

**Social Workers in Child Welfare:
Understanding Their Importance
to Children, Families and the
Profession of Social Work**

Presentation to the Ontario College of Social Workers and
Social Service Workers

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The Purpose....

This presentation will reaffirm that social work in child welfare has a proud tradition that can embrace the ethics and values inherent in competent social work delivery. There is great creative energy. Many CAS agencies are actively attempting to be more consistent in the application of Collaboration, Anti-Oppressive Practice and Diversity Principles. There is still a way to go. There are still systemic problems and in addition, each agency is independent and is guided by slightly different visions and mission.

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Topics for Discussion Today

So much I would like to say....so little time! In less than an hour I will not attempt to go through every slide in detail.

1. Public Perceptions of Child Welfare
2. The Historical Experience
(The context and the evolution of this field of social work...Pre & post 'Transformation')
3. The Driving Force for Change
4. Improvements in service delivery as a result of MCYS Transformation

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Topics continued:

5. A Personal Perspective
6. Themes inherent in Social Work Practice with clients in Child Welfare today
7. Improvements in service delivery and are consistent with the application of Anti-Oppressive Practice and Diversity principles.
8. Questions

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1. Background Perceptions of Child Welfare

In spite of the important role that Child Welfare Social Workers have, they are not always understood or respected by either the communities they serve or their colleagues in the community. This is understandable.....

- They have the power to take children away
- When this occurs with families who are most often marginalized and live in poverty this can be seen as an additional negative role and agents of an oppressive arm of government

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Perceptions continued:

- In spite of their best intentions, other stakeholders including funders, police, and the coroner's office, have attempted, on occasion, to define what they think is needed for Child Welfare. This has meant that social work values, ethics and principles are not always first consideration.
- The field has gone through periods of change and its traditional helping role can also ebb and flow
- There are pressures sometimes to be 'quasi police' as governments struggle with the fall out of child deaths or errors on high profile individual cases.

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Perceptions continued:

- The demand for staff has, on occasion, been so excessive that agencies have looked for front line staff and managers who do not have a social work background or desired training.
- Counselling by social workers in child welfare does not look as pure or purposeful. Sometimes it is not acknowledged
- The press can have a field day on child welfare
- Mistakes can be a focus regardless of how many children and families are helped

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Perceptions continued:

- Child Welfare workers are sometimes not always looked at as skilled as those in other fields of social work
- The number of regulations and the amount of required documentation restricts the ability to do 'pure social work'.
- Child welfare expanded in size and the amount of money allotted by government when up to over a Billion dollars annually at a time that necessary community social work agencies were required to make cuts or to scramble for funding.

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Perceptions continued:

- Social work practice in child welfare can be misunderstood. The legal mandate to investigate child abuse and neglect can be seen by some as an inherent obstacle to good clinical practice.
- The process does not always follow the social work principle of 'self determination'.
- It can raise the issue of who is the 'client', ...the child or the family....or both.

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Perceptions continued:

- There have also been some issues with some advocates for women who have experienced domestic violence since child welfare has been seen by some as working against women who live with or are attempting to leave this terrible situation.
- Child welfare workers are sometimes seen to be working in a high stress, low reward field and as such child welfare is seen as a starting off point professionally
- There is still some academic distancing and a lack of support for Child Welfare from an AOP/Diversity viewpoint

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2. The Historical Experience

How & why Social Work in Child Welfare began and its Traditions...and changes

- 1960's
- 1972-2006
- Aboriginal Child Welfare-First Nations Governance
- The role of counselling
- Clinical Supervision
- Relationship with Schools of Social Work
- Best Practice and Training Developments

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3. The Driving Force for Change

Fortunately, changes arising from the Child Welfare Transformation of 2006 have revitalized this branch of the profession.

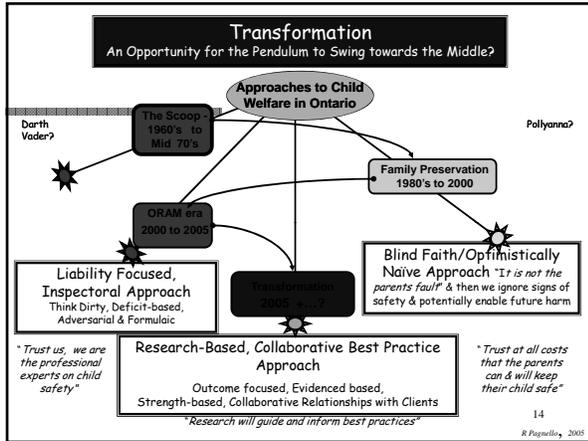
What happened to support this revival?

- Many long term Staff at Children's Aid Society never lost touch with the values of Social work
- Lead by Bruce Rivers and two dozen seconded CAS Ministry staff they revised Child Welfare through MCYS's "Secretariat". Most were social workers.

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Continued:

- They were helped by the need to reduce costs including the fact that there were double to children in care during Child Welfare Reform than there had been in 1999. 19,000
- The risk focus was causing more cases to open especially in poorer communities. Something had to change.
- Many long term employees along with new staff from schools of social work were having great job dissatisfaction with bureaucratic tasks and did not feel they were helping.

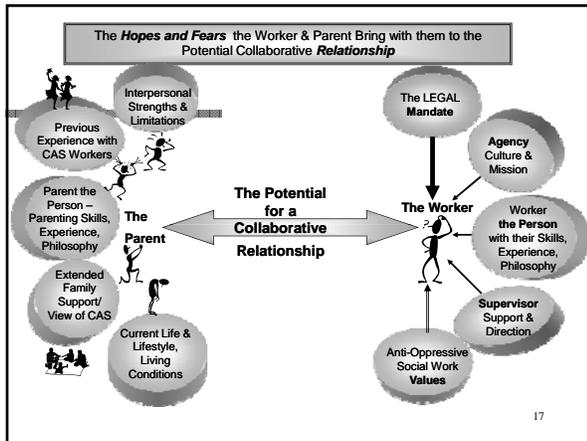


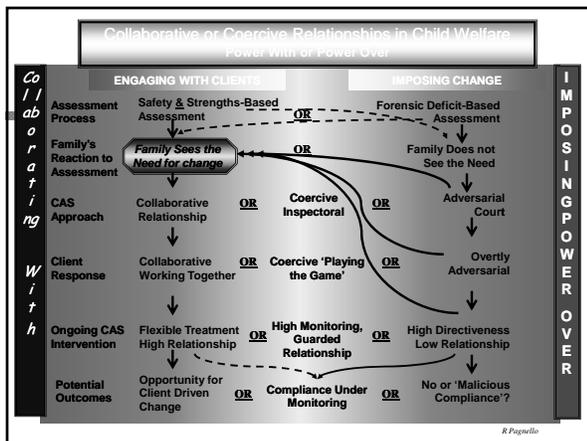
The Effect of MCYS Child Welfare Transformation

Transformation Agenda Overview - the 7 key priorities:

1. A more flexible intake and assessment model
2. Court processes/strategies to reduce delays and encourage more effective permanency planning
3. A broader range of placement options to support more effective permanency planning
4. A rationalized and streamlined accountability framework
5. A sustainable and strategic funding model
6. A Single Information System
7. A provincial child welfare research capacity.







Where we began in 2006...

- The Groundswell in the field for a move back to core social work principles and values has been increasingly evident
- the benefits of Reform but concerns about the mechanistic nature of Reform & ORAM
- The feeling that the mechanistic & prescriptive nature of child welfare reform went too far in influencing service to be liability focused rather than outcome focused.
- Needing to make changes in how workers had been trained in order to enhance a strength-based approach

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Vision, Values and Guiding Principles

- Better Outcomes for children and families through collaboration vs. imposition – child safety remains our highest priority
- Sustainable change “A person convinced against their will is of the same opinion still”
- Fewer litigated interventions
- Fewer children & youth placed in institutional settings
- Higher job satisfaction for social workers

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Continued:

- Relationship – the cornerstone of the model
- Collaboration – we can't do this alone
- Hopes & Fears – a key to understanding
- Anti-oppression – use of power/authority
- Diversity – Ontario, a diverse place to practice
- Organizational culture – parallel process, servant leadership, decrease hierarchy
- Continual Learning – Curriculum development needs
- Research Informing Best Practices – Review of Approaches including Signs of Safety

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The Mandated Role Today

Through Section 15 (3) of the *CFSA*, all child welfare agencies are legislated to:

- Investigate allegations of abuse and neglect;
- Protect children where necessary, and provide guidance, counselling and other services to families for protecting children and for the prevention of circumstances requiring the protection of children;
- Provide care or supervision for children assigned to its care; and
- Place children for adoption.

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A Personal View of this Mandated Role

- I am not only a "Child Protection Worker", this is a limiting legal term in the CFSA which no client would want to have signed at the bottom of a letter. We are social workers, working in child welfare who are required to maintain the code of conduct and values of the profession.
- We use therapy and this treatment approach begins the moment we receive a call to intervene and continues until we terminate with the clients.

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A Personal View of the Role continued:

- All family members including those who abuse are "clients" and should receive our respect as someone who experiences their own pain in their own situation. Child safety still remains paramount
- We don't do "investigations as police officers". We assess situations as social workers and use the tools of social work including psycho social assessments.
- We look for the risk in order to protect children our paramount concern. However, we look for possible strengths in order to eliminate the risk.

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A Personal View of the Role continued:

- We believe in the capacity for people to grow.
- Clients are never to be set up to fail just to show that they can't handle a situation.
- The "least intrusive concept" means that we intervene at the point that our assessment skills tell us that the client can handle.
- Behaviour is purposeful.
- Never sacrifice your ideals, but do be realistic. Child Welfare is often left to find the least damaging alternative.

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A Personal View of the Role continued:

- As a social worker in child welfare I do not have to feel inferior or less skilled than social workers in any other setting.
- The endurance that we develop and our ability to work with clients who are frequently unable to use help from other sources, makes us a valuable safety net. As a result I will never dismiss the urgency of our role or ever apologize for being 'a children's aid social worker'.

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A Personal View of the Role continued:

- Whenever I can't use self-determination with a client I use the concept of "best interests". In this way I never feel a conflict in having an adversarial client. I believe that no branch of social work has only voluntary client in which "self-determination" is always the only consideration. (1989 College of Social Work Practice Standards)
- The abuse and mistreatment is not to be considered an end in itself, but is to be viewed as a symptom which can only be rectified (if at all) by a sound appraisal or assessment of the clients self and environment with regard to both strengths and weaknesses.

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A Personal View of the Role continued:

- Our clients to teach us about ourselves and about life. In other words, realise that we are not above them, and as such, we do not do things for them, we do things with them.
- Never judge a fellow social worker just by the fact that a child gets hurt. Often the best workers are the ones that have this happen.

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A Personal View of the Role continued:

- Those are the underlying themes of many child welfare clients.
- Attachment and Loss
 - Lack of Intimacy
 - Low Self Esteem
 - Little Feeling of Efficacy
 - Loneliness
 - Most of us are motivated by the hope that things will be better than through the fear of negatives. The latter usually only brings compliance rather than permanent change.

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A Personal View of the Role continued:

- Child Welfare clients often are:
- The ones that society has given up on or never considered in the first place.
 - More honest in their deficits than anyone I know.
 - Wanting to be loved by someone (or at least cared about) more than anything else.
 - Extremely lonely.
 - Unresolved issues in their own history of abuse.
 - Disenfranchised.
 - The ones who teach us the most about ourselves.

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A Personal View of the Role continued:

- Poor.
- Apprehensive and scared but they sometimes attempt to hide this by displays of anger.
- Believing that nobody cares and there often need energetic prolonged examples of worker caring before they receive the message.
- Starting off in life wanting to be just like everybody else.
- People with low self esteem and "failure identities".

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A Personal View of the Role continued:

- Knowing a lot more about what they want and have sized us up more completely than we ever ask them about.
- Ourselves but for the Grace of God.
- People who want "intimacy" but sometimes don't have the skills to attain it.
- People who often want us as their family and invite us to their weddings and want their friends to meet us. They bring in their first grandchildren for our approval.

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A Personal View of the Role continued:

- They compare workers and brag about how good their social worker is compared to others.
- Most of the time the people who never meant to hurt their children.
- Every year up to 45,000 client families open to Children's Aid Societies do not kill their children.

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Why Children and their Families need our help

There is no one reason that children come to need services from a Children's Aid Society. The following information comes from the Child Welfare Report 2011 from the OACAS.

- Often multiple social factors combine to create the need for Children's Aid to be involved with a child or family. Sometimes parents need help with parenting skills.
- Other times, families contact Children's Aid directly to get help with circumstances that are beyond their control relating to their children.

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Mental Health

- Statistics from the OACAS Child Welfare Report 2011 are quoted in this presentation.

Twenty-seven percent of the substantiated child maltreatment investigations in Canada reported that the primary caregiver had mental health issues.⁷ More than 21 percent of adult Ontarians will be diagnosed with mental health issues such as schizophrenia, de-pression, bipolar disorder and anxiety disorders in their lifetime.⁸

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Mental Health continued:

- In 2007, one-third of children seeking mental health services were still waiting at the end of the year.⁹ The insufficient availability of supports and services can put additional strain on families who are either coping with a mental health issue themselves or trying to help a child who has a mental health issue.

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Mental Health Continued:

- Mental health and substance use problems are major health issues in Canada. More than 50 percent of those seeking help for an addiction are also experiencing a mental illness, and 15-20 percent of those seeking help from mental health services also live with an addiction.¹⁰ The inter-connectedness of these social factors increases the risk of neglect or abuse to children and youth living in families who are experiencing these issues.

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Poverty

- Job loss, financial difficulties and high living costs create additional strain on families and can make it challenging to meet basic needs such as food, clothing and housing. These stressors challenge parents' abilities to care and can endanger the safety and well-being of children and youth.
- While poverty on its own does not result in child abuse and neglect, research clearly identifies a link between poverty and child abuse, mental health issues and woman abuse.^{11,12} More than 12 percent of Ontario's families live below the poverty line, in im-poverished conditions.

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Poverty continued:

- Ontario remains Canada's "child poverty" capital with almost 412,000 children and youth (more than 1 in every 6) living in impoverished conditions. The reliance on social services has increased by 60 percent since the economic crisis began in 2008 and community support agencies are continuing to see an increase in accessed services and client needs.^{15,16}

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Substance Abuse

- Substance abuse refers to drug addiction, alcohol abuse or a combination of the two and is detrimental to an individual's physical and mental health, or the welfare of others. In the most recent Canadian Incidence Study of Reported Child Abuse and Neglect (2010), it was reported that in 38 percent of substantiated child maltreatment investigations the primary caregiver had alcohol or drug/solvent abuse issues.

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Substance Abuse continued:

- Substance abuse can cause parents to neglect, abuse and endanger their children. According to research by Walsh, MacMillian and Jamieson, parental substance abuse is associated with more than double the rate in risk of exposure to physical and sexual abuse for their children.

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Woman Abuse

- Research suggests that in 30 to 60 percent of families where woman abuse or child maltreatment is identified, it is likely that both forms of abuse exist. The term woman abuse refers to violence perpetrated by men against women, which can include but is not limited to: physical, emotional, sexual and/or financial acts meant to harm, control and cause fear in a woman.

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Woman Abuse continued:

- In Ontario, child protection intervention is required when a child is living in a home where woman abuse is occurring. Many children who are exposed to woman abuse show comparable levels of emotional and behavioural problems as do children who were the direct victims of physical or sexual abuse.

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Woman Abuse continued:

- Domestic violence is the highest caregiver risk factor in substantiated child maltreatment investigations.
- Working with woman abuse victims requires a unique three pronged approach, which includes protecting children, safety planning with the woman and holding men accountable. Protocols are crucial.
- Different situations can make getting help difficult due to the fact that many abusive men escalate their violence and control tactics when the woman talks about leaving, which places the woman and her children at a greater risk.

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References

- Ibid pp. 29
- Public Health Agency of Canada (2010). Canadian Incidence Study of Reported Child Abuse and Neglect 2008: Major Findings.
- Ontario Association of Children's Aid Societies (2010). Critical connections: Where woman abuse and child safety intersect. A practical guide for child welfare professionals in Ontario

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Lack of Sufficient Community Resources

- Everyday, Children's Aid Societies work with other community partners to find the best match between the needs of families and children and local services. Still, there are too many communities lacking the services needed to help families and children.
- In some communities, Children's Aid is the only resource available. There is a significant deficiency of youth addiction services, mental health services, in and out-patient psychiatric, behavior management services and supports for parents with autistic children across Ontario.

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Lack of Services continued:

- With a lack of services in many communities, situations often deteriorate to the point that families break down and have no other choice than to turn to Children's Aid. Without supports and services, families are not receiving the help they need before a situation or issue becomes a crisis.

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Referrals and Investigations

- the economy is still having an impact on Children's Aid services and that there is a lag between increased unemployment and social assistance rates. Since 2009/2010, increases in referrals and investigation are modest.

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Referrals and Investigations continued:

- Between April 1, 2009 and March 31, 2010, Children's Aid received 161,819 referrals
- Among them:
- 79,487 referrals were assessed and it was determined that no investigation was necessary. (Work needs to be done here in regard to respect for AO and Diversity).
 - 82,332 investigations were completed by Children's Aid (Here also)

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Reasons for Admission to Care

For most children there are multiple reasons for admission

- 64% Neglect
- 35% Emotional Harm
- 29% Physical Harm
- 24% Domestic Violence
- 15% Problematic Behaviour
- 12% Abandonment/Separation

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Changes in Children in Care

Living arrangement	Number of children			% of change 2009 to 2010 (As of March 31)
	2008	2009	2010	
Foster Care	10,292	10,081	9,419	6.6%
Youth Living Independently	2,627	2,596	2,771	6.7%
Group Homes	2,926	2,789	2,592	0.1%
Kinship Care	1,003	1,042	1,044	0.2%
Pending Adoption ²⁴	748	865	756	12.6%
Other	310	471	243	48.4%
Total	17,906	17,844	16,825	

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Changes in Children in Care continued:

- In 2009/2010, Ontario Children's Aid provided substitute care for more than 26,221 children. Many of these children were in care for a short period while Children's Aid worked with parents to resolve issues that placed the children at risk.
- On any given day, there are approximately 17,000 children in care and 50 percent of these children are permanent wards of the Crown.

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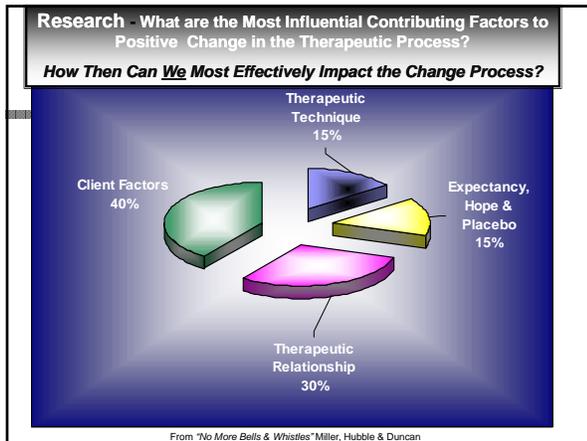
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Clinical Counselling in Child Welfare

- Background to the OACAS Project on Counselling
- Why look at Counselling in Child Welfare at this point in time?
- The History of Counselling in Child Welfare
- The Products associated with this Project
 - paper, discs, etc.



Clinical Counselling in Child Welfare continued:

- The need to engage with clients.....the importance of taking a clinical orientation in our work
- Clinical work is not antithetical to child welfare work
- Clinical work enhances worker satisfaction and prevents 'burnout'
- Naysayers say.....if you want to do clinical work, go work at a mental health centre

Clinical Counselling in Child Welfare continued:

- Clinical work is important in resolving conflicts and keeping children safe
- The quality of the worker/client relationship supports and predicts the achievement of desirable outcomes for clients
- Clinical work is connected to the pillars of transformation.....safety.... permanency and well being
- Strengths based perspective
- We urgently need the help from other social workers in other community agencies to enhance our efforts.

Clinical Counselling in Child Welfare

■ Survey says ...



Clinical Counselling in Child Welfare continued:

Counselling modalities used as a result of a worker survey provincially:

- Crisis Intervention
- Cognitive Behavioural Therapy
- Motivational Interviewing
- Solution-Focused Therapy
- Narrative Therapy
- Miiyowbin (Wraparound) Process

Clinical Counselling in Child Welfare

Has to be....

- Strengths-based
- Empowerment focused
- Client-centered
- Evidence-based
- Brief
- Commonly used
- Change-oriented
- Culturally sensitive

Survey Also Indicated:

Question: "What practical or clinical skills do you use in your practice to proactively engage your clients?"

- "I find that relationship is the key factor..."
- "Understanding the use of empowerment..."
- "Engage the client's input in all stages of involvement. Acknowledge that they are the experts in matters pertaining to their family."
- "Always remember to treat clients with respect & dignity".
- "Validating their concerns, & establishing trust from the beginning (return calls promptly, following through on promises."
- "Co-constructing with clients through narrative allows for power sharing, relationship building."
- "Take time to engage"
- "Humility & humbleness..."
- "Show interest in things that interest them in their day to day life that may have nothing to do with their problems"

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Question: What works for you in various situations or stages of your work (assessment, service planning, ongoing interventions?)

- "I find that relationship is the key factor..."
- "Take the opportunity to comment on strengths in their family ..."
- "Engage with clients when they are in crisis, as they are often willing to acknowledge that they need help at this time."
- "Relationship building approaches are more effective than authoritarian approaches."
- "Putting personal biases or opinions aside and try to connect on some level with client."
- Ask: "if you woke up tomorrow & things could be different, how would you wish it to be?"
- "...clients appreciate honesty even if they don't like our point of view – treating them with respect is critical."

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Question: "What advice do you have for a new worker just starting out when they encounter their first 'resistant' client.

- "...we need to understand where the anger originates...it resonates more with their sense of failure & their fear with having failed at the most basic of human needs ...the maternal or paternal need to care for a child."
- "Always remain calm & empathetic to the fact that ours is a very intrusive role – new workers need to be sensitive to the fact that questioning a parent's ability parent is very intrusive."
- "Put yourself in the client's shoes". "Make them feel valuable."
- "...Ask them what they fear most about our involvement."
- "Try to learn as much as you can from the client by listening to their stories, keeping in mind that this may take awhile & not be achieved at the first meeting."
- "Relationship building approaches are more effective than authoritarian approaches." "Give them choices."
- "Understand & acknowledge their feeling of discomfort, recognize the power imbalance & possible feelings of intimidation, allow the client to make mistakes without being punitive ..."

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Question What do you feel are the most salient factors that create or increase 'resistance' in our clients?"

- "Clients feel powerless in the face of our mandate..."
- "Lack of trust" "Fear...of losing child, fear of change, fear of loss or privacy, dignity, fear of public embarrassment."
- "Focusing on parent failures." "People think we see only the 'bad parenting' that has brought us to the client's homes & are not sensitive to the shame & guilt that they experience."
- "Not respecting the culture/context of the family."
- "A therapeutic connection occurs more often when I speak in my language (Ojibwe) with a client."
- "Taking all of their control away when unnecessary."
- "Refusing to consider meaning assigned by clients to their own circumstances."
- "Negative media portrayal of CAS"
- "Negative past experience with CAS."

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Question "What is your hoped for vision for how you might be able to engage with clients."

- "Increased time to build relationships with clients & establish a good foundation for trust & mutual respect."
- "Time to work with clients. Less focus on meeting standards & completing paperwork ..."
- "Ensuring that a position of respect is engaged in each encounter through educating myself to the various factors affecting a client's life i.e. - understanding the challenges of being a drug addict, being a single parent, etc."
- "We need to be able to honestly communicate the message with our client that our goal is to support the parent in their desire to parent. And, this needs to be done at the front end of our intervention, not after we have been frighteningly intrusive."
- "We need to be given permission to trust more in our instincts."

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Question: "What are the most dominant or frustrating barriers in your work in trying to engage clients?"

- "Lack of time... to build a rapport that would lead to a proactive relationship." "More time with children & youth in care".
- "Too much focus on liability." "...high focus on liability that serves to limit value in servicing all clients .."
- "Following RAM by the book regardless whether it makes common sense or not."
- "The use of court has a negative impact for the family. It is not always the best way to protect children."
- "Service plans are based on risk factors, not strengths of a family. Very negative approach to our work."
- "Lack of community resources i.e. children's mental health"
- "More clinical supervision"
- "We don't have time to work out a service plan collaboratively..."

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Question: "What do you need from the agency to enable you to develop more collaborative relationships with clients?"

- " Agency permission/value to spend the time to engage the client, child."
- "Develop an environment, which promotes learning & training."
- "Support at the supervisor level."
- "The present system does not allow for frequent & substantial contact."
- "More training on specific interventions & the whole issue of "engagement" with resistant clients."
- "Opportunities to grow/enhance professionalism."
- "Empowerment & feedback (both positive & critical)
- "Encourage workers to 'know' their clients ...those who do tend to do the best work"
- "Money to help out low income families for emergencies or recreational activities for their children."

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**Aboriginal Focus
Group Responses**

- Workers need to know..."Need to have workers aware of the history of child welfare and First Nations"...each community is unique & requires different methods due to unique teachings in that community." "Importance of extended family & community."
- Skills needed ..."Open minded – empathy; focus on the positive –not just weaknesses; respectfulness; humour; build trust-advocacy; relationship-building; 7 Sacred Gifts; recognize you are a guest in someone's home"
-

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**Aboriginal Focus Group
Responses**

- Advice for workers..."Spending enough time to know family – individual + extended; allow them to get to know you; allow silence- time for responses; use humour; understand their world – Maslow 's basic human needs must be met; put yourself in their place; include family members in child safety solutions & meetings if possible..."
- Required changes to agency/field... "Recognition of traditional methods/ practices of cultural treatment ...promotion of Customary care/kinship care"

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Aboriginal Focus Group Survey Themes

▪The impact of history/colonization on First Nations People – themes of multigenerational problems inherent in the community level; weakening & destruction of traditional values & practices; oppression; racism; prejudice & poverty.

▪The history of child welfare and Aboriginal people – a pervasive lack of trust of the child welfare system; the imposition of western standards and euro centric values on Aboriginal people and communities.

▪First Nations as equal partners – society must understand the role of First Nations and rights & responsibilities of Part X of the CFSA; 127 First Nations communities each being an individual & unique entity.; responsibility exists to understand each community, its values and ways of living; urban vs. traditional way of living and belief system.

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Diversity



▪Engage in critical self-reflective practice as a way to build better communication links with clients and this will build better respect for clients and their culture, as workers aim to demonstrate patience and humility in their everyday work

▪Use an anti-racism/anti-oppression approach to practice in order to break down the barriers in building effective working relationships.

▪June Ying Yee, Associate Professor, School of Social Work, Ryerson University
▪Emmanuel Antwi, Michael Ansu, Greta Liupakka Judith Wong, Peel Children's Aid Society

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Diversity continued:

- Do more advocacy for social justice as many of the clients come from oppressed and marginalized communities with race, class, gender and ability/disability issues mediating their personal experiences
- Seek help from community based organizations such as churches, temples, mosques as there are strengths within communities and families that can be capitalized upon

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Questions?

- Thank You for your time

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