chapter, Marilee Sherry has co-authored with Anita Horner. Anita Horner lives in Denver, Colorado. She provides training, consultation, coaching and technical assistance in Family Group Decision Making (FGDM) program implementation both nationally and internationally. In this paper, she and Marilee Sherry examine why child and young person’s voice and participation are needed, some of the challenges, and when to invite their participation. Together they explore FGC as an example of how to do this.
**Jeff Mintz** is a clinical social worker and manager with Jewish Family & Child who has years of experience in many different settings. His chapter describes a transition in his agency from a traditional FGC model to a model named *Group Planning Session (GPS)*. This model, along with two other programs (*Planting Roots* and *The Pearl Project*), have had great success helping both children and their families in need of support, and also youth who are transitioning from care into adulthood, by providing them with connections to supportive others.

Social policy analyst and retired social work professor **Dr. Gail Aitken** addresses the problem of assuring permanency for children and youth in care. There is a need to modernize the ways of providing them with “forever families.” And any care arrangement must be based on the child’s wishes and needs and upon the child’s necessity to know the truth about his or her life story. This is also true in the case of adoption. Adoption with openness is, therefore, preferable, Dr. Aitken argues. However, other methods of achieving permanency are suggested.

**Pat Convery**, CEO of Adoption Council of Ontario, agrees and says that openness in private adoptions is common and must be considered as well in adoption of children from foster care. And she also says that keeping children connected with their roots is essential, if they are to reach their full potential. She provides detailed information about the complexities of planning for openness and guides the reader through the process.

Only those who are living or have lived the child welfare experience truly know what it is like, and anybody involved in policy making, in child welfare administration, anybody who is a supervisor or a frontline worker, however wise, will become wiser, if she or he listens to what these children have to say.

**Sparrow-Rose Garlow** is a seventeen-year-old high school student in care. She had the courage to speak up and share her story at Queen’s Park addressing Bill 89, the bill that resulted in the present *Child, Youth and Families Services Act, 2017*. She was then fourteen. She describes the intolerable conditions at the group home where she was placed. There was a lot of oversight, but no nurturing. Decisions about her life were made without her input and often contrary to her wishes. Although she is Ojibwe on her mother’s side, she received no help connecting her with her roots.

“Best interest of a child” has always been the guiding principle when decisions are made in child welfare, but **Wendy Hayes**, Lived Experience, Digital Strategist and Content Creator, helps us understand that there is usually not a simple answer to the question of “best interest.” For example, what might provide permanency for one child on the one hand might cut meaningful roots on the other. And who decides “best interest”? Wendy Hayes clearly demonstrates that if workers decide about “best interest” without consulting with the children, they might very well act against what is actually in their best interest in the short and in the long term.

Our last chapter is **Ingrid Palmer**’s open letter to her parents “the Government of Ontario.” Ingrid Palmer was in care as a teenager and is now a mother and a grandmother who has a B.A. in English and who is very active in her community. What she experienced then is consistent with what she sees now. Children and youth in care continue to be deprived of a voice, agency and control over their own lives. Looking back Ingrid clearly perceives her rebellious behaviour as a desperate attempt at being heard. “Voice is a tool that can dramatically change the trajectory of the lives of children and youth in care.”
II. OPENING REMARKS - SETTING THE TONE

LOSS OF STORY/ LOSS OF IDENTITY

James R. Wilkes, STB, MD, FRCP(C)

Greetings given at Symposium, November 24, 2017 (transcribed by Gitte Granofsky)

The Children in Limbo Task Force grew out of the Sparrow Lake Alliance. The Task Force was established to deal with children who were in limbo and had lost their way. They had no permanent planning for their lives. And along with this absence of permanent planning what became apparent is that they had lost their story, that the children did not have a sense of who they were. They were drifting. And so we felt that it was important to deal with these issues of the truth.

It is quite clear that if we do not have the truth of our lives, our identity is superficial. One’s identity depends on incorporating one’s history. I will illustrate: years ago when child welfare workers would bring children into the clinic for psychiatric assessment, the child would wait while the worker gave the history of the child to the clinician. But after some thought and some kind of tough negotiating we put an end to that and we had the child come in while the story was told. And one child just to illustrate: Charlie. We do a genogram always. And this young Charlie was so absorbed when he was doing the genogram. And when everybody else was finished, he asked me: “Could I have a copy of that?” “Do you have a photocopier?” So we photocopied it. And then he said:” Do you have an envelope?” “Yeah!” “Would you put it in the envelope and write ‘Charlie’s family tree’ on it?” And that is just an example of how you can get lost.

So there is no doubt that identity depends upon history and without it there can be emotional difficulties and psychological problems developing. And one need not look any further than the residential schools system. Now I am not saying that residential schools, taking the children, the First Nations children, away, is the same as what happens when we take children away in child welfare. They are quite different. One was the attempt in the residential school system to remove the child entirely from the culture and establish something new. There are similarities, though. One is that the children are removed by external authority and the second thing is that the authority deems it to be for the wellbeing of the child and an improvement for the child. Those two things are similar, but it is quite different. In child welfare one loses one’s identity, not deliberately, but by atrophy, by a neglect of keeping the story, by feeling that certain information should not be told, by not engaging the young person in the decision making, so they lose who they are. That can happen in child welfare. There are degrees of it, of course.

So I commend the organizers of this conference, because you are working against that very drift. And I commend you all for being here and continuing to working at this situation because what we are always looking for is that we want to give the child a rich identity and to make the child fully alive.

Thank you!
III. KEYNOTE SPEAKER

LISTENING TO CHILDREN - FROM RIGHTS TO LOVE

Irwin Elman

In 2019, after repealing the Provincial Advocate for Children and Youth Act, 2007, the Provincial Government closed the Advocacy offices in Toronto and in Thunder Bay.

Irwin speaks at the Symposium Children at the Centre: Their Right to Truth and Voice, November 24, 2017 (transcribed by Gitte Granofsky)

I want to thank the young people who travelled to come here to give their opinions and put themselves, I always think about this, out there in terms of their experience. Because whether they tell you their whole story or bits of it, I know that when they decide what pieces of their story to tell to make a point, they have to shift through the other stuff they are not telling you - which is work and hard work because it is often stuff that is not something that they want to relive. And they do that because they want to make a difference for others. It never ceases to amaze me that the young people, that I meet, are willing, want the opportunity, to do that. I think over time Ontario has changed because of that. And we owe the young people a debt of gratitude because of the work that they have done.

You will hear from me stories that have meant something for me and for the Province to the issue of children’s voices even though they are fluffy. I have been an advocate for nine years and there are stories that have been important and I think in point to this discussion. I have a little more than a year left. And I say this with gratitude, speaking here, regarding that journey. It started for me well before. I was working in a place called PARC with young people who were the reason I am here. They were shining in the bright light of full potential. It was me walking beside them and so was my staff. That made me an advocate. But they had a voice. They used it. And when I became an Advocate, they instructed us to partner with young people. It is not some magic I invented. It is actually in the Act (Child, Youth and Family Services Act) that we have to do that. It started for me when Katelynn died. It was less than a week into my first term. The Toronto Star called and asked me to comment. I was at Ontario Place with my family. I did not know the position and its authority. I didn’t really have staff or anybody to phone on the weekend. I asked my wife: “Shall I talk to them?” And she has been my advisor anyways these nine years. “Yeah! I think you should.” And then CBC called as well…

I said that I thought that there should be an inquest because so many points of protection missed her. Not just Child Welfare, but so many points of protection. That is not the way things are supposed to work. And after the weekend: front cover on the newspaper: “Child Advocate calls for inquest.” So I learned about authority. I am not comfortable with it, but I learned it. It is not Irwin speaking. It is the Provincial Advocate speaking. I have a position of authority and the responsibility that comes with that. And then Katelynn taught me invisibility, because I asked the Government, the Ministry, just after this happened. “Well Irwin. We can’t tell you!” “Why can’t you tell me?” “You can only advocate for children with their consent.” “But she is dead.” “That is exactly right, so she can’t give her consent.” And then I thought: “How many more children will I not be able to know about?” And they said at the time: “Any given year one hundred.” And they don’t die like Katelynn. I want to say that. It was not considered news. They might die because they are medically fragile or for other reasons. I was thinking: “I worked for Children’s Aid for 20 years. How could I not know that?” I would have thought: “One.” I did not know. I am not blaming. Katelynn taught me how invisible these children are. And I thought that they
should not be. And I will tell you why: “Because invisibility is the anathema to hope. Anathema to voice,” so they should not be invisible.

But when I think about Katelynn, I actually do not think about Children’s Aid. The press made a firestorm about these 90 deaths, and it went up to 120 the next month. I asked the Coroner, and he said: “Maybe because of the publicity, more reports are coming in.” “What!! It has to come to you!” I learned this about the government as well. Just because the law says something needs to happen does not mean that it does. So as the children became more visible, we learned more about them. Katelynn taught me so many things. It is about the children in care not about the system. And if we could get to a conversation ... and now we talk about child centered, it would be easier, because we would not be talking about the Children’s Aid. We are talking about the kids. We talk about the kids with us. And if we can get a child centered approach, I thought maybe we will talk together in a way that does not blame each other, but it is: how we can do better for kids. And I began to understand that my office’s role was about the gap between what we want for children, the collective we, if we can put children at the center, we can start to close the gap between what we want to have happen for children and what is actually happening. And the children’s voices fill that gap. And we can come together around that. Katelynn taught me that.

And there was an inquest called. We called young people together. We got involved in the inquest and when we got a standing we could get the information. ... And young people and our staff came up with this idea of Katelynn’s Principle and put it forward to the Inquest and to the jury. And you might hear from the young people later on: “That young people do not get lost in any decision that is made about them. That young people, in any decision that is made about them, must participate in it in some way.” And that can be from policy to what to have for breakfast at a group home. And the jury agreed. All the parties agreed. That was a step. And then the Child, Youth and Family Services Act that will be proclaimed in April of 2018. There was a discussion whether Katelynn’s Principle should be placed within that. The Government decided not to, but the principles were put in the Preamble, so it talks about any service covered by the Act: “children must have a say and participate in any decision about them, and their views must be given due weight according to age and maturity.” The Committee amended the bill two hundred times, because the young people went to the Committee and made a pitch. And the Committee had three days of hearing. Did not announce it publicly, but we told young people, and they said: “We are going.” And I will tell you about an amendment that is really key to me. Little, but ... about RPAC (Residential Placement Advisory Committee). Most of you will know what that is. It is about change of placement. The Ministry lawyers had put in the Bill that the information would go to the child in question if he or she could understand it, but the young people ensured an amendment that the report be given in a manner that young people could understand it. It puts the duty on the duty bearer not on the rights holder that the child's rights are upheld. So RPAC now has to explain to a six-year-old, to an 8-year-old why they made the decisions they did. And I say “good luck” with that because that is where the hard work is. How do you do that? We are going to figure out “how do you do that?”

This time we are determined that things will change. We have to engage stakeholders. Who needs to be at the table? Other ministries? What does practice look like? And it is process. What are the markers? How do we know? The children’s voice. The children’s rights. And how can we measure it in five years to see if we have made any difference? So that when next time the Act comes under review, we can measure if we changed anything. Did this become real? I think that this is what we hope for, even though it is going to be incredibly tough to do it. And that is why this discussion is so important. So quickly I think that I will say why it has been important to me.
Of course the other thing that was important from my perspective was the *Youth in Care Hearings* that happened. And they, in my estimation, opened to the other. Before it was a very closed system where the Ministry and child welfare would go behind closed doors and would decide what was best and then they would change things. When young people went to those Hearings, it brought everybody under the tent. They did not say: “*you* cannot speak, *you* can speak.” Instead: “Who has something to say about this? And how can we do better for children? It was very tough. Not blaming, rather where are we at and what can we do? That was very important and made it possible to have this gathering and to have that stake holder group I am talking about be very diverse: from the union to the children’s mental health system to the child welfare system itself to parent groups and to indigenous organizations. It opened up the system. After the hearings the young people wrote their *REAL Life Book*, and in it they talked about a theme that said: “*that we feel left out of our own lives.*” And they identified that as debilitating. And again that set the stage for what happens when children don’t have or feel that they don’t have a voice. Young people in care.

If I can tell this briefly, because I think that some of you have heard me say it. A young woman from a youth in care group was saying: “I will tell you, Buddy {Irwin}, why you are important.” And she was answering a question about “what are you going to do with your life?” And she said: “I don’t want to answer that, but I will tell you why you are important.” And she said that she was 8, and she is in this classroom and a knock comes on the door. I {Irwin} can hear this. It stuck with me this story. “I was at home my first eight years. Sort of managing. Trying to cope with what was going on with my Mom. Duck and cover. I had no control over my life. But I was managing. Then I am at school, and a knock comes at the door and says: “You have to go down to the office.” And she went to the office and there was a nice lady there. “Took me into a room and ‘how are things going at home?’” And she said: “Oh my God!” ”My head starting spinning because I knew there is a problem. I felt like my world was coming undone. And I had no controls over that. And then the lady looked at my arm to see if there were bruises. That was kind of intrusive. I had no control over that. And the worker said: ‘We got to go home to your house.’ And I know all hell is going to break loose. And we go home, and my Mom is yelling at the worker and yelling at me. And the worker says: ‘we will have to go.’” And always when I {Irwin} tell this story, because I remember the youth saying: “And the worker told me to get a transitional item.” Surely no worker would say to an eight-year-old to get a transitional item, but it shows you the language of the system. How it gets internalized. And the CLTF (Children in Limbo Task Force) again thought about this. And she was using this language. So she went to get her teddy bear, and she took it with her. And *out of her control* she went to this new temporary home and in those days I think that she called it a receiving home. Receiving foster home. And new people were there with new rules. And the worker said: “Your family service worker will come and see you tomorrow.” “I kind of like this worker,” but it was out of her control. “I am not blaming anyone. Because I know that workers have lots: they move cities, get married, but all of that is out of my control. And then I moved nine times. And that is not astounding for anybody in this room. Since I was eighteen and now I am nineteen and when I turned eighteen, back in the day you have to leave the foster home. But I said: ‘I want to stay.’ ‘No you can’t.’ That is the way the system works. *Out of my control.* And I am living on my own. And I am looking at nineteen.” And she is saying to me: “Irwin! You ask me: ‘What do I want to do with my life?’ Why would you think that I would have any belief that I could plan to do anything when everything that I have learned is that it is outside of my control. So for me, either I stay in the basement and let life wash over me or I do whatever comes first. Impulse. Because planning is irrelevant if you have no control. That is why you are important, because every time your office can give us a sense of control, not decision making, a sense of control over our lives, you have helped answer the question: ‘What do I want to do with my life?’”
That is why children’s voice from youth in care perspective is so important. Because it is actually service. It is not an advocacy. Well it is of course. But it is a service. It is a way that helps making better outcome for kids. It is actually true about humans. I am looking at Landy, because every time I speak I know I will get challenged by Landy about something, and appropriately so. And she will make me think. And I am thinking. We have a Feathers of Hope forum with young people with indigenous heritage. I want to talk about young people from the North who have been in care. And it is true and not just for kids in care. So the young people in those forums get together over 3 days. They don’t know each other. We try to build a safe space for them. We don’t do it. We bring elders in and champions in. It is a safe space, and there is a lot of play, and they are in small groups of ten, a hundred kids in total. And eventually they get to a point where they talk about what it is that they have to say, because at the very last day we bring the decision makers together and listen to them in a listening circle. That process is facilitated by older young people, Amplifiers from our office. So this group met. And when the listening circle happens we have up in Thunder Bay: deputy ministers, Anishinaabe Nation, city officials and police. Any decision maker that we felt needed to hear this plus we needed the young people to feel that someone important was listening to them. There is a 'do no harm policy.' They, the young people, needed to leave stronger than when they started. So we have the listening circles. The group presents as a group. It is interesting. It is very different than the hearings where many non-indigenous people came. The group decided it had to present as a group not as individuals. I think that that says something, and they always brought an elder with them to stand, when they presented, to give them strength. And they would present. It was very difficult to hear. People were crying and not really the young people, but the listeners, because they were saying it as it is. How they experienced it. They talked about “when I was taken,” not “taken into care,” as non-indigenous would say. That is a really interesting change. And that is the legacy issue. Right? So indigenous children were taken away. But the other thing that happened that speaks to this conflict. After all this, the listening table was allowed to hand in written questions. And the written question was read and the young people could answer it, but they would only answer collectively. And it was awkward for the white settler colonial guys. You would have to wait till the young people gathered in a circle with the elder, they would talk about what they would answer and then they would come and answer as a group. So the group came together, and the youngest person came forward. A young girl. Hadn’t done that kind of thing before. And she says: “Just listen!” And I thought: “Oh my God!” And she did not mean: “Just listen to all the recommendations.” She meant Just listen. Come together with us children and youth and listen.” And I think the part of the project that you will have to do with that Act is: “Just listen!” For me, it reminds me two things. My wife! “Ironic when you talk about listening.” And she said: “It is not that kind of listening.” You know when I go home. I do it. I don’t think that I am the only one. And I talk with my wife, and she says: “You are not listening to me.” I did. And you repeat the last few words to prove it. It is not that kind of listening. Right? And that is what that young person also said. How do you do that listening? I think that that is instructive.

When we got disabled young people together and asked them if they had something to say, they said that they want to be seen as more than their disability. When we brought African black youth together, they called it Hair Story. I remember a young person saying to me: “I have this worker who said: ‘I see you as Tom. I do not see you as Black. I know you.’” And Tom said: “If you do not see me as Black. You do not see me!” And that kind of discussion also with young people with disabilities! It is about children’s voice. It is not just about talking. I remember this at Darling Home for Kids, because it affected me. It was a group of young people I had to work with. And I went to Darling that is a home that really “got it.” That feels comfortable. A home for children who are medically fragile, maybe near the end of their life and with special needs. A really amazing place. And I was going on tour, and the nurse takes me to the bed of this young person. And he could not move nor speak. I am interested: “How
do you communicate?” “Oh, he can communicate with his tongue.” And she said something like: “He communicates in relationship.” That was an interesting term! Never heard that before! “How do you know that he likes Montreal Canadiens?” When I was driving home. I was thinking. I went there. Met a boy who is 12, who was medically fragile. Can’t move, can’t speak. I was thinking: “I met a member of the tribe. I am a Montreal Canadien fan.” That is his voice. He is a Montreal Canadien fan. All that stuff around his bed that is his voice. And I thought how are we going to do that, with this new Act? We are required to do that. This is his voice. This is a good challenge. He does have a voice. All young people have a voice. And there are people who know how to do that. And it is a challenge for my office. I will be honest. We have so much work to do. We are good at eliciting the voice of young people in some ways, not so well in others. This is where I am talking about the messiness of this discussion. There are lots of young people we are not reaching. “Is some 8-year-old really going to phone us?”

There is whole new challenge for us. I remember recently meeting with the Infant Mental Health program at Sick Kids. And I don’t know what I think about it. They have a program called “hand to hand,” and they talk to me about doing assessments of little children who don’t speak. And the way they understand that is: that the assessment, the developmental assessment, is the child’s voice. I don’t know what I think about that, but it is an interesting way of thinking of it. And they tell me that they want the assessment to be written in the child’s voice as a baby. This is what the baby is saying, because they think it takes away from blaming parents and it places the child at the centre. This is a very interesting concept. Because how do we elicit the voice of a baby? I don’t know. It is in the Act. There are no age restrictions. How do you do that? And they have been thinking about it.

I think about other challenges. Just quickly. It is a First Nations challenge. First Nations! And this is what I think. And I am at risk, but … There is a different world view. So for me the hope for child welfare is in jurisdiction: for First Nations finally to have the jurisdiction to care for their own children and support to do that. And they will do that with a different world view. It is even hard for me to explain. I just know that they don’t think the way … It is a different way of looking at children, the world, community which means that they will come up with ways that are important and crucial for them to do the work of caring for children which means that we can watch and support. And guess what? We will learn, because we cannot possibly think of those ways because we are stuck in our own world view. So for me, supporting First Nations to finally have their own support and jurisdiction and ability to care for their children is actually our need as much as theirs. It will change us because something new will come out of that, for us. And I think that that is really important. One of the other things that are going to happen because of this Act is that that tension between the rights of the First Nations-community, and it is partly caught up in this different views, versus the rights that the individuals have. And I know that rights experts will say that there is not that tension, but because we are stuck in our own world view, there is. I see it. I know it. It is going to cause mess. I think that we need to allow that mess to be resolved by First Nations people, and then learn from it. That is where the change will come. If people on my side try to resolve that mess, I don’t know how much we would taint it. But hopefully it will build community, because frankly we don’t. When I say “we”: we in Toronto do not have community in the same way. We don’t. And that is sad, sad for us. Why would we not support community that does exist to take care of their own children? We can learn to have that for ourselves. It is astounding that we wouldn’t do that. We haven’t. I think that is hopeful, but it is going to be a challenge.

The last thing I want to say is about belonging. Let me just say a word about it. Because that is another thing young people have said over and over and over again. And it is not specific to indigenous young people but I was at that group at Indigenous Child and Family just last week. Thirty of them! It was in a
place where they felt comfortable and there was a lot of swearing about a lot of stuff. “I am not coming up here to give a speech” but they had a point and they used it. And I remember them saying to me that if you want to understand us and if Canada wants to understand us, and they meant us, the thirty of them, you have to understand our history, that legacy of residential schools: “we are it.” And then they went on to say that we need to understand their culture and their history. If we don’t, “that is the problem for us.” They meant me too. You must. They meant the “royal you” us. Me too! And I remember another person there say: “You know we feel like services, family, community, and remember we are in the Toronto community, turn their back on us because of our history. So we have nothing. And this girl kind of grumpy with me looks at me daggers and angry and said: “The hope we have is in each other because we have got nothing else.” That is true and it is a powerful source of hope, but it is not good enough. And that belonging they had in themselves. They did not have anything else to belong to, in terms of identity, family, however you would like to construct it. They would probably say that is their family. Very important. And in the listening tour the further young people were away from a sense of family or belonging … And it is not just indigenous kids. Youth Justice. There were these boys who said that they felt trapped in the system. One boy said: “I have been here since I was 12 on and off. I have spent more time in jail than in the outside. And when I leave when I am 18, I know that I am going back to adult. Because I leave, I got nothing.” The more that young people felt separated from a sense of family or belonging the more loss they felt. The more invisible they felt the more voiceless they felt, and I would argue, the more hopeless they felt. All of that is an enactment of hope, as I said. All that voicelessness means to young people that nobody gives a damn. I think that is true and that is why child’s voice and your discussion here is so important. Trying to figure out, to wrap up.

I want to say something about the hope part. Because I think that we need to understand. Belonging is part of voice. Why we have made the argument that voice is so important! Why you are so important! We are doing some work around the health rights. I am still not completely comfortable. In Ontario the law is that every child regardless of age has a right to consent to health care. So when I tell my son: “You will take this medicine.” He has the right. My 10-year-old says: “Nope.” Under the law he has the right to say no if he has the capacity to say no, if he understands the consequences. So we are going to do some work at our office around health rights because we found actually not only children do not know their health rights, actually service providers and doctors don’t know children’s health rights. One of the young people in the network described to me: “Irwin!” I am always thinking of my son. What do I do? “Consent is a process. Children are people. Remember that, Irwin? Janusz Korczak {author}. Children are human beings. Today not tomorrow. Remember? Your son is going to change his mind as he grows and maybe have new thoughts. It is not that consent is a one-time shot. Consent is built in a process. So of course, your son has a right to have a voice in his health care. And he has also a right to talk to you about it. Consent is about dialogue. It is not about a one-time shot deal, especially with children.”

That reminds me about a question I was asked: “Did your son ever ask you about sex? My older one did and …” “How did that go?” And I was thinking: “yeah. And where they were going with …” When my twelve-year-old son asked me. He would be very embarrassed. So please! I did not ask his permission. So he asks my wife and me. And my wife says: “You Irwin. Let us see how you handle that.” So I started talking and he said: “Can I go to my Nintendo now?” I am not finished. And that is how the consent is. That is how listening is. That is how voice is. It is not a one time shot deal. It is: “Like enough for now. I will come back tomorrow.” And he did. And he does. He comes back with new questions because he got new information. And another thing about this idea about consent apart from participation and voice, is built-in trust. Katelynn is not going to tell the worker how she is doing.
Probably not. It is not about that. That is not up to me what that principle means. But I think that you will have to figure this out. Because Katelynn would need a person she could trust to talk to at that moment. Not a stranger. It is very difficult. And then the ongoing communication. Voice is built in relationship. Which is what we have to build into the system. How do we build relationship and trust in the system with young people, if we want to elicit voice? It is not unrelated: belonging, relationship, opportunity, safe space, all of that is what is going to be required to make children’s voice come alive. So that is why this is so important and why I said to the Ministry that the key changes in the CYFSA are these things that young people have identified as important. It is the most difficult discussion to figure how to do this where you live, where children live. And it requires immense change in the system. And that is hard work. But if you determine to do it. And you put in law. I guess that that is what we have to do. And I am looking again at the young people here. The only way for me to think to accomplish that is to continue to allow them to be at the centre, because they are going to help us focus on them and not focus on systems or mandates or finances. All that other stuff. That will allow us to have real discussion. So I encourage you to move along and to continue to place them at the centre. And again I want to thank you for the opportunity to say all that. It is where I sit and my opinions and thoughts are no better that anybody else’s and I had the honour to tell them to you. And you sit and listen to them and I thank you for that opportunity.
IV. VOICE OF LAWYERS (1)

CHILDREN AT THE CENTRE: THEIR RIGHT TO TRUTH AND VOICE

Marvin M. Bernstein, B.A., J.D., LL.M.(ADR)

INTRODUCTION

I am proud to say that I have been a member of the Children in Limbo Task Force\(^1\) for about 25 years, since the early 1990’s, where I have had the rare privilege of being inspired by so many exceptional colleagues – past and present - first under the visionary and dynamic leadership of Dr. Paul Steinhauer and Dr. Jim Wilkes, and more recently with Birgitte Granofsky, as our Chairperson, who skillfully and patiently encourages each of us to be strong child advocates, and to contribute to the work of the Task Force to the best of our individual abilities.

This chapter expands upon a presentation I made at the Children in Limbo Task Force Symposium held at Jewish Family & Child on November 24th, 2017. The question I was asked to address is as follows:

From your varied experience as a Provincial Children’s Advocate, as Policy and Legal Support Director for OACAS, as Chief Counsel for CCAS and from your ongoing fight for Children’s Rights, within UNICEF and beyond, how do you assess the health of the many systems you have been, and are involved in, and what are the needed steps towards fulfilling the goal of keeping children at the centre, and honouring their right to truth and voice?

PROBLEM IS WITH SYSTEMS AND NOT CHILD WELFARE PROFESSIONALS

While I have had professional involvement with various child-serving ministries or departments in different provinces and at the federal level – such as social services, health, education, corrections, justice and indigenous and northern affairs, it is difficult – if not perilous - to generalize and to develop a comparative ranking index. However, a common theme is that the professionals involved, by and large, are individuals who care deeply about the well-being of children and youth and want to see them enjoy better outcomes and be provided with opportunities where they can thrive and reach their full potential.

The limitations relate not to the individuals, but to the systems themselves that, at times, fail to put children at the centre of service delivery and decision-making, and too often operate in silos.

THE CHILD, YOUTH AND FAMILY SERVICES ACT AS GROUND-BREAKING LEGISLATION

There are some ground-breaking provisions in the new Child, Youth and Family Services Act\(^2\) which will hopefully correct the deficiencies at the systems level and bring about positive changes in the life conditions of Ontario’s children and youth.

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1 See website at [https://childreninlimbotaskforce.ca/](https://childreninlimbotaskforce.ca/).

2 S.O. 2017, c. 14, Sched. 1
One point I want to stress is that the proclamation of the *Child, Youth and Family Services Act* is a big deal. It isn’t just amending the *Child and Family Services Act*, a statute that was first enacted 33 years ago, but is replacing it in its entirety. This new legislation addresses many topics that have been discussed and placed on the child welfare ‘wish list’ for many years - such as: increasing the age of protection to 18 years; modernizing the legislative language; providing a framework for information access and privacy; recognizing out-of-province child protection orders; and extending supports for youth who age out of care.

Now, this new *Act* has been described by the Minister of Children and Youth Services, the Honourable Michael Coteau, as both “historic” and “a game changer for child welfare” with “the real work being done “not within the walls of the legislature …but on the streets” of this province.3

Irwin Elman, the Ontario Child Advocate, has stated in a media release, “I believe that this new *Act*, in its principles, represents a paradigm shift for the province with its commitment to the participation of children and youth in every decision that affects them, the creation of a child-centered system of service, and commitment to anti-racism and children's rights.”4

After spending several decades in and around child welfare in various capacities and in different parts of the country, I would strongly agree with these comments and insights.

Clearly, the *Child, Youth and Family Services Act* is both aspirational and inspirational legislation. The central focus is placing children at the centre of service delivery and decision-making, respecting their fundamental human rights, and giving them a stronger voice in decisions that affect them according to their age and maturity – this will mean a significant culture shift for lawyers, service providers, judges, foster parents, adoptive parents and all those who intersect with the child welfare system. This will require all of us to move past the tokenistic participation of children and youth, and to take their views seriously, while engaging them, in the language of the new *Act*, “through an honest and respectful dialogue about how and why decisions affecting them are made.”5

I believe that this is essentially the legislation and the opportunity that we have been waiting for, to carve out a new narrative and legacy for Ontario child welfare. I’m optimistic and confident that we are up to the challenge, and ready to step up individually, professionally and collectively.

**HOW DID WE GET HERE?**

As an initial observation, the emphasis on promoting children’s rights in the child welfare sector did not arise out of the ether. The importance of strengthening, clarifying and enhancing of the rights of children and youth was profiled in the Ministry of Children and Youth Services (MCYS) 2015 *Child and Family Services Act (CFSA)* Review Report6 issued as part of the 5-year review of that legislation. During this review, children and youth emphasized that they didn’t feel empowered or supported to meaningfully participate in decision-making in matters that affect them and called for the *CFSA* to better acknowledge

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5 Supra, note 1, section 3.

and respect their rights and voices when they are receiving services. Participants, including many youth, emphasized that “the CFSA should be child- and youth-centred, grounded in rights”\(^7\) and proposed including reference to the United Nations Convention on the Rights of the Child\(^8\) “as a mechanism to more firmly establish the right of young people to have a voice and influence over matters that affect them.”\(^9\)

**CHILDREN’S RIGHTS ON THE GROUND AS TRUE TEST OF CHANGE – MOVING FROM ‘PAPER RIGHTS’ TO ‘LIVED RIGHTS’**

Having stressed the progressive nature of this new legislation, at the end of the day, the true measure of success will be whether we can translate these aspirational principles or ‘paper rights’ – as set out in the Preamble, and elsewhere in the legislation - into ‘lived rights’ for children and youth. This means that children must be able to see and feel a tangible, progressive change on the ground, in terms of their day-to-day life conditions and experiences, including a significant incremental reduction in the barriers caused by systemic biases and racism, particularly acute and disproportionate, in the case of Indigenous and African Canadian children and youth.

**DRAWING UPON MY EXPERIENCE IN ONTARIO AND ELSEWHERE, WHAT ARE THREE SUGGESTED STEPS IN ONTARIO TOWARDS KEEPING CHILDREN AT THE CENTRE AND HONOURING THEIR RIGHT TO TRUTH AND VOICE?**

**FIRST SUGGESTED STEP TOWARDS KEEPING CHILDREN AT THE CENTRE AND HONOURING THEIR RIGHT TO TRUTH AND VOICE**

My first suggestion is to move away from paternalistic and needs-based systems that have traditionally dictated the range and quality of services provided to children and youth. This requires a paradigm shift, where we see and treat children as rights-holders, who have fundamental entitlements that create corresponding obligations on the part of government. It also means treating every child with dignity and respect. Although we often hear the word ‘dignity’ used in a general sense, the UN Committee on the Rights of the Child has provided guidance by stating: “[t]he concept of ‘dignity’ requires that every child is recognized, respected and protected as a rights holder and as a unique and valuable human being with an individual personality, distinct needs, interests and privacy.”\(^10\)

The best example for me in establishing a child rights-based framework at the provincial level is the Government of Saskatchewan adopting a set of eight *Children and Youth First Principles* in 2009 as a kind of Bill of Rights for Saskatchewan’s Children and Youth. These Child-Centred Principles, which were based upon provisions in the Convention on the Rights of the Child, were first developed by my former Office in 2007 as a set of guiding principles for the Office to protect the rights and well-being of

\(^7\) *Ibid.*, at p. 9.


\(^9\) *Ibid*.

all children and youth in receipt of government services in Saskatchewan, as reflected in law, policy, programming and practice. These Principles\textsuperscript{11} state:

“We believe that all children and youth in Saskatchewan are entitled to:


2. Participate and be heard before any decision affecting them is made.

3. Have their ‘best interests’ given paramount consideration in any action or decision involving them.

4. An equal standard of care, protection and services.

5. The highest standard of health and education possible in order to reach their fullest potential.

6. Safety and protection from all forms of physical, emotional and sexual harm, while in the care of parents, governments, legal guardians or any person.

7. Be treated as the primary client, and at the centre, of all child serving systems.

8. Have consideration given to the importance of their unique life history and spiritual traditions and practices, in accordance with their stated views and preferences.”

In the case of Ontario, it would be timely to enact a Private Member’s Bill – Bill 57, the \textit{Katelynn’s Principle Act (Decisions Affecting Children), 2016},\textsuperscript{12} which would incorporate the full scope of Katelynn’s Principle. This Bill would require any person making a decision affecting children under Ontario legislation, to apply Katelynn’s Principle. This broad application of Katelynn’s Principle would be consistent with the first recommendation of the Katelynn Sampson Inquest Jury Verdict, which reads, in part, as follows:

“That all parties to this inquest ensure that Katelynn’s Principle applies to all services, policies, legislation and decision-making that affects children.”\textsuperscript{13}


The first two elements of Katelynn’s Principle, as set out in Bill 57, state that the “the child must be at the centre of the decision” and secondly that “the child is an individual with rights. The child must always be seen, the child’s voice must be heard, and the child must be listened to and respected.”

The enactment of Bill 57 would represent a welcome piece of companion legislation to the Child, Youth and Family Services Act, since the latter Act does not explicitly name Katelynn’s Principle, or set it out in its entirety, and limits its application to service providers, rather than applying it to legislators, policymakers and decision-makers, such as the courts and tribunals.

Additionally, Katelynn’s Principle is not referenced in the Child, Youth and Family Services Act as applying across all provincial ministry divisions, although that is what is contemplated by the Coroner’s Jury. This suggests that that the rights set out, as individual components of Katelynn’s Principle, are only required in the child welfare domain, even though we know that children and youth involved in child welfare often cross over into the realm of other ministries – such as education, health and justice.

The enactment of Bill 57 would then establish a whole-of-province legislative framework that respects the rights of children and youth and their voice and participation. It could also ultimately be incorporated as one part of a provincial Bill of Rights for Ontario’s children and youth, based upon extensive consultation with such children, youth and other stakeholders.

SECOND SUGGESTED STEP TOWARDS KEEPING CHILDREN AT THE CENTRE AND HONOURING THEIR RIGHT TO TRUTH AND VOICE

My second suggestion is to more meticulously consider the impacts upon different groups of children and youth, using a child-rights sensitive lens, before introducing new or amended legislation, policies and programming that will affect them. Impact Assessments are not new and have been used in a variety of policy domains in Canada, such as environmental protection, health, gender, equity and privacy.

I think that an explanation or definition of a Child Rights Impact Assessment (CRIA), should be included here.

In Canada, positive examples are the progressive steps taken by the Governments of New Brunswick and Saskatchewan regarding their innovative use and implementation of Child Rights Impact Assessments.

Specifically, a Child Rights Impact Assessment is a tool for assessing the potential impacts of a proposed or existing policy, law, program, or decision on children and their rights. The Convention on the Rights of the Child is the framework used to assess these impacts. The impacts identified can be positive or negative; intended or unintended; direct or indirect; and short-term or long-term. The focus

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14 Supra, note 10, section 3, paras. 1 and 2.
of a Child Rights Impact Assessment is to evaluate how matters under consideration will promote or undermine the fulfillment of children’s interdependent Convention rights and overall well-being.\textsuperscript{16}

In New Brunswick, there is now an all-of-province commitment to using Child Rights Impact Assessments. For the past 5 years, it has been mandatory for all New Brunswick government departments to complete a Child Rights Impact Assessment and attach it to a Memorandum to Executive Council whenever a proposed law or policy is being forwarded to Cabinet for its consideration and approval. The province of New Brunswick is the first jurisdiction in North America to have adopted a mandatory CRIA process for all cabinet level policy decisions, having formally implemented this child’s rights lens since 2013.\textsuperscript{17}

In Saskatchewan, the Ministry of Social Services has used Child Rights Impact Assessments as a framework for reforming child welfare and adoption legislation, and for ongoing policy and programming development. Each of these provinces has gone the extra mile and developed its own simplified and user-friendly assessment tools.

There is an opportunity here for the Province of Ontario to develop and apply a Child Rights Impact Assessment process not only during the next 5-year review of this legislation, but also in the short term, as new regulations, directives, policies and procedures are considered and rolled out as necessary implementation measures. Without such a child-rights based impact analysis, we run the risk of setting off potential unintended negative consequences for children, notwithstanding the government’s best intentions.

An Ontario Child Rights Impact Assessment model could build upon the experiences and lessons learned, both internationally and in other Canadian jurisdictions. The implementation of such a framework would then put Ontario children front and centre in all government decision-making and be consistent with one of the recommendations made by the Coroner’s Jury in the Katelynn Sampson Inquest, which states:

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**THIRD SUGGESTED STEP TOWARDS KEEPING CHILDREN AT THE CENTRE AND HONOURING THEIR RIGHT TO TRUTH AND VOICE**

A third and final suggestion on my short list is to modernize and eliminate any stigmatizing and dehumanizing language in relation to children and youth - not only in legislative language, but also in


\textsuperscript{18}\textit{Supra}, note 11, Recommendation 3.
daily practice. As we all know, words are important and reflect the culture of organizations, institutions, professions and governments.

A positive example here is the Ontario Ministry of Children and Youth Services changing its legislative language in its new *Child, Youth and Family Services Act*, in response, at least in part, to much strong and persistent advocacy from the Children in Limbo Task Force, together with current and former youth in care (with the assistance of the Office of the Provincial Advocate for Children and Youth).\(^{19}\) When asked for their impressions of the Act, youth were particularly upset about the term “runaway,” because it automatically labels them ‘delinquent’ when they may, in fact, be extricating themselves from a dangerous situation involving physical or sexual abuse. This term was ultimately removed from the new legislation.

As well, the Children in Limbo Task Force argued in its submission to the Ministry of Children and Youth Services that the word ‘apprehension’ should be expunged from the new legislation. The language of ‘apprehension’ has been a controversial and stigmatizing term for decades in our child welfare legislation and vernacular, implying that the taking of youth into care could be equated to the apprehension of suspected criminals.\(^{20}\) This pejorative term has now been replaced with the more appropriate language of “bringing children to a place of safety.”

In pushing the boundaries, we can change the culture of child welfare by removing stigmatizing and dehumanizing language. While there have been positive legislative changes, we also need to be vigilant about the language used in daily practice – outside of the legislation - to describe youth in care and their activities – such as referring to such youth as ‘files’ or ‘cases’, or defining them by their legal status – historically as ‘Wards’, or referring to children who have left care without consent as having gone AWOL, a military term that has no place in child welfare practice.

Even language affecting adoption practice requires modernizing to remove demeaning terms suggestive of criminality. For example, the nomenclature of ‘adoption probation’ is commonly used to refer to the adoption placement period (of at least six months) before an adoption can be finalized. This conundrum is aptly framed in the Children in Limbo Task Force submission:

> “Are the prospective adoptive parents on probation or is the child being tested to ensure quality goods for the prospective parents? Perhaps it could be said that the child was in the initial or first phase of an adoption placement.”\(^{21}\)

Here, we require a strong commitment on the part of the Ministry of Children and Youth Services, and child-serving agencies, to provide sufficient training across many professional groups and disciplines if we truly want to “change the lexicon, in the system, to better affirm to children and youth that they are not offenders, victims, or the property of others, but rather individuals full of potential for achievement and success in each of their own ways.”\(^{22}\)

In Ontario, it would be important to go beyond child welfare legislative language and examine all provincial legislation to determine whether there is unintentional demeaning language used to describe children and youth in various contexts. The model that was used by the Children in Limbo Task Force, in

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\(^{20}\) Ibid., at p. 8.

\(^{21}\) Ibid., at p.10.

\(^{22}\) Ibid., at p. 5.
consultation with youth, would be a useful template for the provincial government. In that scenario, youth would be asked to review a piece of legislation and identify words and phrases that they consider objectionable and suggest appropriate substituted language. Professional education could then follow, with training sessions given to make sure that everyone is aware of the new respectful nomenclature.

CONCLUSION

In conclusion, there are many ways in which we can better strive to put children at the centre and honour their right to truth and voice. We can all become child advocates in our own right and find opportunities to make a positive difference in the lives of children and youth. This is a collective responsibility that doesn’t just rest with legislators and government officials, or even statutory Child and Youth Advocates. This point is reinforced in the last component of Katelynn’s Principle, which is one of those elements not carried over into the Child, Youth and Family Services Act. It reads:

“Everyone who provides services to children or services that affect children are child advocates. Advocacy may potentially be a child’s lifeline. It must occur from the point of first contact and on a continual/continuous basis thereafter.”

23 Supra, note 11, Recommendation 1.
IV. VOICE OF LAWYERS (2)

THE CHILD, YOUTH AND FAMILY SERVICES ACT:
CAN LISTENING TO CHILDREN BE LEGISLATED?

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The 2018 Ontario Child, Youth and Family Services Act, known as the CYFSA, was much heralded and anticipated as a new legislative framework for the child welfare sector. For the first time in more than 30 years, a complete overhaul of antiquated legislation was undertaken, and was done so with the input of stakeholders, including the youth and children, whose lives were most affected by it. There are new provisions that govern service to youth up to age 18, sweeping changes to how service should be provided to First Nations, Métis and Inuit children as well as a new focus on the diversity in our province, while acknowledging the systemic racism which exists in the system. All of this is laudable; however, without a huge shift in the way the child welfare system interacts with the province’s children and youth, I do not believe the trajectory of their experience within this system will be substantially impacted.

The first sentence of the CYFSA Preamble states that “The Government of Ontario acknowledges that children are individuals with rights to be respected and voices to be heard.” The groundbreaking idea that children’s aid society workers, parents, lawyers and judges overseeing the litigation in this area would all be listening to the views and wishes of children as a guiding principle in providing service was appealing at first blush. However, very early on it became apparent that most stakeholders believed that they were already listening to what children had to tell them, that the very nature of their job as social workers, or their roles as parents, required them to become experts at knowing what children want and need, and therefore, there was no need to change anything in the way they approached the situation or the manner in which decisions are made. It is challenging to alter a culture in which it is a sacrosanct principle that well intentioned adults know what is best for children.

The guiding principle of the legislation, that the voice of the child or youth at the centre of the situation will be listened to and respected, is the government’s response to the Katelynn Sampson inquest, in which a young child was silenced to the point that she slipped between the cracks of the system, and died a horrible death (Verdict of the Coroner’s Jury re: Katelynn Angel Sampson, November 29, 2017).

As no one ever spoke directly to Katelynn herself, she was invisible; the CYFSA, in an attempt to ensure this tragedy (and sadly, other tragic deaths that have preceded Katelynn’s) never happens again mandates that every child receiving service from a children’s aid society, whether in care or in the community, must be seen regularly, in person, and a dialogue in an age appropriate manner must be engaged in with the child about the child or young person’s “race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, gender identity, and gender expression.” It will often be the case that a child will have a different view of him or herself regarding some of these factors than their parents, and that the child’s own experience of, for example, gender identity, will change over time. A skilled worker may have the ability to get at some of these factors after interacting with a child over a long period of time; however, for a multiplicity of reasons, workers often change, and children and youth often have to tell their stories many times to different people, and often, simply stop doing so. Further, many workers may not be comfortable discussing these topics with children, and their own
experiences may limit their ability to speak frankly and openly with children about these issues, or even acknowledge to their supervisors that they are struggling in these areas.

A child protection worker has a very difficult job, with many competing demands on his or her time. Even if a worker is able to elicit an opinion from a child about a decision which is important to them, there is very rarely time to get back to that child to explain what decision was made, and, more importantly, why. Decision making is team based, which means that large meetings are held during business hours when children should be attending school. If a child or youth does choose to attend, often there are many adults present, very few of whom the child actually knows. This type of child focused meeting is not child centered; the child may be the subject of the meeting, but meaningful efforts to put the child at the centre are not undertaken.

The CYFSA sets no minimum age at which the views and wishes of a child need to be determined, documented and considered in decision making about them. Children’s aid society workers, as a general rule, do not have the necessary education or training to discern what pre-verbal children are telling them through their behaviour, and thus, are ill-equipped to interpret what they are observing. For example, if a child is upset following the return to a foster home after a visit with a parent, is it because he or she did not enjoy the visit, or because he or she did not get to go home with that parent? This is not an easy determination to make, and what generally occurs is that the explanation attributed to the behaviour is the one that supports the position in the case held by the adult. In the past, it was generally accepted that evidence about the views and wishes of children would be in the form of statements made by them to third parties. Given the increased focus on this type of evidence in the CYFSA and the fact that there is no minimum age limit, some case law has started to develop in this area.

In a December 2018 case of Justice D. Paulseth in CCAS (Catholic Children’s Aid Society) of Toronto v. R.H., 2018 ONCJ (Ontario Court of Justice) at page 854, the court accepted the evidence of a two-year-old child’s views and wishes proffered through his mother and other persons who observed him interacting with her, and his state of mind when leaving access, as evidenced by crying, reaching for his mother and acute distress over a lengthy period.

The Ontario Office of the Children’s Lawyer (“OCL”) will provide separate legal representation for children, but only in cases which come before the court, which is a small percentage of cases open to a children’s aid society, and only where OCL involvement is sought by one of the parties to the proceeding.

The CYFSA requires that the views and preferences of the child, if they can be reasonably ascertained, must be considered by the court at specific junctures in a case. While this development is the first step in achieving a meaningful integration of the thoughts and feelings of a child, it will have a limited impact, in the absence of a systemic and cultural shift in thinking. In order to promote this new way of thinking, more than just legislative change is required.

Education should be provided to all children’s aid society workers in a manner which does not presume they are not experienced in working with children, but builds on their lived experience by enhancing their knowledge of child development, interviewing children and youth and advocacy for children.

If, as experience tells us, the prioritization of accountability and documentation will not decrease, other ways to free up worker time to allow for more time to be spent with children, must be found. If workers are not given the time required to build relationships with children, no amount of education can compensate for this loss. Further, if workers do not feel they are making a significant difference in the
lives of children, this disillusionment with their jobs and decreased work satisfaction contributes to the worker turnover, which only exacerbates the problem.

Currently, for example, The Ontario Child Protection Information Network (“CPIN”) database is being implemented across the province and it is universally accepted that the system has substantially impacted workload in child protection. Workers are pressured to input information rather than spend time in the community, information gathering and building relationships.

While this negatively impacts their relationship with adult clients, the effects on their relationships with children are even greater. Children in care already have had negative experiences with authority figures and may be slow to trust new adults who come into their lives. If workers are not given the time required to build relationships with children, no amount of education can compensate for this loss. Further, if workers do not feel they are making a significant difference in the lives of children, this disillusionment with their jobs and decreased work satisfaction contributes to the worker turnover, which only exacerbates the problem.

The CYFSA does hold out the prospect of a statutory framework better suited to obtaining successful outcomes for children whose lives intersect with the child protection system. However, early experience demonstrates that merely changing legislation on its own cannot lead to an overhaul of this system, without the resources required to shore up both the adults and children who work and live within it. More is required, and our children deserve nothing less.
This paper identifies some of the obstacles to telling the truth that are found in the work and practice of social agencies for children. It shows how these obstacles develop, and examines some consequences of not telling the truth.

The meaning of truth may be understood in many ways, depending on one’s philosophical persuasion. For the purpose of this paper, when one is attempting to tell the truth one is being honest within the context of the situation.

Telling a child the truth about what has happened to him, about what is being done to him, and why, is not easy. One must be concerned about the completeness of the facts, the worker’s knowledge and understanding of the facts, the capacity of the child to understand the facts, and the richness of the worker-child relationship through which the facts are shared.

A further complication is that the circumstances of the telling of truth become tied up with what is being told. The worker becomes part of the child’s or family’s history. When a worker tells a child his brother has moved into another home, he is also saying, “You are a child who has to be told about his natural family and doesn’t experience it directly.” The telling of truth to a child cannot be separated from the person doing the telling. Telling becomes a creative event in itself.

The attitudes a worker has to people and events, the level of his professional competence and the view he holds of his role all influence the degree to which reality is revealed or distorted, and the degree to which an agency’s experience with a family is constructive or destructive.

For example, when a child is taken into care, we may explain this in a number of ways to ourselves and to the child, but the message the child hears loud and clear is that the agency is powerful. If we don’t recognize this we are deluding ourselves. If we try to disguise it, we risk awareness by the child that we are liars, and he learns not to trust anything we say. It is essential that we maintain a self-conscious awareness of our power when we move, place and make decisions for children, or we appear to them as either inconsistent or dishonest, and in either case not to be trusted.

How do we see our roles? Are we to change the child’s world or to help the child adapt to the world? The question accepts that an agency, to some extent, does change the child’s world. We may all agree that we can’t change what has happened, nor always avert destructive events, nor eradicate the effects of past prolonged deprivation, but we don’t always convey this to the child. Often, in fact, in our attempt to make things better, we do not accept the reality of what has happened.
Avoiding the Truth

This unwillingness to cause a child hurt is manifested in different ways. One worker, to justify her “editing” of what she told children, said, “We don’t tell lies; we just don’t tell all the truth.” Another worker said, “I don’t think it’s fair to burden the child with the truth”; another said, “The child may learn to accept this about himself, but is the rest of society ready?” Such thinking, though compassionate, is usually destructive. Klein writes, “Not to allow children the experiential struggles inherent in growing up is actually a deprivation” (Klein, 1975). She quotes a 10-year-old’s poem:

I am what I am
Don’t make me what I’m not
Because …
I won’t be me.

Part of the problem is the feeling that somehow we should be doing better for the child, but somehow we have failed. To what extent does this reflect an inflated sense of our own abilities and responsibilities?

Often the unwillingness to share the truth with a child is based on one’s own experiences and particular sensitivities. A 10-year-old boy had been in foster care for 6 years. During that time he had not seen his mother, who was in a nursing home and was frequently vague and disoriented. The boy’s worker asked him several times whether he wanted to visit his mother, and he had always declined. She later realized that a painful experience from her own past was preventing her from being more assertive in the situation. She visited the nursing home, met the boy’s mother, and then encouraged him to make what turned out to be a visit that held great warmth and was of fundamental importance to the child’s sense of his own identity.

The Administrative Hurdle

Sometimes an agency’s administrative and philosophical position determines how it deals with children. This may be legitimate, but the question becomes: How much of this should be shared with the child? If we turn a blind eye to the problem, it cannot be shared at all, at least in a functional way. I remember hearing of final visit in which a mother told her children she had chosen to live with her common-law husband and was not going to see them again. Both she and the children wept profusely. The worker saw this as positive event in which “natural mourning” took place. The worker was further pleased because casework could now proceed in a smoother fashion toward integration into a permanent home. Quite simply, there was an enormous amount of dishonesty in the event. The mother did not want this to be the final visit; in fact, she had wanted to maintain contact with her children. This was never stated. The agency was dishonest because it had “counseled” the mother into breaking with the children, but the agency did not tell this to the children. Further, there was dishonesty in that the reasons for forcing the mother into this situation were not set forth, namely, that the agency had a theoretical position that a child is unable to develop attachments to another home as long as the natural parents are involved. Perhaps the only honest persons in the situation were the children who cried, out of their confusion and their agony of separation. “My mother has only been decisive once in her life, and it was when she told me she would never see me again.”

There are other situations in which the agency must act to get children across administrative borders. How often is the child “fitted’ to the intake requirements of the next setting? In the child’s eyes he is the same
child whether living at home, in a treatment setting, a foster home or an adoptive home, but often he is related to as if the crossing of these boundaries somehow transformed him. When does a child become suitable for adoption? Does the transformation suddenly take place? Is it gradual? Is he ever really ready at all? Or was he always ready? When does he need psychiatric evaluation? Why now? Often the answer is found in an agency’s immediate needs or current practices. This is not to discount the right of an agency to have administrative needs, but should this be hidden from the child, and the child made to think that he had to see the psychiatrist because people thought he had mental problems?

Agency meetings at which a child’s placement is considered often involve a mixture of feelings and opinions. The final decision is rarely one of total unanimity and often the person left responsible for the placement is in some disagreement. It can be demonstrated that the worker’s unresolved feelings are related to her later dysfunction in implementing the decision with the child and family involved. She may not spend enough time to prepare the placement. She may compensate by overemphasizing the positives of the placement, and thus not help the child deal with negatives. She may avoid helping with any issue that stirs up her own feelings. Her psychological energy may be more caught up in her own feelings of frustration and impotence than in considering how best to do the casework. In any event, any pessimism the worker has is well founded, because in her casework she has, however unwittingly, helped to sabotage the placement.

Often decisions about a child are reached after considerable struggle and there is still much uncertainty, but instead of dealing with this in an open fashion, the agency moves a child from one category to another with the ring of authority and certainty. The child becomes suitable for adoption, or the child needs to be moved now to another home. Such clear categorizing makes it difficult to deal with uncertain situations. For example, what about the older child who was placed for adoption when the worker felt that there was only a 60-to-40 chance that the adoption would progress to completion? How was the possibility of not going to completion discussed with the child, if it was revealed at all? If it was not shared and the adoption was not completed, the consequence is that the child leaves the home feeling it was all his fault, and the worker, who had continued to push for the optimistic outcome, is left with feelings of guilt. The same holds true for a foster home placement that doesn’t work out. How often is a child placed in a foster home with the worker crossing her fingers, and how much of this doubt is shared with the child? Does someone tell him, “Look, we didn’t have enough time to find a place that we want for you, and there are some things here you’ll find difficult.”? If a child has to leave an inadequate placement, is the child told that it wasn’t all his fault since, as the agency knew, there was a strong possibility of problems?

Many agency procedures are the result of long experience and there may well be no reason for change, but procedures must never simply be accepted to the point that it is forgotten that the agency made them, and should therefore constantly challenge them.

The Facts

How much do we know about the children in our care and how reliable is what we know? If we are to tell the truth, we must know the truth, i.e., the facts, about the child. Knowing the facts is not a simple task. It is often difficult to obtain facts and to decide on which are important for the child. Distortion of facts can be seen in a case that began when a mother brought her child to an agency because she was unable to care for him. The worker reported that the mother was loving and thoughtful, although in need of community support. Once the child was in care and the mother recovered some of her poise, she wanted to exercise some decision as to child’s visiting, his activities in the foster home, his clothing. Then the worker reported that the mother was intrusive, hostile and manipulative. Finally, when the situation had deteriorated, the mother didn’t want to see the worker any more. The worker’s report then indicated that the mother was immature, and showed that she didn’t care for the child by missing her last three appointments.
(Unfortunately, such a report is often used in court to support an agency’s casework plans.) The truth in this case was that the mother was as loving and thoughtful at the end of the process as she was at the beginning, but she and the agency had become caught up in a transactional dynamic that polarized them into hostile positions.

We also lose facts. The truth falls out through the cracks between workers, especially when the truth is unpleasant. As time passes, there is a gradual pressure on the facts to bend them to fit some all-purpose theme that sounds something like “Your parents loved you but were unable to look after you and now you are in the place that best meets your needs.” The colour of the child’s individual past life has faded into institutional gray.

Recently a 12-year-old girl, in an interview, was asked about her mother. She stated sadly that her mother didn’t want to see her. In fact, as became apparent later in discussion with the worker, the child’s mother had been attempting to see the child but the agency had prevented this. This is not to dispute the agency’s right to prevent contact, but agency had a responsibility to tell the child her mother cared enough for her to try to see her.

**Checking on the Information**

One way to prevent distortion and loss of facts is to be efficient in gathering and maintaining them. One accepts that workers perceive situations in their individual ways. What is important to one will be less important to another. Do we pursue thoroughness by questioning those who may offer opinions about the child’s experience that would help balance the information already obtained? Once information is obtained there is a further process of selection or editing, which involves factors such as memory, notes available, attitudes toward what is important or unimportant. Is it more important for a child to know that he lived with a certain foster family for a certain length of time, or to know that while he was there he was inseparable from the family dog? It is hard to know what is significant in a child’s experience. We tend to organize information to make sense to ourselves, so that concepts such as cause and effect, and sequence, hold a greater priority than is conceivable to the young child.

It is essential to find better ways of obtaining information about a child and transmitting this information to him. Once information is obtained, how is it kept? Is it on file? Is it appropriate to make more use of tape recordings? Is a scrapbook or so-called “life book” kept for the child? Would it mean more to a child of 10 to hear a tape recording or see a videotape about a major decision in his life taken at age 2, when this was explained by someone involved in the decision at that time? Or is it better that he hears about it from his present worker? Much imaginative exploration can be undertaken in this important area.

**The Child**

In conveying information to a child, the child’s intelligence and developmental stage are of obvious importance. It should be remembered that language is an intimate part of cognition—that is, language is not only a tool or product of the mind but an actual operation of the mind. Furthermore, children will not respond to forms of language more complex than those they can produce; in other words, true discourse with a child before the age of 4 is questionable. Also, when speaking to a child, it is important to distinguish the child’s acquisition of words from the development of syntactical structures. A child may understand a word in one syntactical situation, but lose it in another.

Recognition that children’s language and cognition undergo development prompts a search for more imaginative and innovative ways to convey to children in the earlier phases of development the truth of their present and past circumstances and experience.
Also involved in the child’s capacity to understand what is said is his psychological receptivity to what is said. This receptivity will depend upon a number of factors in the distant past, the immediate past and in the present. His past experience will influence his capacity to trust the adults talking to him as well as his ability to listen to what is being said. As the remote past is important, so is the recent past. A child in a disruptive situation such as intake or transfer from one location to another is in a state of anxiety that hardly lends itself to understanding much other than the immediate, concrete facts of where he is coming from and where he may be going. The circumstances in which we talk to a child are also important in terms of what may be “heard” by the child. We have already mentioned the importance of the worker’s relationship with the child; location and timing are also important. However, when we deal with difficult or painful material it is well to guard against the suggestion that one should wait for one right moment to tell a child, or wait till the child is developmentally ready. The idea that there is such a magical moment is a myth, and forms the substance of rationalization in putting off what should be done at once. Waiting for the right moment generally ensures that the child will never be told, or that when he is told the substance will be watered down till it is palatable for the teller.

The onus on the worker to be clear as to why a child is being moved, or why he is being made a ward, or why his family is to be provided with support is as important in dealing with an infant as in dealing with an intelligent and questioning adolescent. Many workers feel relief when they deal with an infant because they don’t have to explain what they are doing. If the work of explanation is not done, at least for the child’s file and for other adults in the child’s world, the truth of the action and the reasoning behind it will be lost to the child forever.

Consequences

We have not dealt directly with the consequences of not telling the truth, although these have been implicit throughout. When we do not recognize our own position and biases, we set up in the child a sense of mistrust that interferes with his life within the agency and his own development. When we leave important facts out of child’s life history, he is left with a thwarted and inaccurate sense of himself. When we ignore the child’s development and present mental state, we are likely to convey a distorted picture of reality and also lead him to think that we are insensitive and untrustworthy. When we hedge about issues and move into silence, we are likely to stir up in the child fantasies much more terrible than reality, and provide for him an incomplete identity with which to move into adulthood.

There are, unfortunately, too many cases that highlight the problems resulting from not telling the truth. An example is a conference on a 16-year-old boy about to leave care. He had come into care at age 3. He had always been nervous, had received psychiatric care on and off through his period in care. At the time the conference was held, he was still experiencing nervous tension and having nightmares whose content closely resembled the circumstances of the slaying of his mother by his father, who then killed himself. The new worker had learned this by reading the boy’s file. However, the child (who may have been witness to the slaying and suicide) had from the beginning been told that his parents had been killed in a car accident. The worker wondered if now he shouldn’t know the truth. The problem was real, since such knowledge could precipitate a psychotic illness. On the other hand, it might lead to the resolution of much repressed material. Perhaps if the child had known the truth sooner, he might never have had such a stormy adolescence. What is clear, however, is that once we take the truth into our hands and reshape it to our liking, we have made ourselves divine, but unfortunately, as mere mortals, we lack the tools of redemption.

Reference

A permanent placement for children in care is an important principle in child welfare practice. Permanence is generally understood as stability of location and personnel. This understanding may assist in preventing the child from experiencing excessive moves and changes in supporting personnel, but it does not address a more important issue, namely the child's own sense of permanence. A child may be placed for a long time in one home, and be surrounded with the same caregivers yet never develop a sense of permanence.

A sense of permanence can be understood as involving a number of related factors. Among them would be the following: the development of attachment, the feeling of belonging, feeling safe and secure, the understanding that one's opinion will be heard, the knowledge that one is well known and considered important, the sense of participating in the life of the family. There may be other equally relevant factors that could be added to this list. The point is that a sense of permanence is related to how the foster child experiences the fostering situation and only indirectly to the foster care practice and administration of the particular child welfare agency involved.

This paper presents a series of hypothetical questions addressing the notion of a sense of permanence. These questions could be asked to the foster parents from the experience and perspective of the foster child. Foster care practice and arrangements can differ between child welfare agencies; and the material that follows will no doubt vary in its relevance and applicability depending on the foster care policies of the particular child welfare administration involved.

It is to be understood that where suggestions are made to include the foster child in explanation or discussion, that consideration will be given to the specific child's age and capacity to understand. The principle remains to always involve the child to the greatest extent possible.

It is hoped that this material may lead to case studies and stimulate discussion between foster parents and child welfare staff in the administration and planning of foster care practice.

“How can I feel I belong here if you do not know who I am?”

“If you are to care for me you have to know about me.”

There are a number of impediments to foster parents adequately knowing the child. The involvement of the child welfare system may have led to a quick admission without sufficient time to gather information. There may be an antagonism between the biological family and the child welfare staff which precludes adequate information sharing. There may be reluctance on behalf of the child welfare staff to share confidential information with the foster parents. Child welfare staff may hold the opinion that foster parents can do their job without having details of the child's history. Gathering information is time consuming and less immediately demanding for child welfare personnel who are already stretched thin. There is a tendency to let information gathering slip away. The point that this question is making is that if foster parents are to help a child develop a sense of permanence all these impediments are to be remedied. Child welfare authorities cannot be satisfied with lack of information. The foster home should know that the agency is doing everything possible to provide them with information about the child.
arrangement cannot adequately nurture a child if there is a top down relationship between agency staff and foster parent. They must be seen as a team where the child welfare staff and foster home work together. The agency can be the information gatherer and provider while the foster parents are the supporters and nurturers.

“How can I reach out to you if I don't know how long I am to stay?”

"If I think I might be moved at any time I hide away inside myself."

This question reaches to the heart of foster care. Circumstantial, administrative, interpersonal, accident and health factors can all impact on the ability to be clear on the length of a child’s stay in the foster home. The problem is that this difficulty is so obvious that it has become accepted to the point that it is often not seriously addressed. The point to be made here is that such an acceptance and lack of explanation strengthens the foster child's sense of uncertainty and promotes limbo.

While it may be impossible to change all the factors involved in impeding a precise understanding of expected length of stay, the factors can be openly addressed with the foster child. The point is that the issues must be opened up and dealt with and not swept under the rug. There would appear to be some resistance in being open with a foster child about the problems in the present situation. Child welfare staff want to have permanence for the child and when they cannot achieve it how do they tell the child? The task might seem even more difficult when they were the ones to remove the child from home in the first place. We would argue that the position of the child welfare personnel should be that they have nothing to hide, they have done the very best they could. From such a position, they should be able to let the child know the impediments to permanency in as clear a fashion as possible. It is understood that this practice will provide a sense of trust and allow the child to cope more effectively. In such circumstances the child welfare staff and foster home can work as partners. Questions about timing and procedures can be asked of the child welfare worker by the foster parents and foster child and the child welfare worker can answer by explaining the current situation and policies involved. The foster parent is then able to discuss the situation further with the child as opportunities afford. Such an interaction would strengthen the child’s relationship with the foster parents and deepen the child's sense of trust in the child welfare staff.

“How can you know me if you don't know what goes on at access visits?”

“When I talk about being known I don't just mean the outside factual things that have happened and are happening but also the struggles and problems I carry inside.”

The most important casework issue in child welfare aside from the decision to bring a child into care is access. Often the reason for access is not clearly spelled out. At times it is simply understood as an order of the court. There can be a range of opinions as to why it is taking place. The welfare staff may see it as an opportunity to assess parenting capacity, the biological parents may see it as an opportunity to talk of the child’s return, the foster parents see it as a complicating intrusion into their family life. There are of course other possible scenarios and explanations, but if they are not properly clarified with the child, access visits can be confusing and emotionally unsettling. A common mistake in access visits is to avoid dealing openly with parent and child about the protection concerns and, instead, turn visits into a pleasant interaction between parent and child. In such a circumstance the child could rightly ask “why am I playing with my parent here when we could be playing at home?” The point is that all sorts of confusing or
emotionally upsetting situations can take place at access visits while the foster parents have little or no information about what is taking place. How then is the child to see the foster parents as a means of support or comfort?

When they make decisions why don't they listen to me?

"How can you take care of me when my opinion has no weight?"

This question opens the importance of the relationship of the child welfare staff and the foster home. Is it primarily one of mutual respect and cooperation? Or is the foster home a powerless place where instructions are taken from the agency?

In all this the knowledge of who makes what decisions, and when, is an important ingredient to one's sense of security. Too often the foster child is left wondering who is really in charge. The situation becomes even more tangled if there is lack of clarity between foster parents and agency staff as to who makes particular decisions. This can lead to inaction and drift and even leave agency staff and foster parents at odds with one another. It is recognized that there are certain legislative and administrative policies which limit the foster parent's decision-making powers. The point is that the foster child should be clearly aware of these limits. When things are left vague the foster child can misunderstand and see the foster parents as uncaring or rejecting.

When I have to move why don't people talk about it?

"When my story is not told my identity shrivels."

There are many reasons why foster children may have to move. Commonly the move is back to one's own family, but often it is to another foster home or institutional setting. Such moves are key transitional events and thereby provide a promising opportunity to promote the psychological growth of the child, or conversely to lead to psychological regression.

In the course of events what often happens is that, in the turmoil that may accompany such moves, the opportunity for support is missed. The ideal transitional move would involve an open explanation of the factors involved and a sharing of the child's story between the previous caregivers and the new placement personnel. Again, ideally, the child should be party to this exchange. There are impediments to such an exchange taking place. The logistics of time commitment and the availability of the parties can be formidable. Such meetings are time consuming. It is important that the child knows that there has been full disclosure to the new placement. If the child does not know what information was given the child may wonder if the new home is aware of what the child had done, and if they found out would they be rejecting as well? In a transitional exchange, if the child were able to be part of an open conversation between the sets of parents involved, whether biological family or not, the child would feel much more understood and cared for. Such a conversation would involve passing on the child's story and reviewing the salient features of the previous placements. It may be useful to first present the material to the new placement and plan how best to involve the foster child in the sharing of information. Life books and photographs can be of help in such a situation.
Summary:

This paper looks at the complex practice of foster care from the point of view of the foster child. It promotes the importance of the foster child developing a sense of permanence and it suggests some measures that might be taken to address the impediments to such a development.

Importance is given to including the foster child as openly as possible in the ongoing decisions and transactions of foster care practice.
VOICE OF CLINICIANS (3)

RESPONDING TO CHILDREN EXPOSED TO TRAUMA: UNDERSTANDING THROUGH LISTENING

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The Limbo Task Force asked me to speak about two issues: 1) understanding the developmental challenges of children exposed to trauma, and 2) addressing how the system (mental health, child welfare, medicine) can reduce the burden of their suffering by adhering to the principle of keeping children at the centre of decision-making and honouring their right to truth and voice.

While much of the Symposium focused on children involved with the child welfare system including those in care, I believe that we need to emphasize “listening to children” throughout the spectrum of preventing children’s exposure to maltreatment. This includes primary prevention of maltreatment, as well as its recurrence and associated impairment. In the comments that follow, I focus on how listening is central to both understanding the challenges experienced by children exposed to trauma, and to determining appropriate and meaningful responses within the health and social service systems. Furthermore, if we enhance our capacity to listen and understand what is happening to children at risk of maltreatment, hopefully this will also communicate to children our willingness to hear about situations of risk before they happen.

Children exposed to maltreatment experience a broad range of challenges across several domains, including emotional, physical, social and cognitive, among others (Gilbert et al., 2009). Too often, decisions about children’s needs are made based on what they are thought to have experienced, without hearing from them directly. It is essential that children who have experienced maltreatment, including those in care, are provided a comprehensive assessment that conveys to them in an authentic and meaningful way, that their voice is important. Frequently, in medical assessments, the emphasis is on the physical examination, rather than the history. As health and social service providers, we need to give children across ages and stages a voice. This means assessing them individually and gathering information from them directly, rather than depending only on the voices of caregivers and other adults. Decisions about what children need should emphasize their voices, rather than assuming the need for certain interventions or programs based only on an exposure. All children should have the right to a comprehensive assessment that determines their individual needs, taking into account what we hear from them. For example, there is sometimes the assumption among providers that a school-aged child who has experienced sexual abuse should be referred for trauma-focused cognitive behavioural therapy (TF-CBT). Any decisions about referral for therapy should be based on an assessment of the children’s symptoms and functioning (MacMillan et al., 2009), and such an assessment should include individual time spent understanding the child.

For children’s voices to be heard, we need to shift how we educate health and social service providers about working with children. There needs to be a greater emphasis on the importance of an assessment for those who have experienced maltreatment, ensuring that a clinician who is trained in speaking with and listening to children is involved. At the symposium, I asked those in the audience to reflect on how many who had some clinical role – either past or present – had received training about listening to and observing children across the developmental stages. Such reflection involves considering the extent to which supervisors actually observed the trainee interview a child, rather than simply receiving an account of what was done and said. Even today, too often within the health...
care system, children are asked questions in front of a caregiver without being seen individually. If we are going to support children in “their right to truth and voice,” that means giving them the necessary and appropriate environment in which to do so.

Ensuring that children’s needs are at the centre of decision-making also entails collaboration across disciplines and settings. In a recent study examining approaches to enhance knowledge exchange of research findings among policymakers and health and community service providers, we determined that it was “talk, trust and time” that served as the foundation for successful exchange (Wathen et al., 2011). In prioritizing the voices of children who have experienced maltreatment and understanding their needs, all providers across disciplines should emphasize “listen, trust and time.”

The Symposium rightly emphasized listening to children directly, and hopefully with better education and training about how to do so, this will happen across all disciplines. We also need to listen to what science tells us; understanding and addressing the challenges faced by children experiencing maltreatment deserves the same emphasis on rigorous scientific methods as other health problems. We hear a lot about studies determining new approaches to caring for children following a concussion; but where is the long overdue research on helping children who have experienced child maltreatment, and are living in care? There is an urgent need for evaluation of our programs and policies for children involved with the child welfare system; we must be prepared to acknowledge our biases, accept the need for rigorous evaluation and listen to the findings – including those that involve the voices of children.

Certainly, there is progress being made; as discussed by other panel members, it is encouraging to see policymakers put greater emphasis on the voices and needs of children. With colleagues from the PreVAiL Network (www.prevailresearch.ca) we are hoping to improve access to information for health and social service providers about how to respond to children who have experienced child maltreatment using resources available through the VEGA (Violence-Evidence-Guidance-Action) Project (https://projectvega.ca/). The VEGA Project, an initiative funded by the Public Health Agency of Canada and currently in progress, is developing evidence-based guidance and curricula for recognizing and responding safely to family violence, including child maltreatment. By including information about how to listen to children and ask questions that position children are at the centre, we hope that VEGA can be yet one more way of highlighting the importance of children’s voices.

I was very honoured to participate in the 2017 Symposium, “Children at the Centre: Their Right to Truth and Voice,” presented by the Children in Limbo Task Force. It was a special privilege to serve with a panel of advocates, who are all deeply committed to prioritizing the needs and rights of children in care to tell their stories and to be heard.

References
Fundamental to the development of children’s adaptive abilities is children’s capacity to communicate their needs, and their care providers’ response to these cues in a consistent and adequate manner.

There is a large body of literature demonstrating that from a very young age, infants and children are able to respond to their environment. Young children express themselves using complex signals. These may include expressions and manifestations of feelings, insights, interpretations, and concerns. All of these forms of expression demonstrate a child’s understanding of his or her environment and choices. Children and infants form and express their experiences even when they are not yet able to express them verbally. Adults who can and are willing to ‘read’ children’s cues can provide more sensitive and appropriate care.

Theory of attachment and research in child development taught us that the child learns to trust the caregiver who responds to her needs in a consistent and caring manner. Bowlby, Erikson, Ainsworth and Winnicott among others, each emphasised the importance of infants’ and children’s trust in their caregivers, the life-long effect of developing trust in significant care providers, and as a consequence, trust in oneself. The child then acquires, as Erikson termed it, the capacity to hope, and a capacity to anticipate that when the next need or crisis arises, the care provider will be there as a source of support. This experience is the foundation for developing the ability to self-soothe and self-regulate affect and emotions. It is the basis for internal working models which enable the child to form and sustain relationships during childhood and for the rest of his life. It is the basis for the child’s capacity to explore his environment, to develop his skills, as well as the basis for his ability to solve his own problems, for developing a sense of identity and his autonomy. It is associated with a sense of self-worth. It affects all the important developmental domains.

Awareness that significant adults read her cues and respond to them adequately has a profound effect on the child’s development. The child whose cues are ignored, her statements or signals about her experiences not respected and not trusted will feel inadequate in her ability to respond to challenges. She will develop poor self-esteem, shame and guilt. Her ability to plan things for herself will diminish. She is likely to be less competent.

A sense of self-worth and of identity develops and is consolidated gradually. The child needs to trust the adult caregivers and be trusted by them. As part of this process, the child needs to know his story. He needs to be assured that he has access to information about himself and about his past. This is the material of his identity. It allows the adolescent to examine his identity, look at the future and experiment with the role he or she will play as an adult. Inhibiting this process will result in role confusion and an identity crisis. It can result in significant problems of adjustment and mental health. Concealing the truth from the child is harmful in all stages of development and to most aspects of development. When surrounded by deceit, the child is confused, her self-esteem is poor, and she feels not trusted, not worthy, and not worthy of trust. When told the truth the child has an opportunity to process the information and develop ways of coping. When denied the truth, the child is denied the opportunity to develop effective ways of coping.
The child needs to trust the adult caregivers. She also needs to know that the caregivers trust her. She needs to know that her cues, expressions, opinions will be noticed and respected. She needs to know that her voice is and will be heard.

It has been argued that children who have been heard, children with a voice, are more likely to stand up for themselves when necessary. They are more likely to speak their minds and are not easily intimidated. They are better equipped to overcome frustrations and defeats. They are less afraid to try new things, to take appropriate risks.

Childhood "voicelessness" is associated with significant mental health problems including narcissism, depression, chronic relationship problems and anxiety. Repair of the damage caused by “voice-loss” or an unrealized childhood is challenging.

Supporters of children participating in decisions about their future argue that the child’s participation in matters that involve him or her contributes to the child’s personal development. In particular, the literature has consistently shown the need for the voice of the child to be heard in the child protection process so the system can work more effectively for children. Children should be informed about their circumstances, told the truth about their history and their responses should be considered. Children’s participation in decisions about their future is associated with better outcomes.

In that spirit, the United Nations Convention on the Rights of the Child enshrines the right of children to be involved in all decisions that affect their lives. It emphasizes that children have the right to give their opinion, and that adults must listen and take their views seriously. However the child’s right to be heard is, as yet, far from being fulfilled for many of the children around the world. The CYFSA framework is a welcomed attempt to change that reality in Ontario.

References
In order to put the child at the center of decision-making, we need to understand what their behaviour is telling us. Most often, their behaviour indicates that they are struggling with some very big feelings, that, as a result of their life experiences, they never learned how to regulate. These children have a host of unmet needs that are driving their behaviour. We need to help meet those needs which includes talking with child, validating their feelings, helping them understand their experiences and supporting them. The adults need to focus on the child’s feelings and experiences rather than their behaviour.

For example, Bob, a child in the care of a Children’s Aid Society, used to struggle after access visits with his family. He would often lay down in the hallways or parking area and refuse to leave. Staff always struggled to get him into the car and Bob’s behaviours would often escalate and involve running, hiding, and in some instances, he would become aggressive. A number of staff, focused on his behaviour, would attempt to explain to him that he needed to leave, the reasons his behaviour was not appropriate, and how his behaviour was impacting others. After several incidents in which Bob became aggressive, a meeting occurred to plan for how to help Bob transition after his visits. Through discussion, what came to light is the need to get him to move quickly was the need of the adults – the workers had other appointments to get to, there were other families coming and going, etc. But what this child needed was someone to validate how sad he was because he missed his family and to understand how difficult it is for him to leave them and to allow him time and space before trying to transition him. Bob recently had to move to another placement and staff were very concerned about transporting him. However, with advanced planning, they built in time for this child to be able to express his feelings and not feel rushed – when they got to the placement the child refused to go inside and the staff spent time outside with him and were playful with him which helped him remain calm, and then he was able to positively transition into the home when he was ready. Had they rushed him or been focused on the adult’s agenda, this child would have exhibited a number of behaviours, which would have been interpreted as difficult and challenging.
Putting the child at the center of decision-making means reflecting on what is driving the decisions we make – often adults make decisions for children that are based more on the adult needs. For example, sometimes we do not process with children when a move is occurring until the time of the move either because of scheduling difficulties or because we worry that the child will have a negative reaction. However, when we put the child at the center, we need to realize that children need time to process what is happening to them and need space and support to grieve and express their emotions in the presence of a supportive and nurturing adult who can tolerate and accept their feelings.

No matter the age of the child, if they can communicate, we can talk to them about what is happening in a child friendly way and solicit their input and ideas of what they need. We need to make planful decisions and be creative in our problem solving to be able to put the child in the center, despite competing demands such as scheduling issues, time constraints, etc. We need to work as service teams and all work together to support the child by understanding them from a trauma- informed and attachment-oriented lens.
VI. FAMILY GROUP WORK  

INCLUDING CHILDREN IN FAMILY GROUP CONFERENCING\(^1\) TO DEVELOP ADOPTION AGREEMENTS

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Introduction

Family Group Conferencing (FGC) was developed in New Zealand in the 1980’s to address the over-representation of Indigenous children (predominantly Maori children) in the child welfare and youth criminal justice systems.

In 2006, Ontario’s Child and Family Services Act (CFSA) was amended to include Alternative Dispute Resolution (ADR) in child welfare. One of the approved methods of ADR in Ontario is Family Group Conferencing/Family Group Decision Making (FGDM). In Ontario, FGC and FGDM are used interchangeably and refer to the same model which adheres as closely as possible to the New Zealand model. Based on consultation with the field (Schmid & Morgenshtern, 2017), there appear to be wide variations in FGC referral rates across Ontario.

FGC Coordinators have developed ways of successfully including children\(^2\) in the planning, implementation, and follow-up to conferences. Children’s right to participate in decisions about their lives has been established by the UN Convention on the Rights of the Child. It is also affirmed by child protection legislation in many Western countries. The American Humane Association’s guidelines for FGDM state: “In family meetings, the preference is that children of all ages are physically present. Family meetings are about creating viable, workable and transparent plans for children, and therefore their role in the development and implementation of any plan is essential.” (American Humane Association, 2010, p.29).

This paper discusses the use of FGC to facilitate communication among parties to adoption. This is not a widespread practice--we could find no published research on the topic. Communication between the parties to adoption is becoming more prevalent, as the right of children to have a continuing a relationship with family\(^3\) and friends is increasingly recognized. Ontario legislation allows agencies to seek adoptive placements for children whose rights to parental access have not been terminated. The ideas presented below are mainly drawn from theory and practice experience with FGC in child protection cases; most of the ideas are readily transferable to the process of engaging parties in adoption agreements.

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\(^1\) “Family group conferencing” includes “family group decision-making”  
\(^2\) “Children” includes young people  
\(^3\) “Family” includes other adults who are related to the child or who are ‘like family’ to the child.
The importance of the child’s perspective

The concept of the child’s perspective can be defined as: how children view the world around them; their personal experiences; and their hopes and fears about their lives. Children’s perspectives are strongly linked with their significant relationships, especially relationships with the adults who make major decisions in their lives. FGC provides an opportunity for children to communicate their perspectives to their extended families, participate in decisions that affect them and have their views acknowledged. During the preparation and the conference itself, children need support to formulate their feelings and wishes and share them with the other participants. They also need help to participate and to ensure that their views are heard and considered in the decision-making process.

Benefits of participation to the child

When children participate in a FGC, they may benefit in several ways. First, children who have had little contact with their ‘original soil’ families may feel rejected and unwanted by them. ‘Original soil’ families can be understood as the extended family system who first welcomed the child into the world and continued to guide and nurture the child. The influence of the child’s ‘original soil’ family system will be felt for the child’s entire life. For children to move successfully to another family, just like a tree being transplanted, they need enough ‘original soil’ around their roots to be successfully transplanted into another family system.

As they move into an adoptive placement, it can be reassuring for children to have their family and friends collaborating with the new family to work out an agreement for communication between the parties. This demonstrates that their ‘original soil’ family is still in their lives and wants to help them make a success of the adoption.

A second benefit of FGC is an opportunity to have family members and/or friends answer children’s outstanding questions about their earlier lives. They may bring up previously taboo subjects related to family secrets. In the first author’s experience as a child welfare worker and supervisor, children were often given a sanitized version of why they were taken from their families, probably to protect them from unpleasant facts about their families. If children sense there is something missing from the explanation, they will often blame themselves. A family secret may hold the key to the mystery: the truth can leave children feeling better about themselves, and freer to engage with another family.

Finally, if there are tensions between family members, or between the ‘original soil’ and adoptive parents, the presence of the child in the meeting can help them to set their own feelings aside and focus on making plans for the child’s well-being.

Handling barriers to child’s involvement

Resistance from adults. The desire to protect children (Vis, Holtan & Thomas, 2012) from controversy may motivate parents or other adults to argue that children should be excluded from the conference. The adults may fear that the child will be exposed to open conflict between family members, arising from long-standing acrimonious relationships. Adults may also judge children to be too immature to evaluate the appropriateness of a plan for their care. For example, a relative who has been unreliable in the past may want to have contact with a child who is being adopted, and other family members or caregivers
may want to protect the child from disappointment. It could be, however, that the child is aware of the relative’s unreliability from past experience, but is reluctant to lose this relationship forever.

Adults may have personal reasons for wanting to exclude children. Seeing and hearing from their child may cause them emotional pain—a sense of having failed as parents, as well as feeling the pain of losing the child. Or they may be afraid of what the child would say about them in the FGC, especially an older child.

**Effects of excluding the child.** When adults develop a plan without knowing the child’s perspective, they may be interfering with an important aspect of the child’s life, such as a weekly ritual with a non-custodial parent. When children learn about such plans, they may feel their priorities have been ignored; further, they may not cooperate with a plan that was created in their absence.

**Coordinator’s role.** The Coordinator can help to lower adult resistance by explaining to them why children should be involved—their rights, their knowledge of their own lives, and the increased possibility of the plan’s success when the child has contributed to its development. Most children recognize they cannot be given the power to make difficult decisions about their lives by themselves; but they want to feel that those with more power (e.g. ‘original soil’ parents, foster carers, and prospective adoptive parents) are listening to them.

By inviting child to participate in a FGC, the Coordinator is helping them to understand the views and opinions of participants that lead to the action plan. This increases the likelihood that children will accept the group’s decisions as fair and legitimate. Coordinators also need to help the adults navigate the power imbalance between the ‘original soil’ family and the adoptive family, given that in Ontario the final adoption order has already been made before an openness agreement/order is created.

**Stages of supporting child’s participation**

In Ontario, children may have a lawyer from the Office of the Children’s Lawyer (OCL) appointed as part of the adoption court process. The OCL has a key role in preparing children to attend the FGC—helping them to decide how they want to participate, and what they want to say to their families.

Generally, a FGC takes about 6-8 weeks, including preparation and the conference itself. It could take longer when the ‘original soil’ family is expressing their sense of loss and grief, in contrast to the adoptive family feeling hope and a new beginning. The child may be ‘caught in the middle’ experiencing both loss and hope.

The role of the FGC Coordinator is to support children’s participation in the conference by: providing information; helping them formulate their thoughts, hopes, and fears; assisting them to express their views; and encouraging a respectful reception from other participants. After the FGC, it will be the Adoption worker who follows up, dealing with children’s feelings and reactions as the action plan is carried out; and keeping them involved in smaller decisions that arise as the plan unfolds.

**Providing information**

The role of the Coordinator is to inform children about the process of the FGC: who will attend; the goals and methods of the conference; and the role of the Coordinator. The Coordinator will encourage
the adult participants to create an atmosphere in the meeting that allows children to feel safe enough to express their views. The Coordinator also ensures that the Adoption worker and/or OCL has explained to children the purpose of the meeting, and the role of FGC in helping the parties to develop an agreement for ongoing communication and/or communication between the two families. The conference might also include long-term foster carers who have an ongoing commitment to the child.

Before meeting with a child, the Coordinator meets with the child welfare team to gather information about the current situation--what is going well for the child and what might concern the team about the terms of the adoption agreement. The Coordinator will also clarify the decisions the child welfare team is asking the families to make, along with any non-negotiables.

In providing information to children, it is important to begin with their own questions, hopes, and fears. Ideally, children will voice these, and the Coordinator or OCL can explore their questions or comments to draw out their concerns. The conference is also an opportunity to help children fill the gaps in knowledge of their own histories. Children who live apart from their families tend to feel there are many unknowns in their past. Often they keep their questions to themselves, sensing the discomfort of their caregivers and social workers about discussing their ‘original soil’ families (Palmer, 1995).

Children benefit from someone they know being given the role of Supporter in the FGC. This person will ensure that children have a chance to express their views to their family and prospective adoptive parents, and will support them through the private family time portion of the FGC. The Coordinator or an OCL may help children to identify a Supporter from their own network (Strandbu, 2004). Ideally, this will be an adult the child can trust. The Supporter follows up the work of the Coordinator in answering children’s questions, and drawing out their hopes and fears. The Supporter may also assist children in preparing what they want to share at the FGC.

During the FGC, a Supporter can help children to speak about their perspectives, and ensure that other participants listen and respond respectfully. The Supporter can also protect the child if the atmosphere becomes negative during the private family time portion of the FGC. They may have to intervene when the discussion becomes destructive, or leave with the child if the meeting deteriorates into angry accusations.

For children who are unwilling or unable to attend (perhaps because a protective adult is resisting their participation) the Supporter may as a Proxy and expresses the child’s views, verbally or in writing from the child. This role can also be taken by the OCL if one has been appointed.

**Helping children formulate their perspective**

Children in vulnerable situations may find it difficult to formulate their own views and preferences, for various reasons. When they are hoping for a successful adoptive placement, children may avoid stating their preferences in case these might not be well-received by their ‘original soil’ family. Other complicating factors may be long-standing conflicts within one of the families, or between the ‘original soil’ family and the children’s current caregivers. The overflow from these conflicts may create a conflict of loyalties for children, and inhibit them from expressing their own feelings.

In helping children develop their perspectives, the Coordinator, OCL, or Supporter may counter the child’s argument with their own views; this can be helpful to the child in testing the limits of their own
opinions. It is important that Coordinators, OCLs, and Supporters be open to hearing the child’s story: children are likely to be sensitive to the listener’s unwillingness to hear unpleasant facts, and they may close up if they sense this kind of response.

**Empowering children to express their views**

**Preparing children for the FGC.** The Coordinator and/or OCL meets with children before the conference to help prepare them, and may involve the Supporter at this time. In attempting to help children identify and express their feelings, the Coordinator, OCL, or Supporter may encounter ambivalent attitudes and emotions. With gentle, child-focussed prompts, they help children to gain insight into their hopes and fears. They also work on building children’s confidence to express their own views at the FGC, either in person or through their Supporter or OCL.

Information about the FGC can relieve children’s fears about participation. This includes explaining the conference goals and methods, as well as informing the child who will be present. It is best for the Coordinator to prepare the Supporter separately from the child; the Coordinator can then discuss the Supporter’s role to inform the others at the FGC.

**Providing a flexible location for the conference.** It may be difficult for some children to stay in a meeting with adults for several hours, so they should be able to join and leave the meeting as needed. Usually the family group decides how much time the child spends in the room, in consultation with the child. This role may given to the Supporter.

A meeting room with an adjoining play area, including child care, is a good location. The family group needs to determine how children will continue to be involved, if they do not want to remain in the room the whole time. It is important that the child has an opportunity for input into the plan, e.g. if the group is talking about organizing visits with relatives the child would prefer not to see. The group needs to decide how to inform the child about the plan if the child has not been not an active participant in creating it.

**Addressing the power imbalance.** In most families, children do not have equal power with the adults: the parents are accustomed to making decisions without much input from their children. Thus, some intervention is needed to ensure that the child’s perspective is heard and considered. During the period of preparation for the FGC, the Coordinator, OCL, or Supporter can help children to develop a sense of entitlement—that their views are legitimate and deserve a respectful response from the adult participants in the conference. Children can gain confidence from hearing the perspectives of the Coordinator, OCL, or Supporter, e.g. that the children’s lives have been made difficult by their family’s circumstances, and that their placement in care and subsequent moves were often precipitated by conditions outside their control.

The willingness of families to grant power to children can be addressed in the private family time by the Supporter, who can intervene to remind the group of the validity of bringing in the child’s perspective. Support for children can also be provided by allowing them to bring a friend(s) to the FGC. With older children, especially, a friend can speak up to support the child, when adults who are focussed on their own needs may be undermining the child’s effective participation.
Finally, the advisors (Coordinator, OCL, or Supporter) can recognize with the child that a pending adoption placement is an opportunity to establish permanence in their lives. For example, the child has a right to negotiate for conditions in the adoption agreement that they believe will contribute to the success of the placement.

**Ensuring a respectful reception for the child’s views.** The extent to which the children’s views influence the decision-making process depends partly on the children’s ability to state their views, alone or through their Coordinator, OCL, or Supporter. It also depends on the receptiveness of the adults and their willingness to share power with the child; this should be discussed during the Coordinator’s preparation meetings with the adult participants. Adults who bring their own rivalries and conflicts to the FGC meeting can be reminded by the Supporter that the best interest of the child is the overriding goal of the meeting. This is the spirit in which most adults attend, but they may need guidance during the FGC.

The advisors can help raise the awareness of family members to the children’s right to present their views and have them received respectfully in the family-only meeting. Coordinators can discuss this with each participant separately during initial preparation meetings, then remind everyone in their opening statement at the meeting itself. A useful guideline may be for no one to reject the child’s ideas without a logical argument.

**Follow-up to the FGC**

Children should be told in advance that they will be able to speak to the OCL, child welfare worker and/or Supporter after the conference, and during the time the action plan is being implemented. The OCL, Supporter, and/or child welfare worker should contact children in the days after the conference to find out: how they are coping; how they feel about the family’s response to their input; and how they have understood and accepted the decisions made by the group. Further decisions will probably be needed as the action plan moves ahead. If problems arise, another FGC may be required, and children will again be encouraged to share their perspectives.

Adults who are caring for the children after the conference should be alert to their reactions to the changes in their lives. In the case of an adoption placement, the initiative may have to come from the child welfare staff: sometimes adoptive parents attempt to handle problems alone, when they would benefit from outside help (Palmer, 1995).

**Conclusions**

The theories and practices that provide a foundation for children’s participation in a FGC with child protection cases are equally valid for the purpose of developing an adoption agreement. Fundamentally, all children have a right to participate in decisions that affect them, to express themselves about plans being made for them, and to have their views treated with respect. In addition to children’s rights, their perspective is an important consideration: they know their lives better than anyone, and they are more likely to cooperate when they have input to a plan.
Adult family members and service providers sometimes raise objections to children’s participation in FGC, fearing the process may upset them. An important part of the Coordinator’s role in preparing is to educate them about children’s rights and the benefits of having the child’s perspective brought to the meeting. The Coordinator will also try to problem-solve any worries the participants may have about child participation.

The stages of supporting children’s involvement in FGCs include providing information, helping children to formulate their views, and empowering them to express these to family members. To facilitate this process, the Coordinator, OCL, or Supporter must address power imbalances in the family to help participants treat the child’s input with respect. Children’s need for support from the adults, including their family, the OCL, the Supporter, and child welfare staff continues beyond the family meeting. Social workers who carry responsibility for the children involved should follow up the FGC with children to debrief them, and to support their participation in subsequent decisions that may flow from the plan reached at the meeting.

Ideally, a FGC that is inclusive and respectful of children will benefit subsequent relationships between the families involved. Anecdotal evidence about adoption agreements/orders suggests that it is common for initial intentions to lapse over time, and for children to have little ongoing contact with their ‘original soil’ families.

The principles and practices of FGC put families at the centre of responsibility for making and carrying out the plan for contact/communication in adoption. They also empower children to make their needs known to the people around them. With this beginning, it is hoped that the spirit of the agreement/order will be honoured, and children will continue to be connected with family and friends who care about them.

References


FAMILY GROUP WORK  (2)

FAMILY GROUP CONFERENCE (FGC): AN EFFECTIVE CUSTOMIZED WAY FOR CHILDREN AND YOUNG PERSONS TO PARTICIPATE

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(Brantford, ON)

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INTRODUCTION

Family Group Conference is an opportunity for a child or young person to participate and have input into the child welfare decisions that affect their lives. Family Group Conference (FGC) has been offered as an approved method of Alternative Dispute Resolution under Ontario’s child welfare legislation since 2006.

In this paper, we will examine why the child and young person’s voice and participation are needed; some of the challenges; when to invite their participation; and, we will explore FGC as an example of how to do this.

WHY SEEK A CHILD AND YOUNG PERSON’S VOICE AND PARTICIPATION?

Child, Youth and Family Services Act (2017)

In 2017, the Province of Ontario passed the new child welfare legislation, Child, Youth and Family Services Act (2017). This new legislation has some very strong language about the rights of the child and young persons.

The preamble of the CYFSA (2017) is strong in its commitment to acknowledging that “children are individuals with rights to be respected and voices to be heard”, to providing services to children and families being consistent with the Human Rights Code and the Canadian Charter of Rights and Freedoms, and affirming that the CYFSA (2017) “is to be consistent with and build upon the principles expressed in the United Nations Convention on the Rights of the Child”.

The CYFSA (2017) specifically states that:

1 (2) The additional purposes of this Act, so long as they are consistent with the best interests, protection and well-being of children, are to recognize the following:

3.vi. includes the participation of a child or young person, the child’s or young person’s parents and relatives and the members of the child’s or young person’s extended family and community, where appropriate.

Part II of the CYFSA (2017), identifies the rights of child and young persons receiving services, including

3.1. To express their own views freely and safely about matters that affect them
3.2. To be engaged through an honest and respectful dialogue about how and why decisions affecting them are made and to have their views given due weight, in accordance with their age and maturity.

How will the child welfare field in Ontario meet the requirements of this new CYFSA (2017)? What does it actually mean to put into practice that children have rights to be respected and voices to be heard? What does the participation of the child or young person really mean? How can they express their own views freely and safely and participate in decisions that affect them?

**Social Work Code of Ethics**

The Ontario College of Social Workers and Social Service Workers’ *Code of Ethics and Standards of Practice Handbook* (2008) supports the voice and participation of children and young persons through providing some guidance to child welfare social workers by requiring members to:

1.1 …participate together in setting and evaluating goals.

1.2 …respect and facilitate self-determination … including acting as resources for clients and encouraging them to decide which problems they want to address as well as how to address them.

3.1 …provide clients with accurate and complete information regarding the extent, nature and limitations of any services available to them.

These requirements may be limited by many factors, including the agency’s mandate, which adds an additional layer of challenge and opportunity for the child welfare field.

**United Nations Convention on the Rights of the Child**

Nearly 30 years ago, Canada became a signatory to the *Convention on the Rights of the Child* (1989). This document provides guidance about the rights of children:

*Article 5 States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.*

*Article 12 1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.*

**CHALLENGES IN SUPPORTING CHILD AND YOUNG PERSON’S VOICE AND PARTICIPATION**

What are some of the challenges of genuine voice and participation for a child or young person involved in child welfare?

Vis et al. (2012) have explored this question with Norwegian child welfare social workers, and their findings are very similar to our experiences over the past 20+ years in US and Canadian child welfare. They report that there seem to be three main obstacles in achieving participation which include personal and organizational barriers in communicating with children, participation advocacy factors and protectionism in social work.
Vis et al. (2012) found no consensus among Norwegian child welfare social workers that children should always participate and wonder if this is due to different meanings of participation. When the worker emphasized the decision that needed to be made in the meeting, it was less likely that the child would participate. When the worker puts the emphasis on the child being part of the process, it was more likely that the child would participate. They found that when child welfare social workers consult with children, this may lead them to adjust their understanding of participation.

Vis et al. (2012) define protectionism in social work as:

> Restricting the information that children are given, the people they are allowed to meet with or the discussions they are allowed to participate in, with the intent to protect them from possible disturbing or upsetting experiences (p. 19).

They found that the protectionism scores of child welfare workers significantly predicted whether they would make attempts for the child to participate or not.

Vis et al. (2012) conclude that:

> communication skills training and guidance are necessary and argue that in order to reduce barriers towards child participation, social work training and guidance should also put greater emphasis on ways of working with children in participation processes rather than ‘hearing’ children for the sake of decision making. We also need to look into ways of making care processing more ‘child-friendly’ in order to overcome organizational barriers. (p. 20)

**FAMILY GROUP CONFERENCE (FGC) AS AN OPPORTUNITY FOR CHILD AND YOUNG PERSON’S PARTICIPATION AND VOICE**

**Overview of FGC in Ontario**

Family Group Conferencing (FGC) was developed in New Zealand in the 1980’s to address the over-representation of the Indigenous children. The FGC process was developed jointly by the Indigenous community and the government officials as a way to address the power imbalance between the state and family groups that feeds systemic racism.

In 1989, New Zealand child welfare legislation required that a FGC be held before a court application could be made and gave the Plan created through a FGC the power of a court order. One of the impacts of these changes is that large numbers of children in non-kin foster care returned to their families and communities.

In 2006, Ontario’s *Child and Family Services Act* (CFSA) was amended to include Alternative Dispute Resolution (ADR) in child welfare. The *Child, Youth and Family Services Act (2017)* has the same ADR provisions as the CFSA. One of the approved methods of ADR in Ontario is Family Group Conferencing/Family Group Decision Making (FGDM). In Ontario, FGC and Family Group Decision Making (FGDM) refer to the same model which adheres as closely as possible to the New Zealand FGC process.

It is clear that the 2006 inclusion of ADR in child welfare services was intended to reduce court delays and costs (Ontario 2005). According to Standard 7 of the Ontario Child Protection Standards (Ontario 2016), FGC is seen as a collaborative practice **within** in the Family Centred Conferencing Model for child welfare in Ontario. There are no Ontario child welfare standards defining when a referral to ADR will be considered or made.
The Ministry of Children and Youth Services does not provide data about how many FGC referrals are made by each child welfare agency in Ontario and so it is difficult to gauge referral rates. Based on consultation with the field (Schmid and Morgenshtern 2017), there appear to be wide variations in FGC referral rates across Ontario.

**Guiding Values and Principles of FGC: Addressing the Power Imbalance**

The values and principles of FGC are all rooted in addressing the power imbalance that exists between families involved with child welfare and the state. Schmid & Pollack (2009) see FGC as a means of negotiating power through shared knowledge in the child welfare system. In FGC, the family system is defined as broadly as possibly by the family members. This family system usually includes the extended family and friend circle as well as the community surrounding and sustaining a child or young person member.

As is evident in the chart below, FGC is rooted in the principles of being child focused, the child and young person voice and child participation. The values and principles in the table below guide the practice of FGC in Ontario.

<table>
<thead>
<tr>
<th>FGC Value/Principle</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Child Focused</td>
<td>The child and young person is the heartbeat of the circle, the reason the circle gathers, the one who has created the circle as family. The child’s needs for safety, permanency and well-being guide the decisions made during the FGC.</td>
</tr>
<tr>
<td>Child and young person Voice</td>
<td>The child and young person speak in their own voice in the FGC. Often the child and young person will prepare what s/he/they wants the family group to know and chooses who will read the ‘What I want to say’ document during the FGC.</td>
</tr>
<tr>
<td>Child participation</td>
<td>The child and young person will decide how much to participate in the FGC process and who will read what has been prepared ahead of time. The family group needs to decide how to support the child and young person’s participation and how the child and young person will be told about the decisions made during the FGC.</td>
</tr>
<tr>
<td>Inclusion</td>
<td>All family members and others like family are included in the FGC. There need to be more family group members present during the FGC meeting than service providers, in order to help address the power imbalance. Safety planning is done so that the FGC is safe enough for all participants. If a person cannot participate in person, other ways are found to include the family member, including those who may be incarcerated or subject to a restraining order of some kind. The FGC coordinator spends considerable time and effort in widening the circle to locate and prepare all family members before participants attend the FGC meeting.</td>
</tr>
<tr>
<td>Maternal/Paternal</td>
<td>All family members are invited to participate, including both the maternal and paternal families even if one branch of a child’s family has not been very involved in the child’s life for a period of time.</td>
</tr>
<tr>
<td>Transparency</td>
<td>In order for a family group to lead the decision making, they need access to all the relevant information including the child welfare information. One way child welfare keeps power is by being vague, which then means the family group has to spend much of their time trying to figure out what child welfare wants. By providing the relevant information before the FGC, along with the...</td>
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</table>
child welfare requirements, family groups are freed up to do the planning for their child and young person. The coordinator shares the relevant child welfare information and requirements with every participant prior to attending the FGC.

<table>
<thead>
<tr>
<th>Family Voice</th>
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<tbody>
<tr>
<td>The family group leads the decision making and is entitled to all the relevant information needed in order to make the best possible decisions.</td>
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<thead>
<tr>
<th>Authorship</th>
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<tbody>
<tr>
<td>The family group is the author of their solution to keep their child and young person safe. The FGC Plan is created in dialogue with the child welfare staff during the third part of the FGC. As long as the family group’s solution meets the requirements of the child welfare agency, the child welfare staff will be led by the family group’s solution.</td>
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<thead>
<tr>
<th>Safety</th>
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<tbody>
<tr>
<td>The FGC needs to be ‘safe enough’ so that every participant has a voice in the decisions. This includes cultural and emotional safety.</td>
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<table>
<thead>
<tr>
<th>Culture</th>
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<tbody>
<tr>
<td>Family groups have their own spoken languages, their own ways of making decisions, and their own ways of beginning and ending important events. The FGC coordinator is responsible for creating the space for the family group to express their own culture.</td>
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<table>
<thead>
<tr>
<th>Strength-Based</th>
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<tr>
<td>With enough love and wisdom in the room, all families are able to make the best possible plans for their child and young person. The child/young person is welcome in the room while the conference is going on. The child/young person and the family group decide how much time this will be.</td>
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<table>
<thead>
<tr>
<th>Collaboration</th>
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<tr>
<td>The FGC is designed to support collaboration between the family group and the child welfare agency. The child welfare agency has to choose to collaborate with the family group for FGC to address the power imbalance between the state and the family group. The child welfare agency also has to choose to give preference to the FGC Plan and commit to resourcing it (Kempe 2013).</td>
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<table>
<thead>
<tr>
<th>Impartial Coordinator</th>
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<tr>
<td>The FGC is coordinated by an impartial and fair coordinator.</td>
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<tr>
<th>Independent Coordinator</th>
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<tbody>
<tr>
<td>The FGC coordinator does not have any child welfare authority with respect to the child and young person being planned for through the FGC.</td>
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**FGC IN ONTARIO: WORKING TOWARD SUPPORTING CHILD AND YOUNG PERSON’S VOICE AND PARTICIPATION**

The voice and participation of the child and young person is foundational to each phase of the FGC. Each child and young person decides how to participate and how to share what is important throughout the entire FGC process. In our experience, when there is reluctance for the child or young person to participate, the hesitation usually is stronger among the service provider group than among the family group. The coordinator is guided by the child and young person in the context of the family system and the child welfare team.

The FGC process in Ontario attempts to remain true to the New Zealand FGC model as much as possible, given that the FGC Plan does not have the force of a court order in Ontario. We are guided by several resources:

- FGDM Purpose, Values and Processes (Kempe, 2013)
- FGC Manual for Ontario
The FGC model in Ontario is as follows (used with permission from Michael Doolan):

1. The child welfare worker makes a referral to FGC. There are no issues that are excluded from being appropriate for a referral to FGC, including issues related to intimate partner violence or child sexual abuse. In our experience, the simpler the paperwork to make a referral the better.

2. The FGC referral is assigned to an independent coordinator, one who holds no child welfare decision-making authority.

3. The coordinator prepares every participant for the FGC. This involves several steps:
   
a. Meeting with the child welfare team to learn the relevant child welfare information, including the child welfare concerns to be addressed in the FGC plan. This step also includes preparing the child welfare staff for their role in the FGC meeting.

   b. Meeting with the child or young person to review the purpose of the FGC, share the relevant child welfare information (based on the child or young person’s capacity), and determine how the child or young person will participate. This includes how the child or young person will share their voice in the meeting, including during private family time, as well as identifying particular support people the child or young person may want or need.

   c. Meeting with every family member invited to attend the FGC to share the relevant child welfare information and the child welfare concerns to be addressed. The coordinator shares how the meeting itself is structured and also pays close attention to any planning needed in order to make it safe enough for everyone to have a voice. The goal is that there be no surprises for the family members in the information shared by child welfare at the meeting.

   d. The coordinator continually works to widen the circle of family member participants invited to attend the FGC meeting. This includes maternal and paternal extended family members, friends, half siblings & step siblings of the child and young person being planned for, community members, and members of the family’s faith group. The goal is
that there need to be many more family group members present in the meeting than service providers.

e. Meeting with service providers invited such as the OCL (Office of the Children’s Lawyer), the Band Representative and the non-kin foster parent(s) as well as other community service providers identified by the family group as holding information they need in order to create their solution to the situation facing the child and young person in their family.

4. There are three phases in the FGC meeting itself:

a. **Information Sharing** by the child welfare staff and other community service providers to the family group. This includes the child or young person sharing what s/he wants the family group to know. The family group has the opportunity to ask the service providers questions for the purposes of clarification.

b. **Private Family Time** for the family group with no service providers present so that the family group can develop their solution to the issues facing the child or young person in private. Kin caregivers are included in private family time. The child/young person can also be present during private family time. The amount of time and the way the child/young person will participate is determined by the child/young person and their family group.

c. **Agreeing Plans.** After the family group has developed their solution to the situation facing the child or young person, they invite the services providers back to share their solution with them. A dialogue takes place between the family group and the child welfare service providers, with the child welfare service providers being guided by the family group’s solution. During this phase, additional details and clarification are added until the family group and the child welfare service providers agree to the plan. If the child or young person is not present during this phase, the group decides how the child or young person will learn about the details of the plan.

5. How will the FGC Plan be monitored? Usually this is decided during the FGC meeting and is built into the plan. This phase is often overlooked and minimized, in our experience, which leads to Plans not working as well as everyone had hoped.

6. A process to regularly review how the FGC Plan is going is also essential yet often overlooked, in our experience. This may include agency meetings with key players in the family group or a Review FGC so that the wider family group can continue their planning. Unlike an agency meeting, a Review FGC is family-driven. If a Review FGC is held, the process resumes with a referral and follows through all the same steps noted above that were followed for the initial FGC. Again, the simpler the process to make a referral for a Review FGC, the better.

**ROOM TO GROW**

We are well aware that there is still a lot of room to grow as we learn about the voice and participation of children and young persons who are involved in the child welfare system. The tension between the protection and the participation of children and young persons is one that will not be easily resolved. Our goal is to be in a place of both/and which means avoiding the dangers of extremism at both ends of the spectrum (protection at all costs or participation at all costs) so that we can build child welfare’s
capacity to embrace both protection and participation of children and young persons. We are, however, only in our infancy in understanding how to achieve this.

As we think about child and young person’s participation, we recognize several components on participation, which includes their input, their voice, the information provided to them, their participation in the process, how much impact they have on the decision and their participation in making decisions. We note that participation should not be solely limited to formal meetings, but also during discussions, conversations or other informal moments. We see participation as a process rather than an event, one where the child or young person’s capacity for participation is continually being built and supported throughout their involvement with child welfare. This includes children and young persons who remain living with a parent(s) as well as those living outside their parental home.

We further recognize that some of the influences on child and young person’s participation include codes of ethics, mandates, rights (of various family members), needs of the child and young person, respect for the child and young person, and supporting the dignity of the child and young person. Whoever holds the power will influence what participation looks like for each child and young person (Vis et al. 2017).

Our vision includes the components of participation and influences on participation interacting together, resulting in numerous ways for children and young persons to participate.

Growing FGC in Ontario

Is it time for child welfare in Ontario to embrace FGC more fully as one of the ways to meet the new CYFSA (2017) requirements to support genuine child and young person’s voice and participation? What are the barriers to growing FGC in Ontario?

Schmid and Morgenshtern (2017) have named unstable funding as well as uneven buy-in on provincial levels and within child welfare agencies as two significant barriers to growing FGC in Ontario. Unstable funding continues to haunt FGC in Ontario. Uneven buy-in across the child welfare sector continues to be a barrier in growing FGC. This may be due to a number of factors such as the regional structures of the FGC service provision, locating FGC coordinators primarily outside of the child welfare system, the absence of a child welfare standard about when to refer to FGC, individual agency culture and mixed messages in the CYFSA (2017).

At the present time in Ontario, referrals to FGC are required (strong language) to be considered (weak language) by the legislation and guided by best practice. This situation effectively leaves the decision about whether to refer to a FGC or not in the hands of the child protection worker.

CONCLUSION

FGC offers specific and effective ways for children and young persons to be integral participants in making child welfare decisions that will affect their lives in profound ways. FGC honors the unique ways that each child and young person chooses to participate, given the context of their family systems and the agency systems. We are excited to be part of the national and international journey to the next stage of child and young person’s participation and voice.
REFERENCES


Many years ago, the province of Ontario determined that families involved with child welfare would benefit from having an alternative dispute resolution program available to work out solutions collaboratively, rather than relying solely on the family courts. The goal was to provide for settlement of child protection cases in a less adversarial model.

At that time, Jewish Family and Child Services (JF&CS) had a model of case planning for youth in care, known as the child service conference, in which staff and senior management would come together to determine a plan of action and treatment for youth in care and to outline the expectations to the family of the youth.

That model didn’t always work out well: there was a lack of trust, a power imbalance and lastly, there were the wishes of the youth themselves. JF&CS instead developed a model based loosely on Family Group Conference principles which began in New Zealand that allowed for the participation of family and extended family, along with agency staff and the youth in care.

There remained a great scepticism on the part of child welfare staff that families who had been abusive to their children could be relied upon to safely plan for their children themselves. JF&CS became a partner agency with The Family Group Conference Project of Toronto and began working more closely with them to facilitate conferences and to help the family take ownership and plan for its own conference.

We had some good early successes, but there was a large change in the child protection sector when the government did a deep dive audit of Children’s Aid Societies (CASs: child welfare agencies) with a view to sustainability. The audit provided strong recommendations against group homes for youth in care and in fact challenged the whole model of bringing children into care in the first place. The field shifted its work to be more preventative in nature and community based with a view to developing permanency plans for the youth.

At the time, JF&CS was still working with the Family Group Conference (FGC) model, adapted from the traditional FGC, but the meetings were being directed by agency staff.

We did a thorough review of this model including focus groups with users, and a questionnaire that went to staff, clients, and foster parents. The feedback was illuminating. Staff consistently found the model more helpful in resolving impasses and in case planning; however clients did not find it as helpful. They described feeling intimidated, and while many positive things were discussed, clients did not see any follow through. They did, however, express that they would welcome the invitation to participate in a more meaningful way.
Thus, about 5 years ago, we revised our model to its current state, a **Group Planning Session** (GPS). This model is a fairly comprehensive one that is used in situations where the youth is in the care of the CAS, but also for families where there is discussion about an out-of-home placement. JF&CS is also using the model to assist youth who are aging out of the system. Research has shown that youth coming out of care feel a sense of isolation, confusion and fear of vulnerability.

JF&CS began to work with youth and families in new and creative ways. We knew that despite all the good intentions, children suffered from being removed from their families, communities, friends, schools etc. Somehow there needed to be a way to ensure safety and permanency for children without the trauma of being separated from everything they knew. Children and youth also needed to know the circumstances of their families’ involvement with CAS to help make sense of their lives. Children and youth were entitled to know the truth and to be helped to deal with it. Children and youth became a part of our GPS meetings; however, there are times during the meeting, when only the adults take part, and child care arrangements are made, when necessary, to ensure children and youth do not inappropriately become enmeshed in adult issues.

JF&CS began a program called **Planting Roots**, which has as its mission to help youth find a permanent family to mentor and guide them for life when they are unable to live with their own families. JF&CS has held two events to educate the community about the needs of youth, both in care and transitioning out of care. In addition the goal was to change the view that children in the care of CAS were “juvenile delinquents,” “bad kids” etc. as many stereotypes existed, when, in fact, most of these children, through no fault of their own, ended up in care, because they did not have parents who could look after them. We have brought in adoption specialists to help rebrand the idea of adoption and expand the concept of who is available for adoption; and to expand prospective adoptive parents’ minds to include the idea of a young adult whom they can get to know, who may share similar interests, and who desperately needs a loving family to connect with in any way the family is prepared to offer. It could, for example, be a place at their holiday table, a place to store their belongings, some place to stay when university closes for the holidays or even living as a permanent member of their family.

We found the community very responsive and we continue to reach out to enable us to maintain a roster of potential individuals and families who want to be involved. We also used this program to help the biological families of youth. Community families can play the role of mentors to biological families in times of crisis. When these families act as supports to encourage and actively safety plan for children and youth, it allows CAS to develop creative safety plans to avoid bringing children into care.

We also developed a program called the **Pearl Project**, which has as its goal to help youth transitioning out of care by advocating for them as a parent would: for example, to assist the youth enter higher education, to ensure they receive medical and dental care, to find internships where necessary, or help them find their way into a career. The Pearl Project also partnered with an organization called **Shoresh**, to promote social enterprise. This group began growing herbs for tea and assumed responsibility to grow, harvest and bring to market their own brand of tea, using the proceeds of the sales to plan events for the group. The group went on a trip to Israel, where they interacted with a group of youth in the Israeli foster system. This experience helped the youth to have a better view of the international landscape and to see the many similarities with Israeli youth who grew up in care.
The other interesting accomplishment of the trip was that it gave the youth, now in their 20s, an opportunity to interact with agency staff as equals. Many of these youth have now gone on to post-secondary education, are finding ways to give back and see the opportunities that now exist for them, rather than only seeing the stigma of having grown up in care.

One of the biggest changes in our work with youth in care takes place during their final years in care from ages 18-21. Historically, minimal efforts were made to assist youth during this crucial time, as resources were put toward meeting the needs of younger youth. The problem was that these youth were not well prepared for independence and lived with great fear about the impending discharge from CAS care and supports at 21, including from where they were living.

Our model shifted, and we began to help support youth more intensively during these important years. New government initiatives were introduced to allow youth to remain in their foster homes and to attend school past age 21. These were big changes and allowed JF&CS to enter into “Youth Plans” to better help youth establish a plan for successful outcomes, and included housing, education, and establishing permanent connections. Youth were now entitled to an after-care benefit plan that would assist them with medical and dental care, and a drug plan, as well as other services.

Our GPS forum was open to youth to help them build this plan and it could include anyone they wanted to be in their lives. Thanks to our Pearl Project, older youth can continue to be involved with the agency in their pathway to independence and hopefully success. Youth who grow up in care are particularly challenged, as the experience itself is traumatizing. Self-esteem is often low, and experience with success is minimal. We have found that youth need a lot of ongoing support and that it is difficult for them to ask for it.

We endeavour to help young people understand their circumstances from a developmental lens. We take great pride in the fact that our agency will go to great lengths to have most of our youth assessed for learning disabilities, or any psychological barriers. We invite youth and their families to sit in on an explanation of the results of any assessment, so that it is meaningful to them and helps to explain any difficulties they may be experiencing, without assigning blame.

JF&CS remains committed to continuing to learn more about how to help families in crisis and to help youth who may have to be removed from their caregivers. It is our hope that we can share this knowledge, and help to mitigate the damage that is done when children have to be removed from their homes. It is a difficult quandary for child protection workers, who are legally charged with ensuring child safety and, at the same time, have to deal with the repercussions of children who grow up in the care of a society. It is our hope these programs, and programs like them, can assist in producing better outcomes for children and youth.
This Paper Presents the Importance of Permanency and Bonding

In Ontario, over 5000 children and youth in care have no family on which to rely. This paper is focused on the need to consider the child’s views and involvement in making decisions regarding care arrangements. As has been emphasized before, it is important to achieve for the child a sense of belonging and permanence as soon as possible (1). It is essential to their future well-being to place children successfully and to provide them with security and stability; they must bond with one or more caregivers whom they trust. Trust and bonding are obtained when children feel that the persons making decisions on their behalf have their best interests at heart. This trust can only be obtained if the child’s wishes are also considered when determining a suitable placement. That is not to say that a child is always capable of making a choice amongst options, but a child can indicate preferences if options are clearly presented. Even toddlers can illustrate through their behaviour which of several adults they prefer.

This paper stresses the absolute importance that children’s wishes be considered in determining how best to achieve permanency in placing them. Adoption, preferably with openness, is usually the preferred method. Alternative means for achieving permanence include kinship care, kinship service, customary care, and legal custody which will be mentioned briefly. All these arrangements require the involvement of the children’s voices in their planning to the maximum extent possible, and all require that the children’s needs are the prime concern, not expediency for the agency.

The Importance of Early Intervention

Today, children come into care well beyond infancy and most often after they have been badly traumatized. We give birth-parents successive attempts to gain parenting skills and to cease their addictions before moving their children into permanent care. The majority, 97%, of Children’s Aid Society (CAS) investigations result in children being left with their families (2). Many children and youth in care have had several periods temporarily in care before the decision is made to bring them into provincial care permanently; many are school aged. Naturally with a history of turbulence, abuse, neglect and parenting by drug or alcohol addicts, these children present many challenges to foster parents and are not always appealing to prospective adopters. Data from the Ontario Association of Children’s Aid Societies (OACAS) indicate that fifty percent of permanent wards are over fourteen years of age and have been in care for more than 2 years (3). Data also indicate that in 2016-17, children’s aid societies completed 788 adoptions, of which 256 included openness provisions (4). Our society must do better to provide these children with what they need and want - “forever families” - as much permanence as possible.

A primary concern is to provide families who come to the attention of child welfare authorities with greater supports: early intervention to help the birth parent cope with the stress of her/his situation through group and individual counselling and teaching. In some instances prompt financial assistance to improve living conditions for the child is essential. Frequently, child welfare agencies are too under resourced, especially in remote areas, to develop preventive programs. The emphasis should be on early intervention.
Agencies should focus on placing a child as quickly as possible into a foster home or other placement which has the potential for being a positive, long-term experience and not just a temporary situation. Considering the insufficient supply of good foster homes and of support services in this province, permanency is often difficult to accomplish. Records indicate that frequently children face two, three or more placements within their first two years in care, and experience several changes of workers (5). Surely with more adequate initial assessments and greater sharing of information and resources amongst agencies, the situation can be improved. Some agencies require a period of fostering by prospective adoptive parents before an adoption proceeds, which has a great deal of merit as it may mean fewer disruptions for the child to endure.

Advantages of Adoption with Openness

Times have radically changed since great secretiveness surrounded the process of child adoption. Although adopted children, after becoming adults, have increasingly had access to information about their birth parenting, adoption with openness is even more important, now that it is seen as the preferred way to adopt, even for infants, whenever access to the birth family seems appropriate. At any rate, past history should be available to the children as they grow up.

Frequently openness orders or openness agreements as initially made are modified over time, to expand or reduce contact between the birth family members and adopted children. Changes can be initiated by any of the child, adoptive parent, or birth family member. Although accurate data are not available, experience indicates that frequently, as the birth mother develops other relationships, she reduces contact with the child, or she might, if the relationships are progressing well, request additional contact. In any regard, for all parties concerned, adoption with openness seems to lead to positive outcomes.

With modern technology secrets are hard to keep. Also, as children are most frequently being placed in permanent care when they are well beyond infancy, even in their teen years, they have established relationships within their birth families and communities which are significant to them. The memories of children and youths beyond the age of three are difficult to obliterate and emotional and physical scars may be permanent. And telling the child about his or her past is important in any case. While the birth family members may not be competent to parent the child, the child may want to maintain contact with some of them. Sometimes the child is concerned about the parent’s wellbeing, like the twelve year old boy who worried about what scary man his mother might next be bringing home to bed. Sometimes a child may want desperately to be adopted to gain a sense of permanence, but may wish to maintain contact with a grandparent who loves her/him but is not capable of the parenting role.

Private agencies have for decades been conducting adoptions with variable degrees of openness, and also giving the birth mother an element of choice about which of several prospective adopters she would choose. This can have a very positive outcome for the relinquishing parent, helping to absolve feelings of loss, and some guilt feelings that she has failed the child. It can also be beneficial for the birth mother and the foster or adoptive parents to have positive relationships. Witnessing cordial relationships, the child can gain a positive self-image, rather than feeling that he or she is a tainted product. If a child is being adopted into a family with children, the adoptive or foster parents’ attitude of openness can have a positive influence on their children’s attitude towards the new family member. By contrast if there is secrecy or outright aversion on the part of foster and adoptive parents toward the birth family, the child can feel stigmatized, like damaged goods.

Respecting the Child or Youth’s Views

It cannot be stressed sufficiently that a child must participate in decisions regarding his/her adoption. By the time adoption is feasible the child has usually experienced many traumatic events and disruptions. If the adoption is to stick, the child’s preferences must be a foremost consideration. Effort should be made to place children in culturally appropriate homes whenever possible. If the child has not been fostered by
the adoptive parents, trial weekends with prospective families are often useful to gauge how comfortable the child seems, and how he or she responds to a worker’s careful questions subsequently about the visit. Even a toddler’s behaviour can indicate prospects for a permanent relationship with close bonding.

Sharing Accurate Information with the Child

For decades child welfare agencies have insisted that adoptive parents tell the children whom they adopt of their adoption. However, there are many instances of adoptees being told for the first time in later years that they were adopted, with devastating results. Growing up with deceit is harmful. While the child needs information that is age appropriate, even children as young as three need to begin to grapple with the concept of adoption. We need not tell all the historical facts if the situation is very difficult but we do need to be honest. If workers and adoptive or foster parents do not give children the straight goods, how are the children to build trust? Honesty is essential if healthy relationships are to be forged and maintained.

The Importance of Post-Adoption Services

Today, when numerous children do not become legally available for adoption until they are well into their school years and many are teenagers, post-adoption support to both the adoptee and the adoptive families is essential yet currently too scarce. The scars of a traumatic childhood are deep and difficult to overcome. Individual counselling or participation in groups of adoptees or adoptive parents can be very helpful in eradicating feelings of dealing with the challenges alone. Individual or group support can be useful in maintaining a placement. Today the demand for such resources far outstrips their availability in many areas of Ontario.

Adoption Subsidies

Many children and youths currently available for adoption have ongoing medical and educational expenses due to the drug or alcohol addiction of their parents. Often the best parents for these children are not high achieving, affluent people with unrealistic expectations. Frequently they are loving people of modest means with biological children. In such instances adoption subsidies, such as are available to foster parents, can help them to proceed with the adoption of their foster children. Subsidies can also attract a broader range of prospective adoptive parents from diverse immigrant or aboriginal cultures. Yet, for many child welfare agencies today, the cash to facilitate subsidies is insufficient. Our society should consider the welfare, medical and correctional services costs of not providing adequate permanent placements for the over four thousand children in permanent care.

ALTERNATIVES TO ADOPTION WITH OPENNESS

Kinship Care and Kinship Service

Kinship Care is currently the placement arrangement for close to 700 (6) children and youth in care who are parented by extended family members or people considered family by the child. This arrangement differs from the less formal arrangement of kinship service whereby several thousand Ontario children not in care are voluntarily placed with relatives or people the child considers relatives. The success of these situations depends greatly on the nature of the family arrangements. Increasingly popular are family group counselling sessions where all family members gather first with a social worker and then by themselves to consider who is best prepared to care for a child whose natural parent is no longer able to assume the parental role. Here again considering the child’s preferences is important for a successful outcome.
Customary Care

In Ontario a vastly disproportionate number of First Nations, Metis and Inuit children and youth are in customary care. In 2016 to 2017 the average number of children and youth with customary care agreements was 1425 (7). Wherever possible, efforts are made by the children’s communities to find placements with families of their own culture, and, at the very least, to ensure that contacts between the communities and families are maintained if possible and appropriate. Knowing their cultural heritage is important to building children’s self-identity.

Legal Custody

Another important and currently underutilized method of providing stability and a “forever family” for children who come into the care of a children’s aid society is to give a parent, extended family member, community member, or foster parent legal custody of the child. This is a particularly relevant means of gaining permanence now, given the ages of children who now come into permanent care. In the 2016 to 2017 year there were 422 such custody arrangements in effect. In 2017-2018, 426 legal custody orders were in place (8). In legal custody arrangements, the child can maintain the birth family name and contact with birth family members. Also, people who are somewhat beyond the age for adopting children can provide the security a child needs. Currently, with many wards being teenagers, this arrangement should gain greater acceptance, and more resources should be made available to provide the same financial support to guardians as is available to foster parents. This seems vital in order to obtain a sufficient selection of permanent placements, because as was mentioned, many children in care require special medical and educational needs.

Expanding the Opportunities for Permanence

If children and youth in care are provided with the love and security they require they can achieve their goals, and contribute as stable and giving members of society. It is in society’s enlightened self-interest to help young people in care as much as we can and as early as possible. For decades, data have indicated that children who are removed from their birth families and have been in care are later hugely overrepresented in our correctional and mental health care systems. This is tremendously costly and challenging. Ontario requires more resources to assist families in crisis, provide greater adoption and legal custody subsidies, and post-placement counselling services.

Currently much valuable data relevant to planning for and sharing information about children in limbo are not available. Good planning and effective permanent placement procedures require comprehensive data. Also, excellent communication systems amongst agencies are essential in order to locate the most favourable placements for children in care. Poverty very often underlies the problems of families accused of neglect and abuse, which is why political decision-makers should look beyond their immediate terms of office at the requirements for sound social programs. Above all it is essential to listen to the voices of children and youth in care to understand and respond to their needs for bonding, security and stability.
References

(2) Ministry of Children, Community and Social Services. 2017-18 service data based on Q4 preliminary results.
(3) Ibid., 57
(4) Ibid.
(5) Ibid., 58
(6) Ibid., 59
(7) Ibid., 60
(8) Ibid.
PERMANENCY, ADOPTION AND OPENNESS  (2)

HELPING CHILDREN MAINTAIN POSITIVE CONNECTIONS WITH BIRTH
FAMILY AND CULTURE AFTER ADOPTION

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Open Adoption helps a child to reach his or her fullest potential with support and commitment of birth and adoptive families.

When a child is in foster care, the first goal is always to return the child to the birth family. While in foster care, the primary focus is to maintain and build relationships with birth family members. Children often enjoy a regular schedule of visits with birth parents, siblings and sometimes extended family members, if possible. Visits are supervised, if necessary, and therapeutic supports are provided when needed. All of this support is positive for the child who develops a sense of family and builds relationships with birth family members while in foster care.

When a child is not able to return to birth parents, we must try to give the child a new family in which to grow up and grow old. We call this adoption. Adoption, in all its forms (including Kinship and Customary Care) gives a child that family to grow up and grow old in when birth parents are not able to do so.

Adoption provides the lifelong support that we ALL need to reach our greatest potential throughout our lives. However, for the child, the connections to birth family do not end when a new family is found. Adoption creates a split between a person’s biology and biography. Openness is an effective way to help heal that split. – Lori Holden, adoptive parent and author.

Another analogy fits with the proverbial ‘family tree’ that often appears in our children’s school lessons as an exercise. We talk to children about ‘roots’ – to culture, history, heritage – and, additionally, for an adopted child, to their birth family.

Adoption with openness is about nurturing and fertilizing the roots that a child has to his or her birth family, culture, past. When children are adopted, they risk losing some, if not all, of these connections.

If we listen to nature’s lesson, strong roots will help our children grow upward and reach their fullest success and potential. It makes sense when you think about it; the roots need as much care and attention as the rest of the tree for maximum health and a prosperous future. Now our challenge is to make it work for all members of the adoptive families – children and all parents. (Focus on the child... )

Experience and literature outline a number of factors which should be considered in making a decision about how to plan for openness when a child has not had contact with a birth family member since the adoption placement. These factors ought to be considered in openness planning for every child, including children who were in the foster care system and have been adopted.

Factors that should be considered in relation to the birth family member are:

• Reasons for permanency plan (abuse, neglect, mental health, parental disability)
• Safety issues that need to be acknowledged.
• Characteristics of relationship with child
• Birth family views about adoptive placement
• Previous experience with contact with the child?
• Ability to respect boundaries
• Stage of grieving and supports to help with resolution
• Ability to accept review, mediation and ongoing supports.

Factors that should be considered in relation to the child/youth are:
• Child’s attachments/relationships- who/how many
• Child’s developmental level
• Child’s understanding of adoption
• Reason for separation from birth family
• Child’s emotional well-being and stability
• Other stresses the child is experiencing
• Child’s views about ongoing contact with birth family

Factors that should be considered in relation to the Adoptive family are:
• Views about ongoing contact and understanding of the importance for a child
• Experience with accepting new people into extended family constellation
• Geographic proximity to birth family members and options for managing contact
• Other demands on family time related to this child or other children in the home
• Attitudes toward birth family -empathy
• Adoptive parent’s capacity to set healthy boundaries
• Ability to engage in open communication
• Cultural differences between birth family and adoptive family
• Ability of the child welfare system to provide family with supports for oversight of contact, assistance and mediation.
• Parents’ ability to accept support and be open to change.

Considering the voice of Youth

Research involving young adults who were adopted in closed arrangements as children reports that adoptees often voiced displeasure about not being informed of the essential parts of their history.

• Several youth have expressed overwhelming worry and fear about the health and safety of birth family members with whom they are not able to contact or receive information about.
• When a youth has knowledge of a sibling with whom they are not able to have contact, he or she almost always notes that he or she thinks about the child all the time and wonders how they are doing in his or her life.

• Youth often express anger about their inability to answer questions about their birth family members, family history or cultural background when asked about these things by peers or in school projects.

Conversely, studies conducted with youth who had been able to maintain connections with birth family members, highlight the positive impact of all of these areas. Youth did describe that they needed to have some help from adoptive parents in navigating connections, and youth adopted at an older age (over 7) expressed the importance of listening to the youth voice in initial planning and in later years as well (Berge, J. M. et al. (2006). Adolescents’ feelings…)

Is openness different when the child is being adopted from foster care?

For children who are placed in adoptive homes at birth, voluntarily, by their birth families, openness in adoption has long been an accepted practice. With the support of a birth parent counsellor and an adoption worker, the birth and adoptive family meet prior to the birth of a child to discuss the birth family’s wishes for ongoing openness. In many cases, the birth parents and adoptive parents write a covenant or agreement to guide their ongoing relationship. Birth and adoptive parents, as well as adoptees, report positive benefits for all. (Child Welfare Information Gateway (2013). Working with birth and adoptive families…). The question we have to ask is – Should a child who is adopted from foster care not have the opportunity to maintain connections with birth family members after they are adopted? Why should their life after adoption be different than peers who were adopted privately, at birth? Their birth parents’ inadequacies, whatever they may be, does not mean the child should be severed from all their connections.

Adoptive families may be nervous about agreeing to ongoing contact with birth family members. They learn about the importance of maintaining positive connections a child has in his or her life prior to placement, while attending parent education training and having their adoption home study completed. With support, they can understand the benefits of openness for their child, if done in a safe and thoughtful manner, with the needs of the child or youth at the forefront of ongoing contact. However, adoptive families need the right tools, information and ongoing support to navigate the journey of complex relationships that openness brings to their life.

Children and youth have clear views on connections that are important to them, especially as they get older. At the same time, children benefit from the lifelong connection, support and relationships that an adoptive family brings to the uncertainty of life in the child welfare system and the perils of independent living at age 18. (Child Welfare Information Gateway (2013). Sibling issues… )

The challenge is to create openness relationships that can be sustained over time, as two separate families evolve and develop over the lifetime journey that is adoption.

Some thoughts to consider:

• When a child has been in foster care prior to adoption, there may be tensions between the CAS and the birth family that make it more difficult to talk out plans and discuss concerns that either family may have related to agreements.
• Systemic issues within the child welfare system often create a large gap between the social workers who have worked directly with the family and the child and the adoption workers who know the adoptive family best.

• Court orders that speak of openness are interpreted differently by various people within the birth and adoptive families, as well as the child welfare system. Court orders may be made without input from the adoptive family and create mandatory provisions about openness that are not manageable by the family.

• A child’s need for openness may differ dramatically from the wants of birth family members and the comfort level of adoptive families.

• The history of family dynamics in birth families and the complexities of relationships that have developed while a child is in foster care.

• The two families have differing values that may conflict throughout the child's lifetime.

• Openness evolves; it does not just begin.

These are factors that make it difficult to predict a long term plan for a child and the adoptive family. There are inherent challenges in bringing together two different families and a child who has been living apart from both families. There are risks of power imbalance and potential conflicts.

At the same time, experience in the field of private adoption in Ontario has clearly shown successful outcomes when the focus is solely on supporting adoptive families and birth families in meeting and creating their own openness plans.

With a clear focus on the child’s needs, it seems that birth and adoptive families can be empowered to make the long term commitment to openness.

In 1997, James Gritter gave guidelines for open adoption that are relevant to consider. In his book, The spirit of open adoption (1997), he talks about the relationship elements of ongoing contact and suggest every open adoption plan should build on the following principles.

Every open adoption plan must:

• Honour the adoptee
• Be based on candor
• Be based on choices
• Honor the pain
• Be covenantal (be part of an agreement or pact made between families)
• Transform (evolve and be ever changing)
• Be adaptable
• Build community
Taking a few minutes to think through these points in relation to what steps, activities or routines might be helpful in the creation of the openness plan is a good way to move forward with planning. A further challenge we have in our jurisdiction is that the legislated openness regime does not operate on a “covenantal” principle; therefore openness orders can be made to which an adoptive parent does not consent. The only test that the court is to consider is “the ability of the adoptive family to comply with the order.” (*Child and Family Services Act*, 1998), Ontario.

More recently, Lori Holden, an adoptive mother, provided us with another helpful framework to consider in education and planning for openness. Lori explains that contact and openness are NOT the same thing. In fact, when considering openness of children from the foster care system, where issues of risk may be a concern, the simple concept of contact may not even be a consideration that can be entertained. And yet we know that youth today can easily make connections with birth family through social media. When done without guidance and support, the child may be put at risk of physical and emotional harm, contrary to the efforts of a child welfare system that seeks to protect children and support adoptive families.

In her book, *The open-hearted way to open adoption...* (*Holden*, 2013) Lori presents the **Open Adoption Grid:**

1) **Low Contact & Low Openness** is what we would call a closed adoption. Not only is there very little contact or identifying information available to the child, but the adoptive parents are ill-equipped to deal with adoption openly. They may not be comfortable having tough conversations and confronting difficult feelings about adoption, as the child grows and advances cognitively. Challenges may be profound as a child enters adolescence, struggles with identity and questions about birth family. Even in a closed adoption, youth have ‘ready access’ to birth family through social media. Youth and older children who were adopted from foster care may have memories of birth family to guide them on their search.

2) **High Contact and Low Openness** is where there is contact with birth family, maybe through exchanges of photos, emails or even meetings. Parents here may say things like, “We follow our open adoption agreement exactly.” But what’s lacking is what Jim Gritter calls *The spirit of open adoption* (1997). These families may not encourage talk about the birth family, unless the
child initiates, and subtly avoid situations that bring birth family memories or even general talk about adoption to the table. Because of the lack of openness here, the child is still at a disadvantage, feeling split between his/her clan of biology and his/her clan of biography.

3) **High Contact and High Openness** is where the birth family is considered extended family, both in contact and in openness. This relationship may be no different than one with a beloved uncle, sister-in-law or grandmother (or even a relative not so beloved!). The relationships are child-centered and inclusive. The child is claimed by and able to claim both clans, helping her integrate all her pieces as she grows through the stages of toddler, school years, teens and into adulthood.

4) **Low Contact and High Openness** is at play in many foster and international adoptions, as well as some domestic infant adoptions where distance or birth family availability is a factor. It involves low contact but high openness.

Logistics and safety issues, such as mental health or addiction issues, may make actual contact not possible or unwise, but the parents still parent with openness. They are able to deal with their own emotions about their family-building story mindfully, and they are able to open their hearts to their child as she processes her adoption story and integrates her identity. Talk about birth family, life story and adoption are initiated by the parents and the child learns to feel comfortable in asking questions and exploring feelings about their life and family connections. (Holden, L. (2013). *The open-hearted way…*)

Experience in working with Adoptive and Kinship families in Ontario with increased legislative amendments supporting openness in adoption, and increasing placement of older youth for adoption, is that education is key to success in improving our ability to help birth and adoptive families create openness plans that will last a lifetime. Adoptive families, birth families and professionals working in adoption and permanency planning must all be educated about the theory and practice of openness planning.

**Conclusion**

The importance of a child having an ongoing relationship with birth family whenever possible is an accepted belief within our Ontario adoption program. At the same time, we are keenly aware of the complexities of bringing together two families through adoption. Ultimately, the success of any plan will be determined by the relationship and positive regard that develops between adoptive and birth family members over time, with the child as witness to this developing relationship and his/her sense of encouragement and normalcy from all family members, whether through biology or by court order. At the point of placement of a child in an adoptive family, relationship factors may not be known; however, it is possible to do a thorough job of assessing and preparing all parties for the journey ahead.
Resources


Adoption Council of Ontario has create an ongoing resource list of materials and resources. These are posted on our website: https://www.adoption.on.ca/open-for-discussion-resources
VIII. VOICES OF LIVED EXPERIENCE  (1)

MY NAME IS SPARROW

Sparrow-Rose Garlow

Thank you for inviting me here today.

My name is Sparrow and I am 14 years old. I am a Crown Ward.

I understand that the proposed Bill 89 is supposed to be more youth- and child centred. I am writing about my experiences in foster care and I am wondering:

Is the new legislation going to help other children and youth not have to experience what I did? I came into foster care three weeks before my 13th birthday.

I was placed in a group for girls aged 12-18, but the residents when I arrived were 16-19 year olds.

The worker who placed me told me I was only going to stay there for the long Easter weekend and then I would be moved to a foster home. My twin brother got a foster home right away. I was the one who had been hurt by our father, yet my twin brother got placed in a stable foster home immediately.

I lived in that group home for 15 months, even though I kept asking for a new placement. This is what it’s like to live in a group home:

Being constantly watched - they wrote down logs that list when I got up, if I left, what I ate, what I watched, who I talked to and if I completed my daily expectations. At the end of the day, they decided if I moved up a level and kept my privileges or dropped a level and lost my privileges.

I needed to ask for mouthwash, shampoo and hygiene products. They wrote down when I showered and when I brushed my teeth.

Once, when I was 13, I was sick and the group home staff sent me to the Teen Health Centre in a cab. I saw the doctor on my own and was diagnosed with an ear and throat infection. I got the prescription and the CAS form filled out and then called the group home to call me a cab back.

All the other girls at the group had already been in foster homes, and had many chances before they got placed in the group home. Even while I was there, new girls came in who had been given foster placements while I had been waiting in that group home.

In my mind, I didn’t need to be in a group home: I don’t do drugs, I don’t smoke, I don’t drink, I go to school every day, I am not promiscuous, I do not AWOL, I don’t steal, I don’t set fires, I am not violent, I am not suicidal. Yet I had to stay in that environment for 15 months.

When I asked my Worker to be moved, she told me she didn’t want me to move around a lot, which made me feel like I was a bad kid and no one wanted me. She also said that she wanted to wait until I was adopted, even though I hadn’t become a Crown Ward yet.
When I told my lawyer I wanted to move out of the group home, she wrote a letter to my worker and my worker got mad at me. My worker said she was trying and that there were no spots available, although girls kept coming into the group home who managed to find spots during the time I was asking for a foster family.

I believe that as an Ojibwe youth, more effort should have been made to keep me out of the institutional setting of that residential group home.

The only reason I got a foster home placement was because I made a video about “what permanency means to me” and some worker I didn’t know, saw the video and got me a foster home.

Being a foster kid means having a lot of meetings. And I have no control over who attends these meetings, I just show up and there are random people there. They could be social work students, coverage workers or whoever wants to be there. No one asks my permission. And they openly discuss me and my experiences even though I am not comfortable and I don’t know these people and some of them I will never see again...but they know all about me and my story.

I brought this up a few times, the workers nodded and agreed and the very next meeting there would be another random person.

During my first visit with my now foster mom, family court was brought up and she asked me if I attended. My worker spoke for me saying that no I don’t. I reminded her that I had been asking to go for a few months. I was never told about court until after it happened. After that meeting, I was told when court was and I did start attending.

In all my meetings with my lawyer and CAS workers, I was firm about the fact that I did not want my father to have any access to me. After the Crown Ward order was signed by the judge, and everyone else but me, I found out that my father is able to see me if I consent, which is not what I wanted in the order.

And I wanted to have an access order with my Mom who lives on Reserve, but my workers didn’t want that. I keep asking and finally I refused to agree to sign the Statement of Agreed Facts until access was approved with my Mom, even though my lawyer was mad about the extra work. And then my lawyer signed on my behalf.

I have a letter from my Mom that talks about me speaking Ojibwe as a child and asking if I still speak it. So I know that I am Ojibwe. But, my CAS paperwork had me listed as Six Nations on one form and Metis on another. No one asked me what I am, they asked my Dad and believed him, even though he is not First Nation and has never supported my culture.

Now I’m in a foster home and I am a Crown Ward. My workers are telling me that foster care is not permanent and I need to be adopted. I will soon be 15 years old and have been telling everyone, I do not want to be adopted. I have written emails, made a video and spoken strongly in person but my CAS workers tell me that “I don’t know it yet, but I do want to be adopted.”

I am hoping no one else has to have these challenges when they ask for help.
VOICES OF LIVED EXPERIENCE  (2)

SOME MUSINGS ON THE PHRASE “THE BEST INTEREST OF THE CHILD” FROM A FORMER CROWN WARD

Wendy Hayes
Digital Marketing Professional

First off, I would like to start by saying I am not trying to attack anyone who uses this phrase when they talk about the betterment of children and youth in foster care. In fact I often think quite the opposite. I think that someone who uses this mantra in their practice has their heart in the exact right place. I only want to question the simplicity of the statement to achieve the ends to which it aspires…to help open our thought process to what exactly is in the best in interest of the child.

To do this, I would like to share my personal experiences with the child welfare system.

To be brief, I came into the care of my local Children’s Aid Society (CAS) at the age of thirteen with my sibling who was only one. The twelve-year gap between us is significant in foster care and adoption. Many parents who are interested in fostering and/or adopting typically have a preferred age range, which is fair (when I try to think about it from their perspective). It usually doesn’t span twelve years, especially for those who are interested in children as young as one.

If I were to try and think on why this is, it would end up a whole different piece, one with a perspective (that of a parent) that I certainly do not have the firsthand experience with. However I think the openness of parents to different ages and special needs is the responsibility of ‘the system’ to some degree. How we prepare our parents to meet the needs of this population (young people who have experienced trauma) comes into play…but I digress.

In foster care, biological parents have one year to meet the expectations of the CAS they are involved with to ‘get back’ their kids. However this only applies to children under twelve. When you are over twelve, the biological parent has two years. (This timeline is not held in all cases of apprehension. Many young people end up ‘in limbo’ due to unique circumstances of their cases, or judgement calls made by the CAS they are working with.)

In some ways, this makes sense. Older youth have likely had more time to develop a relationship with their biological parents. In some ways, we could say that this rule is in the best interest of the child.

For my sister and me, it meant that our mother’s rights were terminated just before her third birthday. After becoming a Crowd Ward, and especially at such a young age, it made sense to start pursuing adoption for my sister. To find a home for her to grow up and grow old in. To find her permanency.
Many would say, that this was in her best interest. It’s hard to argue that permanency is not in the best interest of every child/youth.

However what this meant was, my sister’s adoption plan was being rolled out and families were being looked at while I was still in limbo. At this time, I was told that there was a good chance that my sister’s new family may not be interested in keeping contact with me. Though it wasn’t said to me back then, I know now that my then age of almost fifteen was also a deterrent. Families who wanted toddlers didn’t want teenagers as well. Families who wanted toddlers wanted to start a brand new life with their new family formed through adoption.

To tell you that this was one of the most devastating experiences of my life would be an understatement. After losing my father (I was not in contact with him), my mother (from whom I had been apprehended), my home, my school, my friends…losing my sister was something I could not even fathom.

Maybe her permanency was in her best interest…but if it came at the cost of our relationship…was it truly in mine? Was her best interest so important that it should come at the cost of mine? Was losing me for permanency really her best interest? Was losing permanency so that we could keep our relationship…at the cost of growing up in foster care together and never achieving permanency in our best interest?

As is usually the case, it seems that there is no right answer here - that we put the expectations on CAS to make the least harmful decision, because maybe there really is no ‘good’ one.

I want to step back for a moment to how we prepare our parents. I was being told that I might lose my relationship with my sister because her new family might not be interested in keeping me in the picture. Whether it was because of my age, or perhaps the family only wanted to grow by one, doesn’t matter. I want to ask the question: are we preparing our families to meet the needs of these children? My sister and I are not the only sibling group in the care of CAS. Siblings in these situations are common, many of us come into care with them. Many of us forge these bonds with other young people we live with or meet through this experience. Prepping our families and really helping them understand the importance of these bonds is an integral part to meeting the needs of these kids.

Let’s come back to my sister and my situation. Just before her third birthday, and my fifteenth (our birthdays are very close together) she gets adopted. I stay in foster care with the goal of going home to my biological mother. For a while I don’t see my sister, however there is a small light for me. Her new parents have expressed interest in keeping in touch with me. They think my relationship with my sister is important to her and myself (they tell me via email that she misses me). I know this is true because when I get to visit her months later…she cries when she sees me. She cries when she has to leave, reliving the trauma of losing me for the short time that she did, and reliving the trauma of losing her biological mother even if her understanding and memory of this is vague.

Fast forward a year after my sister’s adoption and now I am a crown ward. The pain of not going home to live with my mother is a hole in my chest. I loved and still love my mother deeply.
Perhaps at the time, I was bitter about the struggles that she was having in her own life, but now I understand why she had them, and how it had come to her losing parental right over both her children.

However there is more light now, as my sister’s adoptive family wants me to come live with them. They want to make me a part of their family, and so I get to keep my relationship with my sister. I get to grow up with her. I get the same permanency that she has.

Though it seems to work out in the end, I want to take a moment to honour that this did not come without sacrifice. That it did not come without the loss of a life we could have had with our biological mother. That even though my sister and I and our twelve years between us found somewhere to call home together, many siblings' groups like mine will be separated. Many children and youth will not move through ‘the system’ quickly, many will not achieve this permanence.

That sometimes the best interest of the child is just attempting to make the best out of a terrible situation. That sometimes making these decisions will leave white lines across our hearts in the form of scars that we trace with our ‘what ifs’. That even though you are making the best decision you know how, and even though it might be happy…it may also hurt, and to honour that as well. To not take offense that I am asking you to think about this, because I know that your heart is in the right place when you make decisions based on the best interest of the child.

Read more about the Best Interest of the Child as a guiding principle in Canadian family law.
Dear Mom and Pop,

It's been a while since you were released of your duties towards me, and I bet you thought/hoped you would never hear from me again.

Surprise!

First of all, let me thank you for taking me in when you did. I certainly didn't have a lot of options and I don't know what I would have done if you hadn't.

As a Black female with a disability and a history of child welfare involvement, statistically my life trajectory was forecasted to be one of homelessness, mental illness, incarceration and unemployment.

You might be proud of who I've become - a public speaker, community advocate, law-abiding citizen etcetera, etcetera...

These days I have the honour of serving my community by facilitating conversations around the impact of systemic barriers and the beauty of collaborative problem solving. When I speak in public, it still catches me off guard when people comment on how powerful my voice is and how impactful that voice is in fighting the good fight and all that. It's astounding because I could never have predicted that my own voice could be such an instrument of power.

Before you became my parent, I was silent, holding in many of my emotions, thoughts, and opinions. During my time with you I let loose those pent-up expressions as a whirlwind of rage and determination to survive.

Like many parents your efforts were well intentioned, but those intentions were beaten down by numerous entrenched and systemic barriers that handcuffed efforts.

Mom, Dad, I know you see yourselves as the experts and the only authority over the children whose care you are charged with.

But the truth is that the same system you created to heal, harms. Some of the institutions you implemented to save, destroys. Some of your methods devised to enable, severely handicaps. By far the most harmful practice is the lack of voice, agency, and control over one's destiny.

Like many inductees into the child welfare system, I had an unfortunate familiarity with the baser side of human nature and subsequently carried a deeply entrenched distrust of those life forms commonly known as adults. Ha, ha.
But seriously, can you imagine how many youths found themselves “liberated” from detrimental situations, and fell asleep that first night in a safe house dreaming anxiously of their new better future?

But instead Mom and Pop government, you became a continuation of their past. The reasons for all these feelings can be summed up by one overarching consistency in your parenting style - lack of voice.

One of the biggest disappointments to the new life in care is to have your state continue of being controlled, dominated and let down by adults. The incidents of being lied to persisted, of being ignored or silenced continued. Lack of valuation, being coerced and being forced to comply were familiar tactics that were no longer welcome in my life. We want more, not less, than what we have had, or more of the same in a different way.

Why must your children even now be tethered to a system that continues their dehumanization? Why do we have to acquiesce, contain ourselves? Why must your children do as they are told when you cannot even do as you should?

You still don't get it Mom and Dad. You cannot seem to picture the emotional torment we suffer when we have no control, after a fight, a rescue, or a snatch from hell to freedom.

Well, I could not, would not give up any of my new found sovereignty. For the first time in my life I was taking control of my life, and I would not give that up for anything for fear that I would once again find myself subject to domineering adults.

That's why any type of coercion on your part was a reminder of my hands being held above my head, it brought flashbacks of my pleading no's being ignored, it reminded me of my conditioned compliance.

Do you think it mattered that you intended good for me? It didn't. The lack of choice and voice was all that mattered to me and I would have gladly destroyed myself in opposition to you as long as I was in control of the destruction. You don't get to save me without permission.

Did you wonder at some of my behaviours? Screaming is voice, rebellion is voice, back talk, disregarding is voice. Perhaps not the communication that you would prefer, but it is important expression nonetheless. The definition of voice includes but is not limited to the ability to speak one’s truth, and to share one’s thoughts and opinions.

Kids in care can have a variety of communication patterns formed out of necessity of our former situation. Many of us do not ask for what we want or need directly because that method either was not available to us or could not be trusted.

Having had limited opportunity to have positive expression, autonomy, and decision-making, enabling voice is the core to your children thriving during, and more importantly, after care.
Elevating the voices of kids in care builds incredible capacity for self advocacy which is a skill that is sorely missing.

So how do you, dear parents, ensure and nurture this voice? Where does it grow, in what space? In every aspect of your delivery of service. Your wards must be authentically valued as partners not demoted to just being clients or kids.

Your children don't want to just be passive receptors of service but active and valued participants. They not only want to be part of the decision making process, they need to be. It is integral to their positive development.

Your children should be engaged in the creation of their lives from the very beginning. And not only must you encourage them to participate in their life development, but afford opportunities to do so.

Youth should be embraced as a qualified expert on themselves, alongside psychologists, school admin, social workers, policy makers and all other stakeholders. It’s also important to note that their own ideas and suggestions have to be included in the chosen solutions.

Supporting voice teaches esteem, and how to share value. Lack of voice is a reminder of when your children also lacked other freedoms. Show them that they really are on a new and positive track.

Freedom of voice reunites or introduces one with one’s own strength, capabilities, importance and value.

Enabling of voice hones the skill of navigation, so important to get by those hurdles and challenges that present themselves in the natural course of life. And instead of waiting for barriers to be removed, they will begin to dismantle them themselves. It is important to build this type of capacity. It is not enough to provide systems and programs of change; accommodation is not the same as inclusion.

Voice is a tool that can dramatically change the trajectory of their lives. This is the power of voice.

Yours Most Appreciatively,

Ingrid Palmer
IX. CONTRIBUTORS

Dr. Gail Aitken, M.A. (Social Welfare Policy), PhD. Professor Emeritus, Ryerson School of Social Work. Gail’s first career was as an instructor in pediatric nursing at the Hospital for Sick Children. Then, after years of working in the development and administration of community agencies for children and youth, Gail taught for 20 years in the Ryerson School of Social Work. Proudest accomplishment - adopting my two children, Paul and Jen.

Marvin M. Bernstein, B.A., J.D., LL.M. is a lawyer with 40 years of varied professional experience, having served in a variety of roles over the course of his career, including that of Children’s Advocate for the Province of Saskatchewan; Chief Policy Advisor for UNICEF Canada; Director of Policy Development and Legal Support for the Ontario Association of Children’s Aid Societies; and Chief Counsel for the Catholic Children’s Aid Society of Toronto. Marv is now providing services as a child advocacy/child rights consultant. He is Past Chair of the National Children’s Law Committee of the Canadian Bar Association and is currently Vice-Chair of the Child and Youth Law Section of the Ontario Bar Association. He also serves as a member of the Board of Directors of the Children’s Aid Society of Toronto and is a member of the Ontario Minister of Children and Youth Services’ Advisory Working Group on Child and Family Well-Being. He is a member of the Child Rights Academic Network, the Children in Limbo Task Force and the Canadian Network to End the Corporal Punishment of Children.

Pat Convery is currently the Executive Director of the Adoption Council of Ontario, a charitable organization that provides information, education and support to all members of the adoption community. Pat has worked in child welfare for 40 years with a focus on permanency planning in supporting the lifelong connections formed through adoption and kinship care.

Irwin Elman was appointed the Provincial Advocate for Children and Youth in 2008 to elevate the voices of children and youth in its mandate. Drawing on the strength of young people, the Advocate’s Office has worked to fill the gap between what government, service providers and policy-makers intend, and the reality experienced by some of the most vulnerable children and youth in Ontario. Irwin Elman brought to that position an extensive background as an educator, counsellor, youth worker, program manager, policy developer and child and youth advocate.

In May 2019 the Conservative Ontario Government is eliminating the position of Provincial Advocate for Children and Youth.

Sparrow-Rose Garlow is a 16-year-old Crown Ward and high school student from southwest Ontario. She was placed in care at the age of twelve and spent the next 16 months in a group home for girls. When she was fourteen, she shared her story at Queen’s Park during the Hearings by the Standing Committee regarding Bill 89, Supporting Children, Youth and Families Act, 2017. She now lives in a different group home. She is the Vice President of the Youth Advisory Committee of her local Children’s Aid Society. She received an Honourable Mention for the Peter Henderson Bryce Award from the First Nations Child and Family Caring Society of Canada.

Birgitte Granofsky (known as Gitte) is a Psychological Associate educated in Denmark. She worked for many years at the Shoniker Clinic, a mental health clinic in Scarborough. She retired in 2002 and has since been involved with the “Circle for Children Foundation” and its “Changing the Script” support program for foster- and adoptive parents. Gitte is the present Chair of the Children in Limbo Task Force.

Wendy Hayes brings the expertise of lived experience and work with marginalized and vulnerable young people in Ontario. As a digital marketing professional, Wendy has worked with the Child Advocate, the Adoption Council of Ontario and Eva’s Initiatives for Homeless Youth. Recently she started her own business working with small businesses with a positive social impact. Wendy is passionate about supporting young people to share their lived expertise in holistic and safe ways and having nuanced conversations about complex families and social justice issues. www.hayesw.com
Anita Horner began her work in Family Group Decision Making in 1996, and received training from several New Zealanders. She was a Family Group Conference (FGC) Coordinator at both Denver and Arapahoe Counties in Colorado, and later supervised the FGC program at Arapahoe County for 3.5 years before becoming the Manager of the National Center on Family Group Decision Making in 2005. She provides training, consultation, coaching and technical assistance in Family Group Decision Making (FGDM) program implementation and practice to service providers and community leaders both nationally and internationally, in locations including New Zealand, Canada, Bermuda and Taiwan. Additionally, she is a Senior Instructor, Manager of Practice Advancements, and START Coordinator at the Kempe Center at the University of Colorado Denver. She holds a Bachelor of Arts degree in Psychology and Speech Communication from the University of Denver.

Dr. Harriet MacMillan, C.M., MD, MSc, FRCPC is a psychiatrist and pediatrician conducting family violence research. She is a member of the Offord Centre for Child Studies, and Professor in the Departments of Psychiatry and Behavioural Neurosciences, and Pediatrics at McMaster University with associate membership in the Department of Health Research Methods, Evidence, and Impact. Harriet holds the Chedoke Health Chair in Child Psychiatry. Beginning in 1993 until 2004, Harriet was the founding Director of the Child Advocacy and Assessment Program (CAAP) at McMaster Children’s Hospital, a multidisciplinary program committed to reducing the burden of suffering associated with family violence.

Dr. Wendy Manel is a Clinical Psychologist who has several years of experience working with children, adolescents, and families. Dr. Manel has worked in many community mental health agencies and hospital-based psychiatric departments in both Canada and the U.S. including North York General Hospital, McMaster Children’s Hospital, and the University of Michigan Hospital. Currently, Dr. Manel practices as the Coordinator of Psychological Services at the Catholic Children’s Aid Society of Toronto. Dr. Manel provides consultation to staff and caregivers regarding trauma and attachment, as well as children’s cognitive, social, and emotional needs.

Jeff Mintz is a registered clinical social worker who has worked in child and family clinics in New York, Israel, and currently Toronto. He was a member of the advisory committee for the Family Group Conference Project in Toronto until this year. Jeff has been a long time member of the High Conflict Forum providing training to professionals working with high conflict separation and divorce. He is a manager at Jewish Family and Child and coordinates a program called Group Planning Sessions (GPS) which is a mediation forum to bring together staff at the agency and clients receiving service to work out conflicts and goals. Jeff also manages many of the agency programs that help young people transition from being in care to independence. Jeff also has a private practice called The Genesis Centre in Toronto and has published a book called the Genesis Paradigm where he describes his use of imagination and creativity in helping people cope with all kinds of challenges.

Ingrid Palmer is an author, certified facilitator, public speaker and social advocate. As a former crown ward and being visually impaired, Ingrid is dedicated to using her platform to lift the voices of marginalized communities, inspiring individuals to live their best lives, and spearheading courageous conversations around inclusion, and participation. She is passionate about the need for evidence-based and data-driven systems of care. Ingrid is the Vice President of the Child Welfare Political Action Committee, co-chair of the Inner City Community Advisory Committee, member of the Tenants First Advisory Panel, Parent Advocate Leader, and a program coordinator at the Macaulay Child Development Center.

Dr. Sally Palmer, Prof. Emeritus, McMaster School of Social Work, has been focused on child welfare, especially maintaining family ties, during most of her career. She began as a front-line worker in child protection in 1960, and ended with 18 years as a Professor of Child Welfare at McMaster. In 1995, she used her Ph.D. research to create a book, “Maintaining family ties: Inclusive practice in foster care,” published in 1995 by the Child Welfare League of America. She has always encouraged social workers to use their skills in helping children integrate their experiences with out-of-home care, and make the most of whatever positive contributions their birth families have made, and can continue to make, to their development.
Dr. Nitza Perlman is a clinical psychologist. She received her PhD from the University of Toronto and her clinical training from the Tavistock Clinic in England. She is involved in clinical consultations, teaching and research. She has special interest and expertise in the developmental effects of trauma, attachment issues and parenting. She has worked closely with the child protection services for over 20 years.

Mira Pilch practiced child protection law at the Children’s Aid Society of Toronto, where she was employed as both staff counsel and as Senior Counsel/Manager. Most recently, Mira has joined Gottlieb Law Firm where she represents children’s aid societies, parents, children and other extended family members in all areas of family law.

Cheyanne Ratnam, B.S.W, M.S.W, is a child advocate who is also a post-secondary educator in the social services sector, and was the Phase 2 project coordinator at “A Way Home Toronto” (youth homelessness). Cheyanne is a founding member of the Ontario Children’s Advocacy Coalition, and is on the Board of Directors of Scarborough West Community Legal Clinic, as well as a member of the Children in Limbo Task Force. She is a member of ANBU (Abuse Never Becomes Us: ANBU works with survivors of childhood sexual abuse from the Thamizh community, and works with the community via workshops and other activities). Previously, Cheyanne was also the Engagement Lead for a Provincial Health Rights Initiative at the former Ontario Child Advocate office. Cheyanne is an independent consultant as well as a public speaker, is an ambassador of the Children’s Aid Foundation of Canada, and partakes in various communities through voluntary roles. In 2016 Cheyanne was the recipient of one of the “Bryden One To Watch” Alumni Award, one of four highest accolades presented by her alma mater.

Marilee Sherry, MSW, RSW has been employed by Brant Family and Children’s Services in Brantford, Ontario since 1998. Prior to becoming the FGC/FGDM Coordinator and Manager for Family Group Decision Making Team in 2005, she was a front line child protection worker and manager primarily in community based settings. She is a FGC/FGDM trainer and mentor for new coordinators in Ontario and has provided training for coordinators in New Brunswick and the US. Her passion is transforming child welfare through the leadership of the children and their families who are receiving child welfare services, particularly through FGC/FGDM. She has been focused on embedding these values and principles in the child welfare system locally and provincially. Marilee has her BA from St. Francis Xavier University (Antigonish, Nova Scotia) and her MSW from Wilfrid Laurier University (Waterloo, Ontario).

Dr. Jim Wilkes is a Child Psychiatrist who early in his career worked as a physician in India and later got a degree in Divinity. He worked as a psychiatrist at the Clarke Institute followed by a long career as the clinical director of the Shoniker Clinic. Throughout he was the psychiatric consultant for CCAS. He has been a strong advocate for children’s rights, particularly with respect to the importance of telling children involved with child welfare their story and to treat them as the CEOs of their own lives. Dr. Wilkes has recently retired from chairing the Children in Limbo Task Force. Dr. Wilkes’ work in child welfare was recognized in 2008 with the “Stand-Up-For-Kids” Award for his long-standing dedication to children’s issues, which is an award that is jointly sponsored by four Toronto CAS’s.
APPENDIX

History of the Children in Limbo Task Force

The Children in Limbo Task Force had its inception as part of an organization called “The Sparrow Lake Alliance.”

The Sparrow Lake Alliance began in 1988 when a group of academic child psychiatrists met with Dr. Martin Barkin, then Deputy Minister of Health, because of the group’s concerns about inadequacies in mental health services for children in Ontario. Together they discussed a two-day residential conference to improve the integration of existing services, but made the point that any such meeting must include members of all professions and service systems that deal with children. Subsequently, the founding meeting of what was to become the Sparrow Lake Alliance was held in November, 1989, at the Bayview-Wildwood Resort at Sparrow Lake, Ontario. Fifty-five people from many disciplines attended, all involved in children and youth issues. The meeting was organized and chaired by Dr. Paul Steinhauer, child psychiatrist, Hospital for Sick Children. Dr. Steinhauer envisioned an organization in which members of different professions, service systems and government ministries involved in the field of children’s mental health would work together towards the common purpose of improving developmental outcomes for all Ontario’s children, youth and families. Dr. Steinhauer’s goal was to found such an organization.

And so the Sparrow Lake Alliance was born, as a voluntary coalition of Ontario professionals who work with children. Dr. Steinhauer led the Alliance until his untimely and tragic death in May, 2000. He was a tireless advocate, and under his inspiring leadership the Alliance thrived for 11 years, growing to a membership of over 200, including representatives from youth, parent, and volunteer organizations in Ontario and beyond. The Alliance held annual meetings, inviting important speakers to educate and update the attendees on current issues relating to children and youth. The meetings remained a forum for learning, networking, meeting people from all service sectors, and provided an opportunity to dialogue with government policy-makers who attended.

However, after 2006, despite the energy and collegiality of the past, and dedicated members who stepped up to lead the Alliance, such as Betty Kashima, Bruce Ferguson and Celia Denov (who served as Co-chairs) and Patrick Lake, interest seemed to wane. The Steering Committee, after considerable deliberation, finally decided to “close” the Alliance, after 16 years of its existence.

The Task Forces

Task Forces were an important component of the Alliance. The participants were multi-disciplinary, representing members of different professions, service systems, and government, with the common goal of improving developmental outcomes for children and youth. As a result of this “mix” they were able to share different perspectives, and educate each other. The participants met throughout the year with various frequencies to discuss issues of current concern and to mobilize their advocacy efforts through heated discussions which sometimes resulted in submissions, papers, and publications. At the end of the founding meeting in 1989, three ongoing task forces were set up: (a) “Treatment Task Force” which undertook to study ways in which the efficiency and effectiveness of interventions could be improved; (b) “Consultation Task Force”
which looked at the consultative model to maximize the use and the expertise of the best trained treatment and child welfare professionals in order to more effectively use existing treatment and child welfare services; (c) “Forensic Task Force” which sought to find ways of minimizing unnecessary hardship to children and families caught up in the family court and criminal justice systems. Its role was to find ways to sensitize these systems to developmental considerations, to increase the efficiency of the court process, and to collect data that could highlight problems in existing legislation.

As time went on, child welfare and children’s services were faced with a changing social and political environment, and continuing, and new, issues and concerns. The task forces mobilized their advocacy efforts to meet the challenges as the need arose. Eventually five task forces emerged: the Education Task Force, the Children, Youth and the Law Task Force (formerly Forensic Task Force), the Intervention/Consultation Task Force, the Promotion/Prevention Task Force, and the Children in Limbo Task Force.

The Children in Limbo Task Force

Limbo was originally a Christian medieval term given for the resting place of souls without fault that were deprived of heaven, and is defined by the Oxford Dictionary as “an uncertain period of awaiting a decision or resolution; an intermediate state or condition.” This concept has been applied by child welfare to the prolonged period of time in which children are deprived of permanency. Although there are many reasons why a child may be “in limbo,” the destabilization of children’s lives while they remain in limbo undermines the development and continuity of important relationships resulting in severe emotional and psychological costs. The goal of the Children in Limbo Task Force was to identify, describe and illustrate the factors and issues both clinical and court-related, which contribute to children remaining in limbo unnecessarily.

The Children in Limbo Task Force is the sole-remaining Task Force of the now defunct Sparrow Lake Alliance. It is, in many ways, a mini Alliance in terms of its mission, modus operandi, and the inter-sectoral and inter-disciplinary composition of its membership. It began in 1993 and has continued to meet monthly. Membership over the years has included children’s aid staff, social workers, therapists, physicians and lawyers (four of which went on to become family court judges) as well as young people with lived experience of the child welfare system. Dr. James R. Wilkes was the Chair since its inception. Dr. Wilkes is an eminent Toronto child psychiatrist who has been involved with children’s mental health for most of his career, both as Clinical Director of the Shoniker Clinic in Scarborough and as a consultant. He has provided inspiration and energy, leading the vigorous discussions with wisdom and diplomacy. For the past few years, Gitte Granofsky, Psychological Associate, who worked with Dr. Wilkes at the Shoniker Clinic, has been the Chair of the Task Force. Over the many years of its existence, the Task Force has published three books: “Children in Limbo: Report of the Children in Limbo Task Force of the Sparrow Lake Alliance” (1996); “Permanency Planning in the Child Welfare System” (2002); “There Are No Wizards: The Child Welfare Conundrum” (2010).