



LITERATURE REVIEW
DEMOGRAPHICS, RESIDENTIAL CARE IN THE LITERATURE,
WORKFORCE CHALLENGES AND OTHER CONTRIBUTING
FACTORS RELATING TO RESIDENTIAL CARE ISSUES

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LITERATURE REVIEW

CONTENTS

LITERATURE REVIEW	1
List of Figures:	3
List of Tables:	4
A. INTRODUCTION	5
1) Methodology.....	5
2) Background	6
3) Aboriginal Justice Inquiry – Child Welfare Initiative	7
B. DEMOGRAPHICS	9
1) General Population Statistics.....	9
2) Aboriginal Population Statistics (Métis, Inuit, First Nation).....	11
3) Children in Care	16
4) Population Projections	22
5) Age	24
6) Possible Impacts on Residential Care Facilities	25
7) Sources Cited in this Section	27
C. RESIDENTIAL CARE IN THE LITERATURE.....	29
1) Literature Focusing on Specific Services, Treatment and Residential Care Approaches in other Jurisdictions	29
2) Gaps in the Research on Residential Care	51
3) Sources Cited in this Section	55
D. RECRUITMENT/RETENTION OF A RESIDENTIAL AND CHILD WELFARE WORKFORCE.....	58
1) Perceptions of the Profession	58
2) Shortages in the Profession.....	59
3) Stress, Trauma, Burnout and Turnover in the Profession.....	59
4) Cost Factors Associated with Turnover.....	64
5) The Organization’s Climate.....	65
6) Suggestions for Improving Retention.....	66
7) Sources Cited for this Section.....	70
E. CONTRIBUTING FACTORS.....	74
1) Poverty.....	79
2) Single Parent Families	80
3) Violence.....	82
4) Substance Misuse	87
5) Education.....	91
6) Housing	94
7) Disability	98
8) Justice	104
9) Sources Cited in this Section	124
F. CONCLUSION.....	130
G. REFERENCES CITED.....	133
H. ANNOTATED BIBLIOGRAPHY	158
I. APPENDIX.....	222

List of Figures:

	Page
Figure 1: Manitoba Population (Age and Gender)	10
Figure 2: Population Reporting Aboriginal Ancestry	12
Figure 3: Aboriginal Child and Adolescent Population in Manitoba	13
Figure 4: Composite of the Urban Aboriginal Population in Winnipeg	14
Figure 5: Winnipeg Aboriginal Population by Age Group	15
Figure 6: Number of Children Placed by Reporting Agency	18
Figure 7: Number of Aboriginal Children Placed by Reporting Agency	19
Figure 8: Children in Placement Care by Ethnicity and Age	20
Figure 9: Number of Children by Placement	22
Figure 10: Number of Children Registered for Services	99
Figure 11: Family Support Services	100
Figure 12: Type of Disability for Children Aged 0-4	101
Figure 13: Type of Disability for Children Aged 5-14	102
Figure 14: Rate of Youth Incarceration by Jurisdiction	104
Figure 15: Admission to Remand, Secure and Open Custody and Probation for the Province of Manitoba, 1998-1999	106
Figure 16: Participation in Alternative Measures by Jurisdiction	107
Figure 17: Children Engage in a Variety of Risk-Taking Behaviours	108
Figure 18: Children Engaged in Risk-Taking Behaviour have Greater Contact with Police	108
Figure 19: Peer Influence on Risk-Taking Behaviour	109
Figure 20: Behavioural Problems Increase with Parents' Parenting Styles	110
Figure 21: Incarceration Rates for Aboriginal and non-Aboriginal Youth in Canada	115
Figure 22: Aboriginal and non-Aboriginal Involvement in Child Welfare System	119

List of Tables:

	Page
Table 1: Cross Tabulation of Total Days Care in Placement by Age	21
Table 2: Age Distribution of Manitoba Youth	104
Table 3: Number of Charges, Cases and Persons Heard in Court for 1998-2000 in Manitoba	105
Table 4: Aboriginal and Non-Aboriginal Youth in Custody by Jurisdiction	114
Table 5: Living Arrangements of Aboriginal Youth in Custody	117

A. INTRODUCTION

This literature review sets out for consultation the data and literature of all published and unpublished sources that have been read, analyzed and consulted to date that may be relevant to the Province-Wide Assessment of Out-of-Home Care Needs. The literature review is set in the context of the Office of the Children's Advocate: Review of the Operations of the Winnipeg Child & Family Services Emergency Assessment Placement Department (EAPD) Shelter System, and the Manitoba Family Services and Housing: Response and Action Plan to the Office of the Children's Advocate Shelter System Review Report, to facilitate a focused province wide needs assessment of residential care needs for children in Manitoba.

This literature review focuses on specific subject matter relating to policy, standards, methodologies, demographics, effect and financial costs, that directly and/or indirectly impact on the out-of-home care services being provided, the service providers who work within the system, and the children and youth who are serviced by the system. An attempt was made to relate the subject matter to key issues and themes identified in the reports mentioned above.

1) Methodology

The purpose of this bibliography is to provide an overview of the policy-oriented literature pertaining to a province-wide assessment of the out-of-home care needs of children in care, of which this review is one of two parts. In preparing this work, as readers will observe, some topics have been the focus of far more attention than others, with demographics and other contributing factors such as poverty, family violence, disability and youth justice issues being the most prominent theme areas within the literature.

The initial search process for this literature review involved compiling resources from the research team, the resources referred to in the Office of the Children's Advocates' Review of the emergency shelter system in Manitoba and using the bibliographies from all these sources as a springboard for obtaining further literature.

Information for the literature review and annotated bibliography was collected from a number of sources. In addition to perusing our organization's library for relevant material, we conducted database searches at the University of Manitoba, Health Canada and the Department of Indian Affairs and Northern Development library holdings, as well as carrying out manual

searches of the resource centres at the University of Manitoba. Moreover, we carried out keyword searches on eight-eleven CD-ROM databases, including the Bibliography of Native North Americans; the Canadian Research Index; Dissertation Abstracts; Sociofile; Social Work Abstracts; Criminal Justice Abstract; Index to Legal Periodicals and Books and Medline to name a few. The primary database that we used was PsycInfo, a comprehensive computer database that includes scholarly publications in psychology and related fields (Barak, Nissly & Levin, 2001). In each case, the following search terms were used: residential care; emergency care; residential shelter care for children; emergency shelter for children in care; children and youth in group care, children/youth in substitute care; including terms such as Aboriginal, Inuit, Métis, and Indian. The research terms used to search for literature on the turnover and retention among child welfare workers included: “child welfare employees,” “stress and child welfare workers,” “recruitment and child welfare workers,” “retention and child welfare workers.” Other key terms used in the search included “employee turnover” and the phrase “turnover and retention among child welfare workers.” Studies that were not printed in English were excluded, as were dissertations. Other search terms were used for the section on contributing factors looking at: poverty; single parent families; child and youth violence; substance misuse; education; housing; disabilities and justice issues that interconnect with aspects of the child welfare milieu. Sources relied upon come primarily from Journals and the Internet as they reflect the most current sources of information available. Where available PDF copies of sources found and/or cited in this review and included in the Appendix.

2) Background

In December of 2002, the Office of the Children’s Advocate (OCA), at the request of the Minister of Family Services and Housing, began an operational review of the emergency shelter system within the former Winnipeg Child and Family Services agency. The review was as a result of questions being raised regarding the quality of care and duration of placement children and youth were experiencing within the shelter system. Originally intended to serve as short-term facilities, a shortage of qualified foster parents saw the shelter system continue to utilize placements longer than recommended by agency and practice standards. The report was presented to the Department of Family Services and Housing in April 2004.

As a result of this report and the over 70 recommendations made by the OCA, the Department of Family Services and Housing began the development of a response and action plan to address the recommendations detailed in the OCA report. Four Action Plan Strategies were developed. Action Plan Strategy 2 focused around the development of a new emergency care system for children. The Manitoba Family Services and Housing: Response and Action Plan to the Office of the Children's Advocate Shelter System Review Report (2004) outlines the following steps that make up Action Plan Strategy 2:

- Step 1 – Complete a province-wide assessment of residential care needs for children;
- Step 2 – Based on the results of the needs assessment, develop a proposed continuum of care and classification system for children's residential care;
- Step 3 – Within the context of the proposed continuum of care, develop a vision statement and comprehensive program model for the role of emergency placement facilities and services;
- Step 4 – Given the proposed program model, recommend standards and training strategy to ensure staff have the qualifications and competence to adequately meet the needs of children in emergency care;
- Step 5 – Assess the feasibility of implementing the Advocate's recommendations regarding a centralized office to oversee future resource developments, reconfigure the provincial placement desk, external governance of placement resources for children and a strategy for foster parent recruitment.

This literature review represents one component of Step 1, the province wide needs assessment, and will serve as the knowledge and reference base for the other components of Step 1 and Action Plan Strategy 2.

3) Aboriginal Justice Inquiry – Child Welfare Initiative

The Aboriginal Justice Inquiry was commissioned in 1988 to examine the relationship between Aboriginal people in Manitoba and the justice system. The report was tabled in 1991 by Judge Kimelman and indicated that Aboriginal people in Manitoba were not being adequately served by the current structure. The report also included the following recommendations regarding the child welfare system (<http://www.aji-cwi.mb.ca/eng/generalbackground.html>);

- Establish the office of Child Protector, as recommended by Judge Kimelman, to protect the interests of children, to investigate any complaint into the practices of any child welfare agency and to be responsible to the Legislature.
- Provide Aboriginal and non-Aboriginal child and family services agencies with sufficient resources to enable them to provide a full range of direct and preventive services mandated by The Child and Family Services Act.
- That the Federal and the Provincial governments provide resources to Aboriginal agencies to develop policies, standards, protocols and procedures, and to develop computer systems that will permit them to communicate effectively, track cases and share information.
- That Principle 11 of The Child and Family Services Act be amended to read: “Aboriginal people are entitled to the provision of child and family services in a manner which respects their unique status, and their cultural and linguistic heritage.”
- Establish a mandated province-wide Métis agency.
- Expand the authority of existing Indian agencies to enable them to offer services to band members living off-reserve.
- Establish an Aboriginal child and family services agency in the city of Winnipeg to handle all Aboriginal cases.

In 1999, the Provincial government established the Aboriginal Justice Implementation Commission (AJIC), as part of its commitment to reviewing and implementing the recommendations outlined in the AJI (1991). A series of memoranda were signed in 2000 with Aboriginal political organizations that began the devolution of child welfare services in Manitoba. Part of the vision statement of the AJI-CWI is as follows (<http://www.aji-cwi.mb.ca/eng/generalbackground.html>);

“A child and family service system that recognizes and supports the rights of children to develop within safe and healthy families and communities...”

The historic restructuring of Manitoba’s child welfare system and the transfer of services to the four newly established child and family service authorities via the Child and Family Services Authority Act will see these authorities also become responsible for the delivery of emergency short-term care resources for the temporary wards under their jurisdiction.

B. DEMOGRAPHICS

The purpose of this section is to present and discuss demographic trends in terms of the implications that they may have on out-of-home care resources within Manitoba's child welfare system, and to facilitate a dialogue among the various stakeholders. It should be noted that the use of the age variable to describe present and future population structures are merely projections and not predictions. As well, trends identified within Manitoba's general population, differ quite substantially from the trends of Manitoba's Aboriginal population. It is for this reason that each have been presented under separate sections under this heading.

1) General Population Statistics

Prior to the presentation of charts and graphs highlighting the breakdown of Manitoba's population using the age variable, it is first important to have a basic retrospective understanding of why the population "is what it is". Foot, Loreto, and McCormack (1998) identify four (4) distinct periods that provide the framework for understanding Canada's population trends in the past and Canada's population projections.

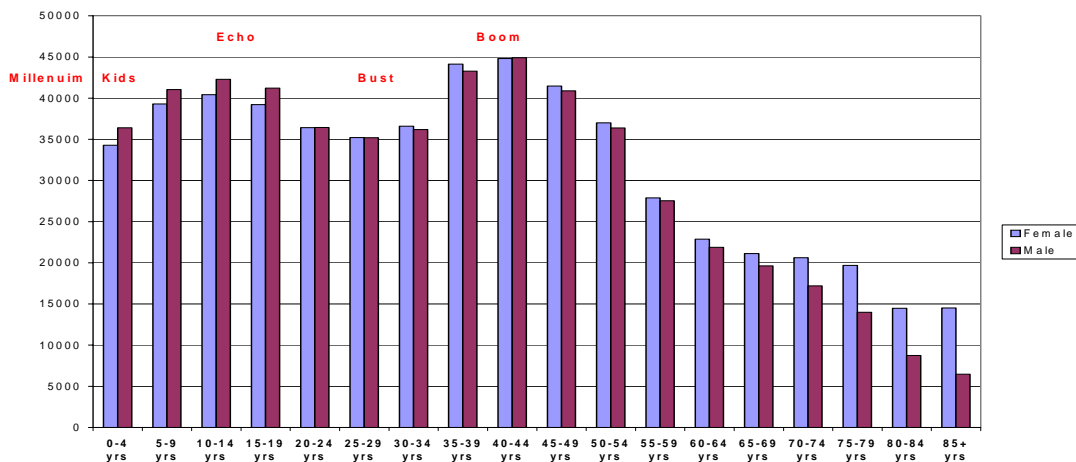
The first and most influential period impacted by Canada's socio-economic policy is the period from 1947-1966. This period is known as the "baby boom" period and "Boomers" represent approximately 1/3 of Canada's total population. Following the boom period was the "baby bust" period and is represented by those individuals born in a time of declining fertility rates between the years 1967-1979. This "bust" population is approximately only 55% of the size of the "boomer" population (Foot, Loreto, & McCormack, 1998; Foot et al., 1998). The third distinct period is the "echo" generation, born between 1980 and the first part of the 1990's (Foot et al., 1998). This generation represents the children of the "boom" generation and their age group outnumbers those of the "bust" generation. It should be noted that this is not a result of increased fertility rates but a result of the large size of the "boom" generation. The fourth period represents a prospective understanding and has been labeled the "millennium kids" generation. These children will represent the kids of the "bust" generation born between the years 1995-2010, and therefore it has been projected that this age group will represent a very small portion of Canada's overall population, again as a result of a steady decline in fertility rates and the small size of the "bust" generation.

These trends also apply to a majority of Canada’s provinces and territories, except for Quebec and the Maritime provinces, where the “echo” generation is not as salient due to the large number of “boomers” migrating out of those areas (Foot et al., 1998). These trends do not have significant relevance to the Aboriginal demographic situation in Canada and the dynamics of Manitoba’s Aboriginal population will be discussed later in this section.

Manitoba

Manitoba’s general population distribution mimics that of the national population, in that the “boom”, “bust”, “echo” and “millennium kids” generations are clearly visible within the age distribution graph in Figure 1.

Figure 1: Manitoba Population (Age and Gender)



Source: Statistics Canada 2001 Census

The breakdown of service aged children (0-19 yrs) is almost equally distributed by the age categories utilized by Statistics Canada. At the time of the 2001 census, children aged 0-4 years represented 22% of the children between the ages of 0-19 yrs. Respectively, children and adolescents aged 5-9 years, 10-14 years, and 15-19 years, equally made up 26% each of children aged 0-19 yrs. As a group during the 2001 census, children and adolescents 0-19 yrs made up 28% of Manitoba’s general population.

Based on the 2001 Statistics Canada Census, Manitoba’s general child and adolescent population is steadily declining due to 2 variables. The first is the relatively small size, in terms of sheer numbers, of the “bust” generation, who are the parents of the “millennium kids” generation. The “millennium kids” generation will therefore be a relatively small component of

Manitoba's population up until 2010, at which time the "echo" generation will begin to enter into peak child rearing age.

The second variable is the decline in fertility rates. It should be noted that population growth is determined by two factors:

- Net natural causes – the difference between births and deaths
- Net Migration – the difference between immigration and emigration (Foot et al., 1998)

Fertility rates fall under the birth side of net natural causes, are equal to the number of births on average per female over her lifespan and are one of the best indicators of future population trends. Birthrate on the other hand is equal to the total number of births in a given time frame divided by total population. Manitoba's fertility rate in 2002 was 1.80, which is well below the national rate of replacement of 2.1. Manitoba's Aboriginal fertility rate is 1.5 times higher than the general population.

Due to the demographic nature of the child welfare system and the over-representation of Aboriginal people within the system it is equally, if not more important, to also analyze the Aboriginal population in Manitoba as well as specifics regarding Winnipeg's population in terms of using population demographics to determine future needs and impacts on the Emergency shelter placement system.

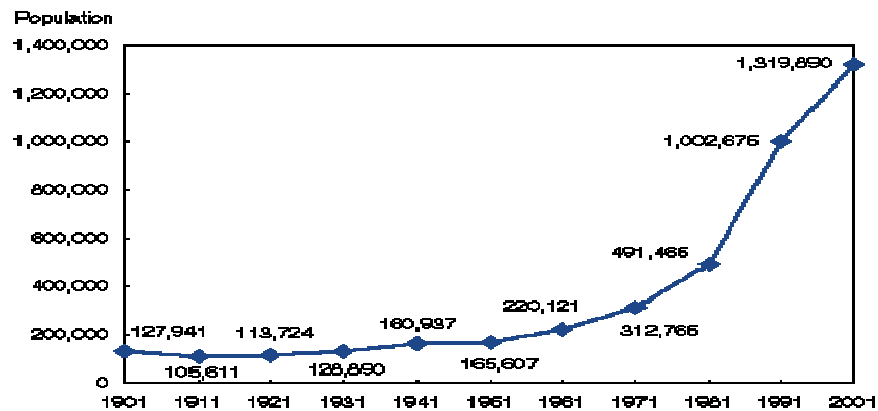
2) Aboriginal Population Statistics (Métis, Inuit, First Nation)

Canada's Aboriginal population trends significantly differ from those of the general population. Aboriginal people will often argue that they have been here since time immemorial and archeological data indicates human habitation of North America to occur around 40,000 years ago. There is also significant debate over the population level of Aboriginal groups prior to contact and numbers have ranged from 500,000 to over 2,000,000 (Royal Commission on Aboriginal Peoples, 1996). It has been recorded throughout history that post-contact diseases such as small pox heavily decimated the Aboriginal population in Canada. The exact totals are unknown but it has been projected that those numbers were significant.

Over the last century however, the Aboriginal population has begun to grow at a considerably higher rate than the general population. Figure 2: Population Reporting Aboriginal

Ancestry (Origin), Canada, 1901-2001 shows the growth of Canada's Aboriginal population from 1901 to 2001. The chart shows that Canada's Aboriginal population has increased tenfold over the last century, an amount that is almost double the rate of growth experienced by the general population. The chart also shows that a majority of the increase has occurred within the last 50 years.

Figure 2: Population Reporting Aboriginal Ancestry (Origin), Canada, 1901-2001



Data Source: Statistics Canada, <http://www12.statcan.ca/english/census01/products/analytic/companion/abor/canada.cfm>

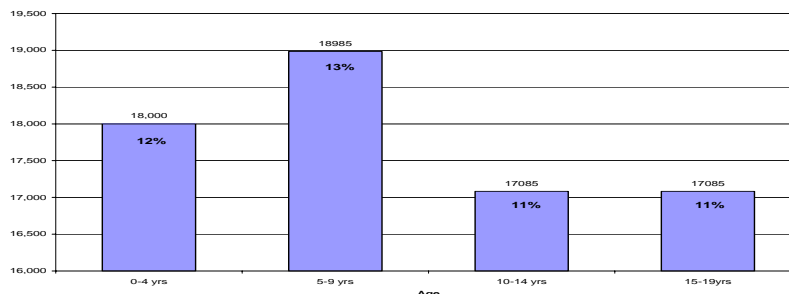
During the first 50 years from 1901 to approximately 1950, the Aboriginal population grew by only 29% from 127,941 to approximately 165,607. This gradual increase was a result of very high mortality rates offsetting the very high birth rates. The period from 1951 to 2001 saw the population who identified themselves as Aboriginal grow sevenfold, while the general population only doubled. A sharp drop in infant mortality rates and a birthrate that was four times higher than the national average, were just a few of the contributing factors to an Aboriginal “baby boom” that peaked around 1967, which is approximately 10 years after the post war “baby boom” experienced by the general population (Statistics Canada, 2004b).

Manitoba

Manitoba's Aboriginal population is a considerably younger population than the overall population. This is due to a combination of higher fertility rates and a lower life expectancy rate. At the time of the 2001 Statistics Canada census, 47% of Manitoba's Aboriginal population was aged 0-19 yrs and of the 71,135 within the 0-19 yrs age range, 76% are aged 0-14 yrs (based on Statistics Canada 2001 census data). The children aged 0-4 yrs and 5-9 yrs represented the two largest groups at the time of the 2001 Statistics Canada census with the 0-4 yrs making up 12%

and the 5-9 making up 13% of the children aged 0-19 yrs. Figure 3 provides a breakdown of the age groups of children in between the age range of 0-19 yrs.

Figure 3: Aboriginal Child and Adolescent Population in Manitoba



Data Source: Statistics Canada 2001 Census

The age distribution within the 0-19 yrs range at time of census is almost evenly distributed with the 0-4 yrs comprising approximately 12%, the 5-9 yrs at a slightly higher 13%, and the 10-14 yrs and 15-19 years both comprising 11%.

Manitoba's Aboriginal population is uniquely distributed across the province, with the various Aboriginal groups (Status, Métis, Inuit) being distributed quite differently within the province. According to the Manitoba Department of Aboriginal and Northern Affairs (2000), 53,455 or 42% of Manitoba's Aboriginal people live in northern Manitoba (based on Manitoba Department of Aboriginal and Northern Affairs regional breakdown). Of all the people living in northern Manitoba, 57% are of Aboriginal ancestry compared to 7% in Winnipeg and 8% in southern Manitoba outside of Winnipeg (Manitoba Department of Aboriginal and Northern Affairs, 2000). Manitoba's northern Aboriginal community is largely comprised of Status Indians, who live on reserve. This group represents approximately 84% of the total northern population, whereas only approximately 15% of the northern population is Métis.

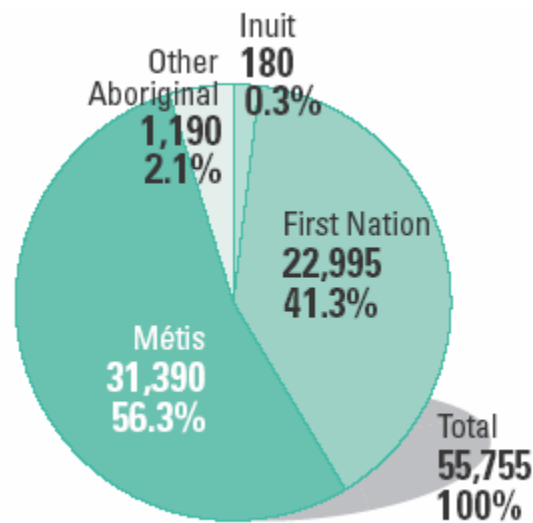
Approximately 74,070 or 58% of Manitoba's Aboriginal population live in southern Manitoba, of which 62% live in the Census Metropolitan Area (CMA) of Winnipeg (Manitoba Department of Aboriginal and Northern Affairs, 2000). Status Indians comprise approximately 49% of this group followed by Métis, who represent about 45% of the southern Aboriginal population (Based on Statistics Canada 1996 census). Overall, roughly 81% of all Manitoba Métis live in the southern part of Manitoba, (including Winnipeg) compared to just 45% of Status Indians.

Winnipeg

The Office of the Children’s Advocate (OCA) recognized in its shelter review (2004) that the Aboriginal population in Winnipeg is the primary recipient of shelter services and that any planning in regards to a new system needed to be wary of this fact. According to the 2001 census, there were 55,755 aboriginal people in Winnipeg. During the period between 1996 and 2001, Winnipeg’s general population grew by 4,070 people which is an increase of 0.6%. This increase was a result of a 21.9% increase (10,005) in the Aboriginal population, and a 0.95% decline (5,935) on the non-Aboriginal population (Aboriginal Task Force, 2004).

During the 1996 census, approximately 52% of the Manitoba Métis population lived in Winnipeg and that number grew to 55% in 2001. In both years Winnipeg was home to the largest Métis Community in Canada (Aboriginal Task Force, 2004). Figure 4 provides the composition of the Urban Aboriginal population in Winnipeg at the time of the 2001 census.

Figure 4: 2001 Composite of Urban Aboriginal Population in Winnipeg



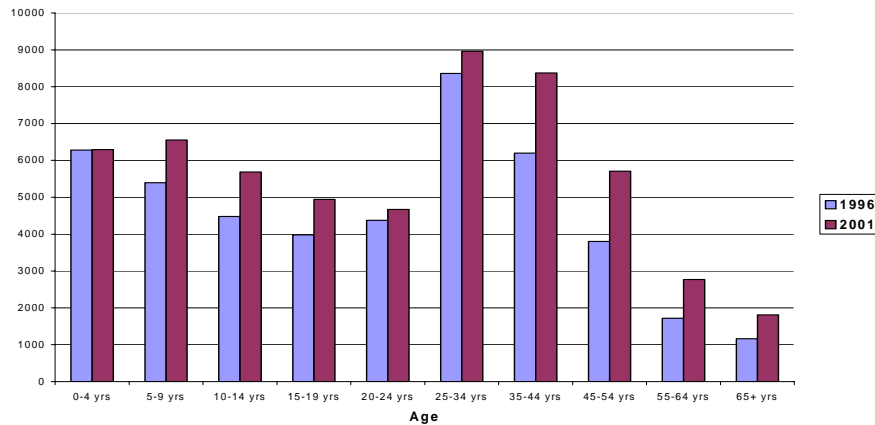
Data Source: An Eagle’s Eye View, 2004, p. 29

The First Nation population represented approximately 41.3% of Winnipeg’s Aboriginal population followed by “other” Aboriginal groups at 2.1% and 0.3% Inuit. The “other” population consists of those individuals who identified themselves as belonging to more than one Aboriginal group but not having treaty status.

Winnipeg’s age breakdown of the Aboriginal population reflects Canada’s overall Aboriginal age breakdown in that it is also a much younger population than the general

population. Figure 5 provides the age breakdown of Winnipeg’s Aboriginal population based on the 2001 census.

Figure 5: Winnipeg Aboriginal Population by Age Group



Data Source: Statistics Canada 2001 Census

Approximately 11.2% of the Aboriginal children in Winnipeg were aged 0-4 years. Children aged 5-9 years represented approximately 11.8% at the time of the 2001 census followed by children aged 10-14 who comprised 10.1% of the aboriginal population and 15-19 years who made up about 8.8%.

Although Statistics Canada attempts to ensure that the Census covers the population of Canada in as complete a manner as possible, at least two shortcomings are apparent with respect to data on urban Aboriginal people in particular. First, several studies have raised questions about serious undercounting of Aboriginal persons, with the Census population being estimated to undercount Aboriginal person by between 20 and 40% (Hanselmann, 2001c). The second problem as noted by Hanselmann (2001) in determining an accurate portrait of the urban Aboriginal population is with the mobility of Aboriginal people. Studies based on Census data show that a significant number of Aboriginal people move from rural and reserve areas to cities and back and forth. Urban Aboriginal people also often move within and among cities. This mobility makes it difficult to get a firm count of the Aboriginal population within a city. Nevertheless, despite its limitations, the Census remains the most comprehensive source of data on urban Aboriginal people (Hanselmann, 2001b).

The Aboriginal population is distributed throughout the city and “Aboriginal people live in every neighbourhood in Winnipeg” (Aboriginal Task Force, 2004). At the time of the 2001 census, a majority of the Aboriginal population (41%) lived in the area identified as the “inner city”. While the inner city only accounts for 20% of Winnipeg’s total population, it represented 54.6% of the City of Winnipeg’s total social assistance caseload (Carter & Polevychok, 2004a). The “inner city” consists of the following Winnipeg neighbourhoods:

Armstrong Point	Dufferin Industrial	Roslyn
Broadway-Assiniboine	Dufresne	South Point Douglas
Burrows Central	Exchange District	South Portage Spence
Centennial	Glen Elm	St. Matthews
Central Park	Inkster/Faraday	St. John’s Park
Central St. Boniface	Legislature	St. John’s
Chalmers	Logan	The Forks
Chinatown	Lord Selkirk Park	Tissot
Civic Centre	Luxton	West Alexander
Colony	McMillan	West Broadway
Daniel McIntyre	North Point Douglas	William Whyte
Dufferin	North St. Boniface	Wolseley

Data Source: http://ius.uwinnipeg.ca/wira_resources.html#

At the time of the 2001 census, 67% of Aboriginal households were family oriented and the remaining 33% were non family households, defined as “those living alone, or with others to whom they are not related” (Aboriginal Task Force, 2004). Of the 67% of family households, 43.5% were single parent households compared to 14.9% of the non Aboriginal population (Aboriginal Task Force, 2004). Statistics Canada 2001 census indicated that 53.8% of Aboriginal children under 17 years of age lived in single parent households in the City of Winnipeg. Community Data Network (CDN) custom tables’ #12-14 of the 2001 census indicates that 56.8% of First Nations family households were single parent and 34.4% of Métis family households were single parent.

3) Children in Care

The goals and objectives of child and family services legislation varies across Canada but they all generally reflect the notion that the family is the basic unit of society and that they need to be preserved and supported. Within this notion of preservation and support also comes the recognition of certain basic rights for children, which includes the right to protection from neglect and abuse (Secretariat to the Federal/Provincial/Territorial Working Group on Child and

Family Services Information, 2002a). Child and family service authorities across Canada are delegated the responsibility of protecting children and preserving families.

Manitoba's Child and Family Services Division is one of five divisions within the Family Services and Housing Department. The Child and Family Services Division consist of seven program areas, which include Child Protection and Support Services. Child Protection and Support Services is responsible for administering the Adoptions Act, the Child and Family Services Act, the Intercountry Adoptions Act, and the newly assented Child and Family Services Authorities Act. Through the legislation, Child Protection and Support Services provide the management and coordination of the divisions support, crisis, emergency and protection services (Manitoba, 2003). These services are provided through mandated agencies and consist of the following (as of March 31, 2003 as identified in the Manitoba Family Services and Housing Annual Report 2003):

Community Based Agencies

- Winnipeg Child and Family Services
- Child and Family Services of Central Manitoba
- Child and Family Services of Western Manitoba
- Jewish Child and Family Services
- Churchill Child and Family Services

First Nations Child Welfare Agencies

- Dakota Ojibway Child and Family Services
- West Region Child and Family Services
- Southeast Child And Family Services
- Intertribal Child and Family Services
- Anishinaabe Child and Family Services
- Awasis Agency of Northern Manitoba
- Cree Nation Child and Family Caring Agency
- Island Lake First Nations Family Services
- Peguis Child and Family Services
- Kinosao Sipi Minisowin Agency
- Sagkeeng Child and Family Services
- Nisichawayasihik Cree Nation Family and Community Services

Regional Offices

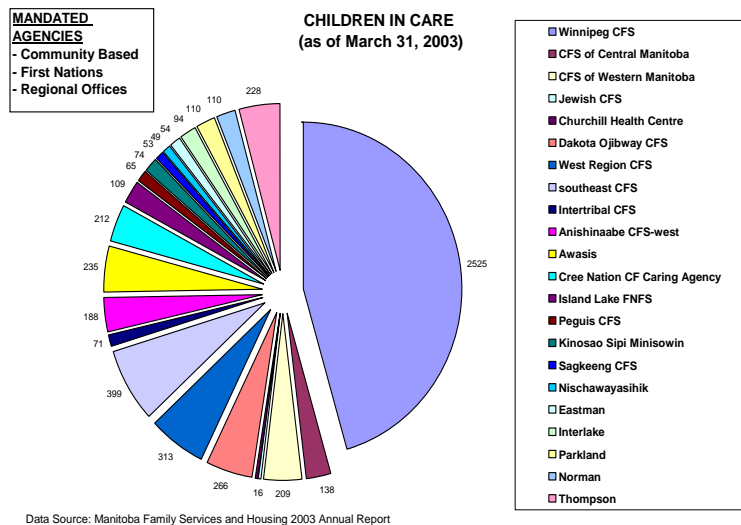
- Eastman
- Interlake

- Parkland
- Norman
- Thompson

The various mandated agencies are responsible for engaging in an intervention that provides safety and protection from harm when a child or children are at risk. This intervention is achieved through agreements involving the Director, the parents or by an order of the courts (Secretariat to the Federal/Provincial/Territorial Working Group on Child and Family Services Information, 2002b).

As of March 31, 2003, there were 5,533 children in care of the various mandated agencies throughout Manitoba. Figure 6 provides a breakdown of the number of children who have been placed by reporting agency.

Figure 6: Number of Children Placed by Reporting Agency



Data Source: Manitoba Family Services and Housing 2003 Annual Report

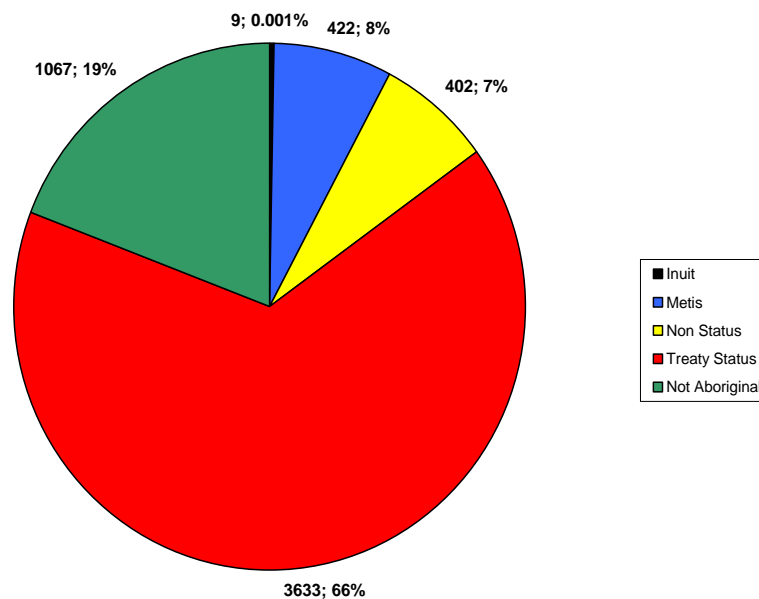
Figure 6 shows that as of March 31, 2003, there were 2,525 or 45.6% of the 5,533 children placed in the care of Winnipeg Child and Family Services. This was followed by Southeast Child and Family Services who had 399 or 7.2% and West Region Child and Family Services who had 313 or 5.65% of the children in care in Manitoba.

As mentioned earlier, the OCA recognized in its report that Aboriginal children were the primary recipients of emergency care services in Manitoba and that there was an over

representation of young children in the care of Winnipeg Child and Family Services. Figure 7 provides the breakdown of Aboriginal children by Aboriginal status who were placed in care as of March 31, 2003.

Figure 7 shows that of the 5,533 children that were in care as of March 31, 2003, 66% were treaty status, 8% were Métis, 7% non-status (non-treaty) and less than 1% were Inuit. The non-Aboriginal population represented approximately 19% of the total number of children in care. Of the 8% (422) of Métis children that were in care as of March 31, 2003, 69% (294) were in care in Winnipeg. Equally, 68% (274) of the non-status Aboriginal population was in care in Winnipeg. Contrary to those numbers, only 32% of the treaty status children in care were in Winnipeg. It should be noted that 80.7% of children in care as of March 31, 2003 were of Aboriginal ancestry.

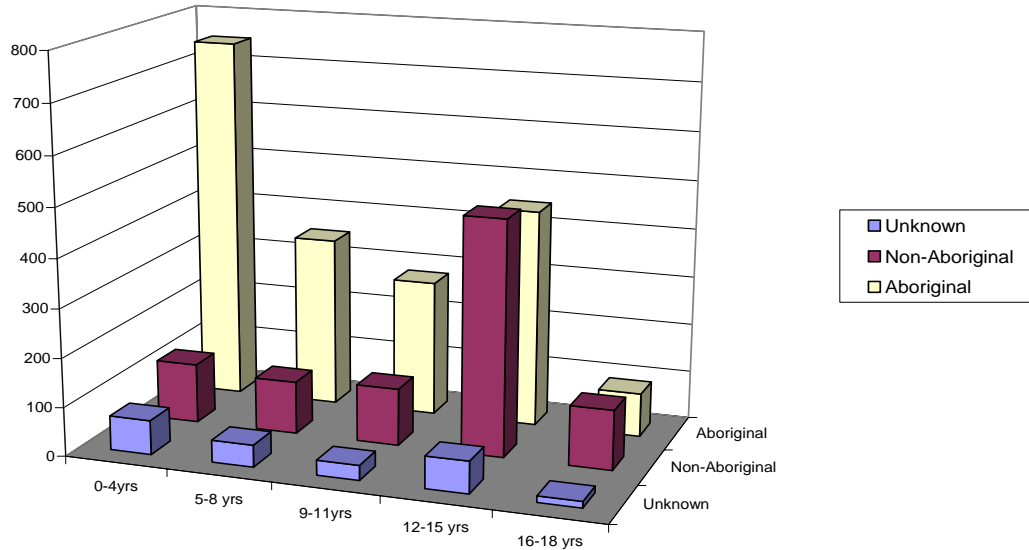
Figure 7: Number of Aboriginal Children in Care by Status



Data Source: Manitoba Family Services and Housing 2003 Annual Report

When broken down by age, Aboriginal children represent a considerably larger percentage of children who spent days in placement care in the various age groups, except for the 12-15 yrs and 16-18 yrs age groups, where the proportion of Aboriginal children in placed care is slightly lower than the Non-aboriginal population. Figure 8 provides a breakdown of the children who spent days in placement care by age and ethnicity.

Figure 8: Children in Placement Care by Ethnicity and Age



Data Source: OCA Review of EAPD System, 2004

Based on the data from the OCA Review of the EAPD System (2004) in Figure 8, 79% of the children who spent days in care or placement in the 0-4 yrs category were Aboriginal. This was followed by 69% in the 5-8 yrs category and 65% in the 9-11 yrs category. Only in the 12-15 yrs and 16-18 yrs categories were there more Non-Aboriginal children who spent days in placement care. When the groups Aboriginal, Non-Aboriginal, and Unknown were combined, the age category 12-15 yrs made up 32% of all children in placement care followed by 0-4 yrs, which made up 30%.

The Child Welfare League of America (CWLA) publishes standards for emergency care. Through research, they have established that children should spend a maximum of thirty (30) days stay in emergency shelters, with an additional thirty (30) days for special circumstances, but should not go beyond 60 days stay. Table 1 is a cross tabulation of the total days in placement care by age beyond the recognized international 60 day standard published by the CWLA.

Table 1: Cross Tabulation of Total Days Care in Placement by Age

Total Days	0-4yrs	5-8 yrs	9-11yrs	12-15 yrs	16-18 yrs	
61-90	86	40	34	105	29	
91-120	42	28	45	82	17	
121-150	37	26	15	63	12	
151-180	34	17	17	42	8	
181-210	25	12	14	41	8	
211-240	18	11	11	23	3	
241-270	16	6	14	37	3	
271+	65	41	51	101	11	
Total	323	181	201	494	91	1290
	34.3617	35.9841	47.1831	49.79839	40.625	41.81524

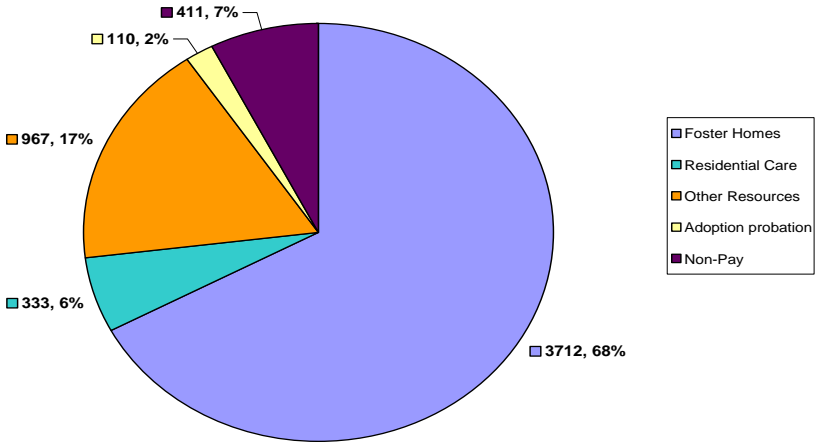
Data Source: OCA Review of EAPD System, 2004

Table 1 shows that overall almost 42% of the placements go beyond the recommended 60 day maximum. The data also shows that there is more success in placing younger children in more permanent family settings which is often a demographic reality in child welfare around the world. It is usually more difficult to find permanent family settings for older children. This is indicated by the fact that almost 50% of the placements for children aged 9-11 yrs and 12-15 yrs go beyond the 60 day maximum (Mirwaldt, Perron, & Thomas, 2004e). It should be noted that although only 34% of the placements for children aged 0-4 yrs go beyond the 60 day CWLA standard (the lowest of any age category) the number of occurrences is greater (323) than every other category except for the 12-15 age category. In reality what is happening is that a large number of children aged 0-4 yrs are spending an increased number of days in emergency placements comparable to those children aged 12-15 yrs and greater than those aged 5-8 yrs and 9-11 yrs.

For the purposes of a needs assessment, it is not only vital to know the figures surrounding the number of days in care, but it is equally important to know where those days in care are being realized. Figure 8 provides a look at the number of children in the various placements effective March 31, 2003. It is quite clear from the data that foster homes are the most utilized placements, representing 68% of the placement resources. This is followed by “other resources” which includes absent without leave (AWOL), out-of-province placements, independent living, and places of safety, which represented 17% of the placement resources.

Residential care which includes private group homes, agency group homes, and residential treatment centres rounded out the lower percentages of placement resources at 6% with non pay and adoption probation at 7% and 2% respectively.

Figure 9: Number of Children by Placement



Data Source: Manitoba Family Services and Housing 2003 Annual Report

4) Population Projections

Population projections are a powerful and useful tool for planning although population projections should not be considered predictions because they rely on certain assumptions regarding fertility, mortality, immigration, emigration, and in the case of the Aboriginal population, instances of treaty status reinstatement via Bill C-31, and increased identification as a Métis, to be realized. However, they can still provide insight into possible future trends a population might follow in terms of possible growth rates and mobility trends, and can provide a snapshot of possible clusters where groups are settling.

Statistics show that the Aboriginal population is by far the fastest growing population in Canada. This fact also holds true for Manitoba as well. In 1997, the Manitoba Bureau of Statistics produced a report for the Native Affairs Secretariat of Manitoba Northern Affairs that provided a 25 year population projection of Manitoba’s Aboriginal population from 1991 to 2016. The report used a combination of 1991 Statistics Canada Census data and Statistics Canada’s Employment Equity Data Program (EEDP) data and was adjusted for under reporting of life events and unenumerated Indian Reservations.

At the time of the 1991 census, Status Indians were the largest Aboriginal group in Manitoba representing 54.2% of the total Aboriginal population, followed by the Métis population which comprised 33.3% of the Total Aboriginal population. The lowest Aboriginal population group was those who identified as Non-Status, who comprised the remaining 12.4% of the Aboriginal population in Manitoba.

Geographically, the three Aboriginal groups differ in terms of where the populations are settling. As a group, at time of the 1991 census, approximately 38,000 Aboriginal people resided “on reserve” while approximately 45,000 resided in the City of Winnipeg. Another 37,000 lived in other areas other than Winnipeg or “on reserve”. Those numbers are expected to increase to approximately 52,000 “on reserve”, approximately 77,000 in Winnipeg and 63,000 in other areas by 2016.

The Status Indian population is expected to increase by 36% “on reserve” to approximately 51,000 and will represent 43% of the total Status population, which will be considerably lower than the 1991 percentage of 57% (Manitoba Bureau of Statistics, 1997). As well, the Winnipeg Status Indian population is expected to more than double by 2016 from 15,900 to around 39,600 and will comprise 33% of the total Status Indian population. As well, the “other area” Status Indian population will also double from 11,800 in 1991 to 28,800 by 2016.

The Métis geographic reality is somewhat different than those of the Status Indian population. The Métis population is expected to increase by almost 50% from 40,200 in 1991 to over 60,000 in 2016 (Manitoba Bureau of Statistics, 1997). It should be noted that the Métis population has already strayed from the population projections provided by the Manitoba Bureau of Statistics in 1997. The Manitoba Bureau of Statistics projected that the Winnipeg Métis population would increase by 47% from 20,000 to 29,000 in 2016, however Statistics Canada’s 2001 census found that the Winnipeg Métis population consisted of 31,390, which already surpasses the Manitoba Bureau of Statistics numbers and is an increase of more than 50% within a ten year period rather than the twenty five year period that was projected. At the current rate, the Métis population in Manitoba will have increased by more than 100% by 2016.

There is no explanation for this phenomenon other than that more people are identifying themselves as Métis. Statistically, the Métis population has experienced a lower fertility rate than other Aboriginal groups and the overall Manitoba Métis population was expected to

decrease temporarily as a result of an increase in Bill C-31 applications and then increase gradually again. One projection seeming to hold true for the Manitoba Bureau of Statistics is the projection that around 50% of the Métis Population would reside in Winnipeg and the 50% in other rural communities. Currently, as mentioned in the demographic section of this review, approximately 55% of the Métis population resides in Winnipeg.

The Non-Status population is the smallest of the 3 Aboriginal groups in Manitoba (excluding Inuit, who make up less than 1%). The Non-Status population comprised about 12.4% of Manitoba's total Aboriginal population in 1991. This group is expected to lose 16.7% of its population within the 25 year projection period due to large number regaining status via Bill C-31 (Manitoba Bureau of Statistics, 1997).

5) Age

Statistics Canada and the Manitoba Bureau of Statistics (1997) projects that approximately 10% of the Aboriginal population will be under the age of 5 years by 2016, which is a drop from almost 15% in 1991, but still double the Non-Aboriginal population under 5 years population which has been projected to be around 5.5% in 2016. For the three Aboriginal groups, the under 5 years population projected to 2016 is 10.5% for Status Indian, 9% for Métis and 12% for Non-Status.

As well, the 2001 census found the median age of the Aboriginal population in Winnipeg to be 24.7 while the Non-Aboriginal population median age was 37.3 which is a 13 year difference. It has been projected by the Manitoba Bureau of Statistics (1997) that 38% of the Status Indian and Non-Status Indian population in Manitoba will be under 20 years of age by 2016 and that 34% of the Métis population will be under 20 years of age.

As mentioned earlier, demographics and statistics provide a basis for projecting and not predicting future population trends. Due to the many different assumptions around population projections (fertility, mortality, and net migration), the longer the projection period, the less possible it is for the various assumptions to hold true. Therefore, demographic projections have their most effective impact for periods from 5-15 years into the future (Foot et al., 1998). Although a 25 year projection was utilized in this review, coupled with the 2001 census and only 12 years remaining on the projections, it was felt it provided a reasonable snapshot of what the

population may look like in the next decade and that it would allow a reasonable discussion around possible impacts to Manitoba's residential care system.

6) Possible Impacts on Residential Care Facilities

This section of the review is meant to provide possible scenarios that may arise from Manitoba's demographic situation as it relates to the Aboriginal population and its involvement in the child welfare system and the possible future stressors that may be placed on the emergency assessment shelter system. It is not meant to provide direction in terms of resource allocation for the shelter system, but to provide a researched demographic analysis that provides insight into a demographic reality that may or may not be taken into consideration when planning for alterations to the current shelter system.

Manitoba's Aboriginal population is considerably younger than the general population. In particular, the 0-19 years category (made up of 0-4, 5-9, 10-14 and 15-19 age groups) represented 47%, of the Aboriginal population. This is followed by the 25-34 years population who comprised 16% of the Aboriginal population. This percentage was almost double than that of any other individual age group except for the 35-44 age group at the time of the 2001 census. The result is a large young population supported by a large working age group that experiences lower educational attainment, lower employment income and increased unemployment rates. Although this statistic doesn't bear directly on the shelter system itself, it has indirect implications through the possibility of an increased need for child and family services if Manitoba's economy is unable to accommodate and maintain the large Aboriginal working age population. A population that statistics say is approximately 50% female and 43% most likely to be a single parent with school aged children.

In 1991, 15% of the Aboriginal children in Manitoba were less than 5 years of age, with that number expected to drop to 10% by 2016 but still be double that of the non-Aboriginal population. As of March 31, 2003, 79% of the children 0-4 years in care were Aboriginal and all children 0-4 years of age represented over 30% of all children in care. The OCA shelter review report (2004) indicated that this age group spent a considerable amount of time within the emergency shelter system and statistics indicate that this age group will continue to be a large part of the Aboriginal population into the next decade. If this holds to be true and the trend of Aboriginal children making up a majority of children in care continues, then resources will need

to address the 0-4 age category as it will continue to represent a large portion of the children in care.

The 2001 Statistics Canada census showed that Manitoba experienced a mini child boom in which the children were labeled the “echo” generation by Foot, Loreto, and McCormack (1998) because they were the offspring of the “boomer” generation. In 2001 the “echo” generation made up the age groups 10-14 years and 15-19 years. These two groups were two of the larger age categories in Manitoba. The Aboriginal population experienced a mini boom later than the general population therefore the “Aboriginal echo” children would have been aged 5-9 years in this same time period. Coincidentally, the age group 12-15 years is the only age category of children in care where non-Aboriginal children outnumber the number of Aboriginal children in care (Manitoba, 2003). When the Aboriginal and non-Aboriginal 12-15 years age categories are combined, they represent the largest age group of children in care at almost 40% of the total number of children in care.

When 40% of your children in care are going to age out of the child welfare system in the next 4-5 years, there is going to be an increase in demand for other placement resources such as independent living as well as an increase in other transitional programming that will attempt to prepare these children for their exit from the system. It is also plausible that an increase in the incidence of AWOL will occur as a result of the sheer number of children within this age category. The OCA shelter review report (2004) also indicated that this age category also spent an increased number of days in emergency placements beyond recommended international standards. This trend will continue for the next 4-5 years until this group ages out of the system, at which time the system should see a decline in independent living and other programs designed for older children. Any immediate action plans to alter the emergency shelter system should be wary of this statistic. As well, in the next 4-5 years, when the large 12-15 years non-Aboriginal population ages out of the system, the percentage of Aboriginal children in the system will increase, due to the overwhelming outnumbering of Aboriginal children over non-Aboriginal children in care in the other age categories. The result will be an increased need for culturally appropriate services and programs.

In terms of placement, foster homes were by far the most utilized placement resource representing 67% of all placements (includes regular and special rate homes). The foster care system in Manitoba is currently going through some major changes (depending on what region

one lives) in light of the AJI-CWI. It is unclear what impact the new arrangements will have in terms of each child welfare authority providing the licenses to foster care providers who may apply to any authority they chose. Although mechanisms are in place to facilitate and encourage the sharing of foster resources between authorities, it will be interesting to see what affect the reality of supply and demand will have on the most utilized placement resource. CBC Newsworld reported on its website (December 7, 2004):

“Thompson Manitoba: “In Manitoba, almost four thousand children are in foster homes, and the province’s foster system is struggling. There are a lot of children being taken out of problem homes, but there just aren’t enough foster homes for them all. In times of family crises, some traumatized children end up having to stay with social workers in motels. To complicate things, many of the children are special needs kids. Lack of foster homes is getting critical, especially in northern Manitoba. Many foster children there must travel south, far from their homes for care” (http://winnipeg.cbc.ca/regional/servlet/View?filename=mb_foster22101).

The OCA Shelter Review Report (Mirwaldt, Perron, & Thomas, 2004d) identifies that there is a national shortage of foster homes across Canada but more importantly, that there is a shortage of culturally appropriate foster homes or family based settings for Aboriginal children in Manitoba who are in care of child welfare agencies across the province. This demand will only increase as the large non-Aboriginal population in the 12-15 years category age out of the system and the proportion of Aboriginal children in care increases. Future research, specifically in Manitoba, will need to be conducted in order to identify the future needs of children and youth coming into care. More specifically, research needs to be generated from an Aboriginal perspective given that the majority of children in care who may come into care may be from the Aboriginal population.

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C. RESIDENTIAL CARE IN THE LITERATURE

Developments in residential care in terms of improving service delivery are often made under reactive situations. It is well accepted and well documented that there has been a pressing need for child protection service reform in Manitoba. Through many reports and inquiries such as the AJI, poor outcomes, inconsistent service delivery, and historical inadequate resources, have resulted in high community scrutiny and advocacy. Over the last few years the AJI-CWI has resulted in some critical systemic changes to the face of Manitoba's child welfare delivery systems.

Through legislation such as the Child and Family Services Authorities Act, the Province of Manitoba has initiated the development of an effective child protection system that balances prevention and intervention by supporting the capacity of Aboriginal communities to support their vulnerable children and families, while utilizing research to identify models and best practices that will lead to a provision of high quality care for those children and youth who are unable to live with their own families and communities. However, until implementation is complete, the full potential of the AJI-CWI sweeping changes will not be realized. This leaves the shelter system attempting to operate in a transitional delivery system where many of the details regarding the devolution remained to be worked out. Equally challenging to the shelter system is the fact that it has operated without any form of program model and a majority of its policies and procedures were developed in reaction to events or pressures (Mirwaldt, Perron, & Thomas, 2004c).

1) Literature Focusing on Specific Services, Treatment and Residential Care Approaches in other Jurisdictions

In reviewing the literature on residential care, one can easily become inundated by the breadth of research on this topic and equally puzzled by the lack of consensus on common definitions on precisely what is residential care, the types of treatment provided in such facilities and the role and involvement, if any, of families and community in the treatment process, as reflected in the child welfare discourse (Frensch, Cameron, & Adams, 2001; Frensch & Cameron, 2002). An overall synopsis of the research reviewing the characteristics exhibited by children and youth in residential care provides valuable insight into understanding the nature,

scope and magnitude of the multiple, unique and serious challenges faced by child welfare authorities in placing and planning treatment for such children and youth. While it is not the intention of this section to portray a negative image of young people in care, research evidence is clear about the serious day to day issues with which residential staff and young people have to contend.

The characteristics common to children and youth in residential *mental health* placements was the focus of research conducted by Frensch and Cameron (2002). Their research highlighted fourteen prior research studies on residential treatment. The studies as identified in Frensch and Cameron's article were chosen because they had an identifiable research design and a description of participants, details as to the treatment program, and a brief account of methods used to measure and assess outcomes. Although there is no definitive classification of children and youth in residential treatment, the fourteen sources that Frensch and Cameron drew from identified several common characteristics of children and youth that residential treatment staff are likely to encounter. Children and youth served by residential treatment may exhibit multiple and concurrent problems such as behaviour problems, school problems and troubled relationships. Characteristics also include repeated and unsuccessful use of services with frequent out-of-home placements and they enter through a number of multiple pathways (e.g. family, physician, Children's Aid Societies, or court referrals). Chances are that not all children and youth will enter restrictive residential treatment settings as other literature has suggested. Common characteristics also include chaotic behaviour, poor impulse control, proneness to harm others, destruction of property, and use of physical threats. Difficult relations with parents along with heightened states of parent-child conflict to rejection by parents are also common. Inappropriate sexual behaviour is also cited among the problems exhibited by children and youth placed in residential care (Frensch et al., 2002).

In terms of the family characteristics, Frensch and Cameron's study sources indicate that children and youth in residential care often come from reconstituted families (e.g. one biological parent and the parent's current partner or another relative), single-parent families and adoptive families. Their lives are troubled by chronic residential instability, unsatisfactory sleeping arrangements, and difficult family relationships and most are more than likely to come from low income households. Furthermore, many of these children and youth may already been in residential treatment or in the custody of child welfare authorities, youth juvenile systems or in supervised parental custody situations (Harper & McLanahan, 2004a).

Frensch and Cameron's sources also identified a number of clinical factors associated with the families of children and youth in residential care. They include evidenced histories of alcohol and abuse, family violence, mental illness and criminal activity. Families of troubled youth are found to be less cohesive and adaptable than non-clinical families. In addition, their families experience more stress and report not being satisfied with how well their troubled child/adolescent can be managed at home. In fact, one of Frensch and Cameron's sources notes that the most frequent reason children and youth were placed in residential care was the parent's inability to control children at home (p.321-322). Characteristics shared by children/youth in residential care also include multiple foster home placements, the absence of the biological father from the home of origin, and/or the biological mother experiencing a major psychiatric illness (p.322). The family's natural networks and sources of community support are generally lacking and tenuous. In particular, Frensch and Cameron point out that families with children in care are considerably less likely to have close relationships with near relatives and more likely to have strained relationships with other family members (p. 322).

Researchers Conner, Doerfler, Toscano, Volungis and Steingard (2004) identified other specific characteristics exhibited by children and youth in residential care. These can include disruptive behavioural disorders (e.g. conduct disorder and ADHD), affective and anxiety disorders, psychotic disorders, and other disorders (e.g. developmental, tic, personality disorder). Subjects can also be diagnosed with an array of medical problem and in some cases, schizophrenia. Asthma was also seen as being higher in this population due to the fact that asthma is influenced by emotion, stress, and other psychological forces. There are also gender specific characterizations between males and females. The researchers of this study noted that males and females in residential care settings tend to exhibit a wide range of aggressive behaviours on a frequent basis and indicated that the girls in their study exhibited higher levels of psychopathology (Conner, Doerfler, Toscano, Volungis, & Steingard, 2004). Girls were more likely to self-report use of alcohol and drugs and exhibited higher levels of verbal aggression and self-injurious behaviour whereas boys tended to exhibit higher levels of hyperactivity/impulsive behaviour. Aggression and delinquent behaviour seems to be a feature of residential care. Furthermore, young people with behavioural problems prior to reception into care had behavioural problems that doubled as a result of entry into care (Stevens, 2004). Most practitioners today would agree that children and youth coming into care now have more

complex problems than children and youth who came into care prior to 1985. This includes higher levels of delinquency, bullying and abuse of drugs (Stevens, 2004).

Other researchers (Kruzich, Friesen, Williams-Murphy, & Longley, 2002) note that African Americans make up approximately 12 percent of the total population, yet they are about 25-30% of the children in community based programs and make up to 26% of the juveniles in residential facilities. Other researchers (Curtis, Alexander, & Lunghofer, 2001) have looked also at the characteristics of children in residential care and acknowledged that while minority children such as African American children are overly represented in the out-of-home care system in the United States, the majority of children in group care appear to be male and white. In light of the assimilationist education and child welfare policies in the Canadian context, quite the opposite is also in effect respecting minority children and youth. The majority of children and youth in out-of-home care placements and within group care generally are of Aboriginal decent (Blackstock, Trocme, & Bennett, 2004b; Trocme, Knoke, & Blackstock, 2004; Mirwaldt, Perron, & Thomas, 2004b; Anglin, 2001).

Frensch and Cameron's contribution to the literature regarding characteristics of children in residential schools is also exceptionally valuable in helping researchers and practitioners understand the distinctions between the many types of residential care settings/facilities frequently referred to in the literature. Frensch and Cameron focused on group home types of residential care and treatment residential centres. Group home types of residential care are smaller types of group settings which use a teaching family model. The teaching family model utilizes a trained child care couple, known as 'teaching parents,' who live with a small group (up to 6) of 10 to 16 year old youth (p.323). Residential treatment centres on the other hand are described as being typically larger and can serve up to 40 children in smaller groups with each group having their own living quarters and classrooms. Reformatories and orphanages are the forerunners of residential treatment centres (Abramovitz & Bloom, 2003). Residential settings are, by their very nature, unique from other forms of treatment because treatment essentially occurs 24 hours a day, 7 days a week. The adolescent residents typically reside in discreet living units and are segregated into small groups (Stone, 2001). In addition to schooling, treatment interventions employed include groups, contingency contracting, levels systems, and academic interventions. Educators are the principal agents in implementing treatment.

In terms of the effectiveness between these two residential types, Frensch and Cameron specifically note that the literature they relied upon focused primarily on the effectiveness of

outcomes for children and youth who have been placed in large institutionalized residential treatment centres rather than in smaller group home type settings. This distinction also helps to understand what may contribute to short and long term positive and/or negative outcomes for children and youth who are placed in either type of facilities. In addition, the difference between the two help to comprehend the milieu from which subsequent research has been conducted as the majority of the literature generated on residential care comes from American sources where the focus is on the treatment of children and youth in larger residential centre type settings. In the Manitoba context we know we are not looking at large institutionalized residential treatment centres but rather at group home type facilities that are somewhat differently structured, staffed and managed from the small group home types models referred to in the Frensch and Cameron's article.

Children come into care for various reasons and each requires the same amount of personalized attention and care as any other children or youth, and in some instances a little more. The purpose and objective of many of the residential care models in the literature is to provide an environment that is conducive to physical, emotional, and intellectual needs outside of the family setting in a manner that mirrors a family-like setting (Anglin, 2003; Anglin, 2004). The methodology for realizing the objectives of residential care in the literature varies across disciplines as much as it varies across child welfare jurisdictions. Often, approaches to residential or out-of-home care, attempt to address the following:

- Reflect the many dynamics surrounding why a child has entered into care in the first place.
- Reflect the child's immediate level of need in terms of cognitive, physical, and behavioural well being.
- Reflect the desired outcomes of any permanency planning for the child.

Although there is a strong awareness of the ingredients that need to go into residential care, bringing them together to accommodate every individual and every individual's needs is a task that eludes many residential care models and programs. The resulting lack of ideal placements results in a phenomenon of compromising all or any combination of the above bulleted points in exchange for a place to stay and a warm meal. The result is children being placed in facilities that were not designed to facilitate the level of need they require in terms of

properly trained and informed staff, adequate recreational programming, and tailored cognitive or behavioural programming.

The OCA Shelter Review (2004) points out that this phenomenon is particularly true for high needs children who are placed in shelters not designed or staffed to care for them due to the lack of community resources available to care for them adequately. With a shortage in long-term family-based placements, short-term emergency placements become misused as a default placement for younger children for whom there are no long-term placement prospects (Bath, 2001). This has certainly been the experience in Manitoba where a large number of children 0-4 years are experiencing longer than recommended stays in emergency residential facilities.

In San Antonio, Texas, a residential care model called the Birth Family Continuum Model was being piloted specifically for children in out of home care. The model was developed by social work staff and supervisors in 1997 as part of The Casey Family Program in San Antonio to address some of the concerns previously mentioned. The model is similar to the “family-group-conferencing” or “family group decision making” models being utilized locally, nationally and internationally. The model includes all stakeholders in the planning of permanent placements including, the birth parent(s), foster/adoptive parents, social workers and anyone else who has any relevance to the child’s life. The main objectives of the model are:

- To be intentionally inclusive of all relevant stakeholders, to the extent possible, in decisions regarding care, placement and development of children in out of home care including the foster or adoptive parent, the child, and the birth parent(s) throughout the child’s stay in care;
- To acknowledge the developmental and systemic changes which occur for children during their placement in care, visa vie their birth families;
- To predict and normalize change as a result of developmental and systemic considerations which impact upon each other throughout the child’s stay in care. Change is thus perceived as an expected aspect of the birth family’s role, rather than a negative factor to be avoided or denigrated;
- To help children realistically and appropriately resolve their anger, hurt and/or ambivalence about their birth families, well before their emancipation from care (Child and Family Consultants of San Antonio, 1997).

This process allows for careful matching of resources to needs as closely as possible for children who are in either the temporary or permanent care of a child welfare agency. It is recognized that all children experience anxiety and stress from the separation of their family and this model also attempts to alleviate some of that stress by including the family in the placement

process when possible. This process could potentially have useful applications in Manitoba, especially in terms of inclusion of extended families and communities in the planning of out of home care for Manitoba's large Aboriginal population who currently make up a majority of the children in care. This process also satisfies a common Aboriginal belief that individual health and harmony rely on a balanced relationship between the individual, the living family, and the community (Svenson, 1999).

In Australia, children in out-of-home care can be placed in a variety of living arrangements. Out-of-home care is defined as any overnight stay of a child 18 years and younger, where the State or Territory makes a financial payment. The placements are categorized as the following:

- Home Based Care – placement is in the home of a caregiver who is reimbursed for expenses incurred in caring for the child. This category includes relative/kinship care, where the person is a relative or a person with a previous existing relationship with the child. It also includes foster or community care as well.
- Facility Based Care – placement is in a residential facility whose purpose is to provide placements for children in a 24 hour shift staffed setting. This setting includes family group homes.
- Independent Living – private boarding armaments
- Other – where the placement type does not fit into the categories or is unknown.

As in Manitoba, Aboriginal children in Australia are over represented in the child welfare system. However, only 7% of all their children in care in 2001 (18,241) were in facility based placements (Tomison & Stanley, 2001). The Aboriginal Child Placement Principle in Australia outlines the preference that Aboriginal children will be placed within Aboriginal families or communities when there is a need to place them away from their own families. This principle has been adopted in policy in some areas but has been legislated in a majority of the Territories and States.

The Aboriginal Child Placement Principle has the following priority order of placement of Aboriginal children:

- With the child's extended family
- Within the child's indigenous community
- With other indigenous families/communities (Victorian Government Department of Human Services, 2002a).

The impact of this principle is reflected in the very high frequency of placements in culturally appropriate settings. In 2001, the Australian Institute of Health and Wellness (AIHW) reported that 87% of Aboriginal children in care were in Aboriginal based placements (Victorian Government Department of Human Services, 2002b). Despite its apparent success, there are still numerous processes that impede culturally appropriate placements for children in care. In the report *Bringing Them Home - the Report*, the Australian Human Rights and Equal Opportunity Commission states that stringent Eurocentric evaluation and screening policies for potential Indigenous caregivers do not factor in social and economic realities for many of the Indigenous communities, leaving many potential caregivers with the inability to qualify as care providers (<http://www.austlii.edu.au/au/special/rsjproject/rsjlibrary/hreoc/stolen/stolen48.html#Heading187>)

New research which recently emerged in the later part of last year focuses on an innovative pilot study in Australia that would see child welfare move away from foster and residential care placements especially for hard to place youth who have high and complex needs. Such an approach was advocated in the Special Youth Carer (SYC) program developed in Southern Australia in response to the needs of at-risk adolescents. The main purpose of the model was to reduce placement instability and promote positive behaviour change in the young person. This model is based primarily on the Treatment Foster Care model which incorporates a unique defining feature: “in the event of a breakdown, it is the carer and not the young person who leaves the home (Gilbertson, Richardson, & Barber, 2005).

Foster carers were specifically recruited and trained and received remuneration higher than standard foster care rates and a schedule of wraparound services were provided for the young person. Placement was in a home not owned by the carer. The ratio of carer to youth was one-to-one with no requirement for the young person to fit into an established family. The defining characteristics of the program include:

- Placement limited to one adolescent and one carer per home;
- The home is not to be owned by the carer;
- Breakdown, if it cannot be successfully mediated, results in replacement of the carer;
- The program is not time limited; and
- Upon reaching the age of 18, the young person may have the option of remaining in the home and assuming legal responsibility for the tenancy.

Gilbertson, et al, further explained that youth were referred to the program if they had a history of placement instability, risk-taking or problem behaviour (e.g. violence, substance abuse, property damage, absconding, self-harm), or if they were in a crisis situation and other placement options have been exhausted. To ensure that only those in most need and most likely to benefit, entry was via a case conference attended by the young person along with all the professionals and the young person's family (if applicable). If the meeting produced a general agreement that this arrangement was suitable then the young person entered the program.

Carers were selected based on their knowledge of adolescent development and the particular needs of abused children and young people, experience in setting and enforcing clear behavioural boundaries, the ability to demonstrate successful outcomes in caring for extremely troubled adolescents and experience in working with families of origin. It was also a requirement that these carers not have resident biological children of their own. A pool of specialists was also fundamental to the success of the program to ensure another suitable match if the placement broke down between the carer and the youth.

The program utilized a transition plan before the young person could move into their SYC placement. This was intended to promote the young person's inclusion in decisions and goal setting as well as development of a sound youth-carer relationship via contacts of increasing duration in a variety of settings. Review meetings were held monthly and were task-oriented focusing on goals and the early identification and swift resolution of problems. The young person was encouraged to participate in decision-making and encouraged to hold meetings in an informal setting and in an informal manner. There was a budget for the participants to select furniture and furnishing for their bedroom and the living areas of the home and, where possible, they and their carer shopped and set up the home together (Gilbertson et al., 2005).

At the time of this study, a total of 11 young people had entered the program but due to staff turnover, complete data was only available for 8. There were six female and two male participants ranging in age from 13 to 16 years. Despite the low number of participants, the evaluation of this program revealed that the program appeared to hold promise as a means to stability of accommodation and continuity of networks for other similarly situated youth. The program was also deemed to be effective in reducing high-risk behaviour. Significant behavioural improvements included a return to school or an improved school attendance, completion of vocational training, improved living and interpersonal skills and a complete cessation of absconding from care. In all the cases, considering the gravity of their problems

upon entry into the program, the reported behavioural improvements and skills acquisition were considered noteworthy and confirmed the potential of SYC as a remedial option. The participants reported that they did not feel like they were in a foster placement and they generally felt a belonging to the SYC home. This sense of belonging came from knowing and understanding that the SYC home was theirs and not the carers and that having the place to call “home” was no longer dependent upon the goodwill of another party (p.85). Their social workers also had high praise for the SYC, noting that their clients were more settled in the SYC than they had been in other family based placements.

Gilbertson, et al, suggest that the SYC may have important outcomes for specialist programs that are limited by the lack of exit options other than family based care. SYC participants as a result developed a sense of belonging even though some of them did not stay in these placements as long as planned. The authors point out that home and security, routine and family are fundamental human needs and that for the young people in this pilot program who have been rejected by both family and repeated rejection by caregivers and whose transient lifestyle has been within an often remote and insensitive government welfare system, having a secure home is likely to be a profound influence in their lives. SYC also removes the anxiety that children typically associate with move as well as the constant expectation that they should fit into an established family with whom they may have not affinity (Gilbertson et al., 2005).

This pilot is an exciting initiative that could easily be replicated for similarly difficult to place youth in Manitoba. The downside with the article is that it lacked a full discussion on the enormity of the costs associated with implementing such a program. However the option of taking over the lease upon termination of care signifies that any such cost and/or investment in such costs is itself time limited. The fact that the home belonged to the young person both on breakup of the carer relationship and upon termination of the youth’s time in care, helps in moving the young person toward stability in their life at a time that is sometimes particularly destabilizing.

The approach to treatment and services provided to children and youth in residential institutions as highlighted in the literature above also varies widely. The current literature on residential care respecting treatment comes not only from child welfare genre but from the multi-disciplinary fields of educational, medical and psychiatry including research from a juvenile corrections standpoint. The complexity of approach to working and treating children is enormous and this review only touches the tip of the iceberg.

Research from the psychiatric setting can be found in *Creating Sanctuary in Residential Treatment for Youth: From the “Well-Ordered Asylum” to a “Living-Learning Environment”* by Drs. Abramovitz and Bloom (2002). Their article focuses on a theoretical discussion of two dominant approaches to treatment used by numerous larger residential treatment centres across the United States. Approaches to treatment of youth in residential institutions has either dominated or been shaped by *intensive individual treatment* or *milieu therapy*. Intensive individual treatment came about after World War II when European psychoanalysts began to apply psychoanalytic approaches to some or all aspects of institutional care, including intensive individual therapy. This approach “superimposed” long term psychoanalytically-oriented treatment on the residential environment without regard to patient’s daily routines and the impact of the group setting on children’s progress (Abramovitz et al., 2003). Residential centers that utilized *Milieu therapy* on the other hand also applied psychoanalysis but the relationship between the individual and the institutional environment was an integral part of the treatment process for children and youth in residential care. Abramovitz and Bloom state that early proponents of this approach did not want to impose authoritarian structures because the belief that everybody would be equally important and that common psychological understanding of the children’s needs would form the basis of the institution’s integration. This approach was called a “milieu” because it “captured the idea of an enveloping matrix in which one lived” (p.123).

Abramovitz and Bloom’s attempts to define standard residential treatment approaches also center on four longstanding debates in the history of residential treatment regarding the definition of the problem, preferred therapeutic approaches, organizational practices and the overall goals of residential treatment. The discussion on these four debates leads to the authors’ introduction of a new therapeutic model called “the Sanctuary Model” which addresses trauma exposure as a central organizing life experience. The model draws on both trauma theory and principles of the therapeutic community while at the same time integrating various program components found in most residential centres: living units, schools and treatment sessions.

The Sanctuary Model draws upon four conceptual frameworks: Trauma Theory; Social Learning Theory; Nonviolence; and Complexity Theory. Abramovitz and Bloom state that *Trauma theory*, accumulated over several recent decades, draws upon a large body of research about the profound bio-psychosocial and existential impact of overwhelming stress on human development and function. The full recognition of the impact of trauma on human functioning emerged from the studies of Holocaust survivors, Vietnam veterans, battered women, abused

children, disaster survivors, refugees, sexual assault and other crime victims and torture survivors (Bloom, 2000). *Social Learning theory* emphasizes the active use of the entire environment as a therapeutic agent of change. *Nonviolent* practice focuses attention to safety on active, attitudinal, and political aspects of social life and organization whereas *complexity theory* provides a way to understand complex adaptive systems – individuals and entire organizations – and to utilize their innate capacity for change (p.130). The authors note that the Sanctuary Model provides a pathway for resolving and integrating the debates around residential treatment by redefining the basic assumptions about the nature of the problem, the optimal environment and skills for effective treatment; the impact of losses on youth; and the need for a shared vision about treatment outcome. The model also helps shift the debate about the nature of the problem by changing the definition of institutionalized children from “bad” kids or “sick” kids (or both) to children who have sustained physical, psychological, social and moral insults that lead to developmental injuries” (p.130-131). Such a model helps to develop a “living-learning situation” or a “trauma-sensitive culture” within which it is understood that most human behavioral pathology is related to overwhelming experiences of exposure to abusive power, disabling losses and disrupted attachment and therefore behavior on the part of workers and clients, caregiver and patients, employers and employees, parents and children, must be understood and responded to within the context of these dynamic forces (Bloom, 2000).

In a recently published 2004 article by Rivard, McCorkle, Duncan, Pasquale, Bloom, and Abramovitz a similar treatment intervention designed to address special needs of youths with histories of maltreatment and exposure to family and community violence using the Sanctuary Model was highlighted. Again, as with the previous article, the rationale for using this model centered on the fact that children and youth who witness violent events within their homes, schools, or neighbourhoods may exhibit symptoms consistent with post-traumatic stress disorder such as persistent re-experiencing of the event, avoidance of stimuli associated with the trauma, numbing of general responsiveness, increased arousal, disorganized behaviour, and repetitive traumatic play. A slightly revised version of the Sanctuary Model was implemented in three residential programs located on a large campus in a suburban community of northeastern US. The residential location was composed of smaller residential units or cottages that serve from 7 to 16 youths. Although their programs specialize in treating youth with conduct disorders and other serious emotional disturbances, they did not directly utilize a trauma-focused approach to treat the symptoms of associated with child abuse, neglect, and exposure to family or community

violence. The youth demographics included a total of 111 youth ranging from 12 to 20 years old with an average age of 15 years. 73% were male and 27% were female. 34% were Hispanic, 51% were black, 11% were white and 4% Asian or bi-racial.

The residential center used the same recovery framework as the Sanctuary Model but amended the stages to *physical safety* which includes safety within the environment where basic needs for nutrition, shelter, and sleep are met; where individuals are free from harm and where comfort is provided. *Psychological safety* encompassed feeling safe in one's own mind, not hurting one's own or others' feelings, and the ways you talk to yourself, peers, staff and people. *Social safety* refers to feeling safe with and trusting other people and learning how to choose friends that you can trust. It also means being able to manage rough times and situations safely by talking rather than fighting. *Moral safety* was defined as feeling safe enough to do the right thing, making good choices and doing your best to hold them, respecting others and having values that you live up to (p.536). Staff were given 8 hours of training on the basic principles of the Sanctuary Model and taught how to diffuse the model into the environment and into all aspects of the treatment program. A 12 session psycho-education group curriculum was developed to formally introduce the youth to the Sanctuary Model and to teach knowledge and skills needed to progress through the four stages of recovery. Groups convened weekly and were co-led by clinicians and milieu counselors. Each session had a learning objective, exercises, and ways of transporting information and practicing skills between sessions. At the last session, participants were rewarded with certificates of completion and encouraged to become role models as they begin to live their lives more aware of how connected they are to others and how their emotions, safety, and successes affect others. The 12 sessions were designed to be ongoing and newly admitted youth could freely enter the group at whatever stage. Youth who completed a full round were also expected to continue participating in the group with a new awareness of their new skills and experience to help other members of the community (Rivard et al., 2004).

The eventual focus group evaluating the process revealed a number of interesting perspectives on the Sanctuary model. Staff realized that their own communication was integrally related to the safety in the treatment environment. The more they communicate, the physically safer the environment became for both the staff and the youth. A psychologically and socially safe environment also encouraged staff to openly share ideas, opinions, frustrations and mistakes. There was acknowledgement that the quality of team meetings and case conferences improved with more active involvement and communication of all staff and that these meetings

provided a forum for practicing how to deal with program issues in a non-hierarchical way. The focus group outcome that was revealed for the youth was they took a stronger role in leading or co-leading community meetings (p.543). In some cases, youth themselves called for special meetings to deal with issues causing community problems. One direct impact observed was that youth took the initiative to reach out to those who were not actively participating and would check on those who expressed being upset in earlier meetings (Rivard et al., 2004).

Although the Sanctuary Model was seen as being beneficial for this particularly residential centre, there were some factors noted by Rivard et al that both hindered and promoted implementation of the model. Consistency was seen as a positive outcome in that the use of the word safety, staff training, community meetings, etc. helped youths to get a broader and deeper understanding of the trauma recovery framework, including an understanding of group cohesion among youth and staff, providing community-level incentives for positive community behaviours, program leadership, the presence of therapists and administrations on the residential units and less division among all staff which lead to less confusion for youth about who are the authority figures. Finally, Rivard et al say that staff perceived the ongoing influence of the Sanctuary Project consultants as helpful in making change happen fast, in teaching staff how to incorporate trauma treatment strategies and in facilitating implementation through problem solving.

Factors that posed barriers to model implementation and consistency included insufficient time to do the constant communication and team-building needed and different ways that crises were handled in school as opposed to in the residential programs. Also, Rivard et al noted that not all staff who worked in the unit were formally trained because either they were new, on call, or had multi-unit administrative responsibilities. Also it was observed that staff who have seen many new program initiatives come and go were naturally skeptical about another new promising intervention. The authors contend that despite some of the negative findings, the overall positive findings validate the project's intensive program development efforts aimed at strengthening the treatment environment for the benefit of both staff and youth. The Sanctuary Model exerts an impact on practice with youth and on the relations between staff and youth. The feedback from the focus group initiated another booster session with more experiential focus. The authors also concluded by saying that future research would reveal more advantages that the model offers over standard residential programming through future research focusing on program evaluation. However, they also note that there is already movement to strengthen the

model by diffusing the model into the school environment and with the development of a specialized family-based transition and aftercare services to ensure that the gains made in residential treatment are maintained and to decrease the likelihood of re-entry into care (Rivard et al., 2004).

Cognitive-behavioural interventions in residential care settings was the focus of Steven's (2004) article *Cognitive-behavioural Interventions for Adolescents in Residential Child Care in Scotland: An Examination of Practice and Lessons from Research*. Cognitive-behavioural interventions is defined here as being based on an assertion that changes in behaviour can occur through the ways in which a person understands, interprets and *can alter* their way of thinking in relation to events in their life (p.238). Stevens reports that cognitive-behavioural interventions are gaining in popularity and are being used with greater frequency, especially in residential schools and secure units in Scotland, however no research has been done into the extent or effectiveness of these kinds of interventions in residential care settings in Scotland especially in relation to ensuring that any intervention in treatment is "in the best interests of the child, as enshrined by the Children (Scotland) Act 1995 and the United Nations Convention on the Rights of the Child" (p.238). Stevens focused primarily on the research regarding cognitive-behavioural treatment written by other researchers in the field of cognitive-behavioural therapy (Stevens, 2004). Her concerns with cognitive-behavioural therapy are probably concerns that would be mirrored in the Manitoba context. The research Stevens' examined is heavily influenced by American clinical treatment models and the relevance of the findings to residential care in Scotland, as in Manitoba, should be interpreted with caution.

One issue Stevens points to is the assessment of young people and their readiness to be able to benefit from cognitive-behavioural intervention. Stevens states that residential staff must have a good understanding of child development in general and cognitive development in particular in order to implement the interventions effectively. Without training in behavioural principles, staff would be inconsistent in the reinforcement of client behaviour. Cognitive-behavioural interventions seem to be positive but they cannot be viewed in isolation of other factors such as the support of parents, school and peers who should also be integrated into interventions with children and youth in residential care settings such as that which is promoted by the research that looks at the involvement of family and community in residential care (Stevens, 2004).

The efficacy of residential treatment methods in residential care was the focus of Robert Foltz's research regarding severe emotionally and behaviourally disordered young persons. Foltz's research emphasizes that where children and adolescents have more complex difficulties to manage and treat, the residential treatment centre must demonstrate that the treatments it is using are effective. Stabilizing medications have been utilized in numerous residential treatment centres for a wide spectrum of disorders ranging from attention deficit hyperactivity disorder, anger management, oppositional defiant disorder, bipolar disorder, substance use disorder, major depressions to post-traumatic stress disorder. Foltz argues that the use of pharmacology is one of the multidisciplinary ways that staff have treated unruly children and youth in residential care centers. His article speaks to some of the dangers that result when the practice of administering pharmacological drugs are used to bring about the desired conformity of children and youth. The use of drugs in residential treatment plans, Foltz contends is a "quick fix" approach to managing the most disruptive behaviours and that treating young persons with multiple medications is poorly studied and few studies exist regarding the long term effects on the developing brains of the young person. Uses of such medications are powerful interventions which seem to create structural changes in the brains of those who take them and ultimately can predispose children and youth to a future of psychopathology and personality dysfunction. Furthermore, medications also impair children's ability to naturally experience their emotions and to eventually learn and grow from experiencing them. Foltz advocates for more strength-based approaches that do not require the utilization of medications. In dealing with difficult children and adolescents, the most effective way to deal with disruptive behaviour is to establish trusting relationships (Foltz, 2004).

Early residential institutions removed children from their homes on the grounds that the problems experienced by children and youth stemmed from unfit parenting and that parental contact acted as a barrier to moral reform. As such, orphanages and reformatories regularly terminated parental rights and/or restricted visiting privileges (Abramovitz et al., 2003). Such is not the case in the contemporary context but there is still some skepticism and caution that the "dysfunctional" behaviour of families will undercut progress made by children while in treatment (Abramovitz et al., 2003). Promising literature is now emerging which calls for increased participation by families to assist in building on the strengths of youths in treatment. Two recent articles published Nickerson, Salamone, Brooks & Colby and Lakin, Brambila & Signda in Volume 22, Issue 1 of the 2004 journal *Residential Treatment Children & Youth* attest

to this shift in perspective although both sets of authors have stated there are many prior resources that have focused on this approach.

Lakin, Brambila and Signda's article *Parental Involvement as a Factor in the Readmission to a Residential Treatment* (2004) found that recidivism rates decreased for youth when their parents exercised greater involvement by attending family therapy, increased their weekly parent visits, telephoning more often and arranging for therapeutic absences from the residential centre. Residents with higher levels of parental involvement were found to have better family functioning and less severe impairments in their own functioning at discharge. Lakin, et al's study focuses on the outcomes for youth in a residential treatment program located at the University of New Mexico's Children's Psychiatric Centre in Albuquerque, New Mexico. Children and youth live in one of two family-like cottage settings according to their cognitive and socio-emotional development and they receive 24 hour care. Within this facility, a multi-disciplinary treatment approach is used that incorporates the services of child psychiatrist, psychologists, clinical social workers, psychiatric nurses, mental health technicians, and therapeutic recreation services. The staff member to child ratio is 1:4 and treatment included group therapy, family therapy, individual therapy, psychopharmacology services when needed, milieu therapies and a public school with special education teachers. Eighty-nine subjects were included in this study which comprised 59 males and 30 females. The average age was 11 years. Half of the subjects were Caucasian with the second highest ethnicity being represented by Hispanics. The majority of subjects came from divorced homes and many came from families that had histories of mental illness, alcohol abuse and drug abuse. Resident members were encouraged to make phone calls twice a day and were allotted specific times in which to receive calls. The residents' families were encouraged to visit on weekdays and weekends. Planned therapeutic absences, special passes written by the clinicians were granted so that the young person could leave the facility grounds with their families for allotted time periods. Passes were also granted for leaves anywhere from 1 hour up to 72 hours. These passes were designed to encourage the resident and their family to take the skills they had learned in treatment and practice them in the "outside" world. Families were also expected to participate in weekly therapy sessions throughout the treatment process. This study suggests that a broad definition of parental involvement that incorporated not only parental interaction with treatment professionals but involvement in all aspects of the therapeutic program significantly impacted the families' level of functioning and in turn assisted in protecting young people from future readmission.

Lakin, et al, state that residents with parents who consistently called, visited, went on planned therapeutic absences and attended weekly family therapy sessions had a better prognosis of maintaining their therapeutic gains in the community once released. This suggests that parental involvement should be multi-faceted and would require more than just simply participating in family therapy. It also includes weekly visits, phone calls, and planned therapeutic absences. While overall there was a positive impact on the recidivism rate, there were a small percentage of patients who, even though they had high parental involvement, did relapse. Sometimes this had more to do with the quality of the parental involvement rather than the quantity of family therapy. Some parents may have been resistant to working on their difficulties and/or did not have quality interaction with their child on visits and as such the visit could not be deemed as optimally therapeutic to either the child or the parent. The authors also point out some of the barriers facing the parental involvement. For these families in particular, increased rates of participation by parents were exasperated by the fact that they lived quite a distance from the residential facility. Other barriers highlighted include parents' participation in outpatient therapy and many of these barriers (stressors, treatment demands, perceived relevance of treatment and parents' relationship with the therapist) may be relevant to residential treatment as well (Lakin, Brambila, & Sigda, 2004).

The second article from the journal *Residential Treatment Children & Youth*, by Nickerson, Salamone, Brooks & Colby 2004, reviews the theoretical and empirical literature that supports several promising strategies for engaging families, such as behavioural parenting training, parent support groups and systems approaches. Approaches to building on strengths, such as strength-based assessment, supporting social network relationships, adventure-based learning and service learning are also reviewed. This article ends with some recommendations for constructing a model of residential treatment program utilizing some of the theoretical material referred to in the article. The authors state that when a child enters treatment, family members and others in the child's social network should be identified and included in the initial assessment. Existing strengths and resources of the child and his or her family can be assessed through standardized strength-based measures. In addition, extensive interviews can identify the best ways to engage families and mentors in a child's life during treatment. A family systems perspective should guide all interventions beginning with intake so that interactions and patterns in families that may serve as barriers to the transfer of skills learned in placement can be addressed in the treatment plan. The child and family should be encouraged to be involved

throughout the child's time in placement. This can be encouraged as having an "open door" policy for parents and other significant others in the child's life. Nickerson, et al, also suggest the structured educational and therapeutic activities (e.g. parent training group, parent support groups, family therapy) and social events should be sponsored and plans should be made for children to visit their families for increased periods of time to more closely approximate life after treatment (suggestions included starting slow with overnight visits and then gradually increasing this to 3-day and 4-day stays). This approach to engaging families and building strengths has empirical support only from the literature identified in this study. There is clearly a need for further research on utilizing such approaches when children are in residential care, especially within the child system in Manitoba. What is important is that such approaches ultimately may serve to improve outcomes for youth in residential care if adopted (Nickerson, Salamone, Brooks, & Colby, 2004).

The perspectives of young people are also relevant to understanding the residential care experience of children and youth, however, very few research studies exist from this standpoint. Altshuler and Poertner (2002) looked at the wellbeing of children specifically in group residential care. Their study focused on youth's perceptions regarding their satisfaction with their physical health, their ability to problem solve and the degree of safety and health within their home environments. Their study also asked children to look at the role of parents and/or other adults in providing them with the support and supervision they required and their degree of risk taking activities, including perceptions on how they felt they were doing educationally and whether they had ever been diagnosed with specific illnesses or conditions. Altschule and Poertner got at this information through the use of a self-administered instrument that incorporated multidimensional measures of wellbeing in assessing health outcomes for adolescents. The Child Health and Illness Profile (or CHIP-AE) was comprised of 219 close-ended questions and 1 open-ended question, requiring a 5th grade reading level which took on average 40-50 minutes to complete. A sample size of 100 was chosen. Sixty-three adolescents completed the survey. The youth who participated were between the ages of 12 and 19 and resided in group homes or institutions at the time the survey was administered. The findings indicate that youth have high levels of satisfaction with their physical health, resilience and problem solving skills and academic achievements. The youth reported low levels of self-esteem, emotional comfort and psychosocial stability, family involvement and work performance. They also took more risks, had more threats to achievement and had poorer peer

influences than other youth (Altshuler & Poertner, 2002). Such an approach would be a useful tool for children and youth currently housed in the residential facilities within the child welfare system in Manitoba. Nothing currently exists within the literature that specifies specifically what wellbeing means to children and youth or by the caregivers or the child welfare system generally. Such perspectives might be useful and immeasurable information might significantly assist in development of residential care reforms.

In Canada and specifically Manitoba, increased physical, cognitive and culturally appropriate needs have resulted in fewer people willing to foster (Mirwaldt, Perron, & Thomas, 2004a; Leschied et al., 2004b). The shortage of resources may contribute to increased amounts of time being spent in care as children with long term needs are placed in temporary settings resulting in multiple and less than ideal placements (Child Welfare League of Canada, 2003). At the time of this review it is unknown what percentages of children in Manitoba are placed in culturally and physically appropriate out of home settings.

There are many differing approaches and programs across Canada that deals with out of home care. In March 2002, a report called *Child Welfare in Canada 2000; The Role of Provincial and Territorial Authorities in the Provision of Child Protection Services* prepared by the Secretariat to the Federal/Provincial/Territorial Working Group on Child and Family Services Information, provides an excellent expanded update of child welfare services and the jurisdictional differences among Canada's Provincial and Territorial child welfare departments. The report highlights the many differences and similarities in service delivery, programming, administration, legislation, and Aboriginal services (mainly services to First Nations) across the country. The report contains statistical highlights regarding children in care by legal status, children in care by age, and of particular importance to this review, children in care by placement type. Each province and territory's placement strategies and placement programs as they relate to residential and out of home care are identified and described in detail.

Although the report is an invaluable resource that provides incredible insight into Canada's various child welfare strategies, it also solidifies the reality of the absence and need for national standards. Currently in Canada, the potential exists for children to receive protective services differently across jurisdictions according to varying definitions of support (Child Welfare League of Canada, 2003). The reality of legislative differences across jurisdictions makes it increasingly difficult to incorporate, in whole or in part, strategies or programs targeted at addressing residential care issues. There is also considerable difficulty in mobilizing the

political will, the financial and human resources to really improve or develop alternatives to residential care (Dunn, Jareg, & Webb, 2003).

The absence of national standards promotes the utilization of “interventionist models” that focus resources on children who are most at risk, and directing interventions to reduce immediate risk factors (Secretariat to the Federal/Provincial/Territorial Working Group on Child and Family Services Information, 2002c). This “interventionist approach” and its programs and policies that too often narrowly focus on children and often only provide short term benefit, do little in the way of building the family’s capacity to function. Children grow and develop within families and if they are to truly succeed, their families need to succeed (Pigott & Monaco, 2004). Pigott and Monaco argue that many programs and policies, if poorly executed, may actually devalue parents in the eyes of their children. In order for the family to succeed, Pigott and Monaco identify the following four prerequisites that need to be present in order for the family to be stable:

- Adequate income and safe, stable, affordable housing
- Strong and well supported networks
- Robust community institutions and infrastructure
- Service delivery that builds family capacity

The prerequisites identified by Pigott and Monaco deal mainly with contributing factors, which are discussed later in this review. However, the prerequisites also address service and program delivery that may have application to residential and out of home care programs. In terms of service delivery that builds capacity, Pigott and Monaco (2004) state that programs that are short term, age restricted, or target “high risk” children have the potential to disrupt already chaotic lives and burden children and families of having to formally identify with a negative label to qualify for programming. By providing access to unrestricted, universal programs, (such as some form of recreational activity) the status of the family no longer becomes the focus of their participation.

Just as there are numerous reasons, theories, and circumstances of why children enter into care, equally numerous are the strategies that try to satisfy a legislative requirement within some form of fiscal responsibility. This goes beyond the capacity of any single child welfare department and will require close coordination and collaboration among education, health, justice, social services and human service providers and parents to effectively addresses the

needs of children in out of home care comprehensively, intensively and early enough to save both tax dollars and maximize the family potential to succeed (University of Minnesota, 2001b).

Organizations such as the Child Welfare League of America/Canada publish standards relating to various aspects of out of home care, such as number of days in temporary placement. Although useful as a guideline, these standards recommend taking into consideration regional differences and variability. The result is that there is no “magic” formula to determine how long a child should remain in out of home care or what criteria to use to determine if a placement has served its purpose. The University of Minnesota (2001) makes the following recommendations regarding out of home care:

- Evaluations should be completed regarding the effectiveness of various types of placements for the varying needs of children.
- Communities need a broader base of high quality treatment options, including additional community based services that offer alternatives to out of home placement.
- Prevention and early intervention educational services make a positive difference on outcomes for youth and should be further developed.

Further explanation is needed to determine why youth of Aboriginal descent are over-represented in the placement system and adequate and effective responses must be made.

The literature is loaded with out of home care methodologies, programs, and policies and the proverbial pendulum has swung back and forth in terms of what policies need to focus on (Anglin, 2003; Frensch et al., 2002). In Manitoba, this swinging has been followed by several department and agency reorganizations and the amendments and enacting of legislation that deal with the various aspects of child welfare-like adoptions and devolution of services to First Nations and Métis organizations. According to the University of Minnesota, (2001) one of the biggest failures of the out of home placement situation is that millions of dollars are spent every fiscal year and the results for families and children are largely unknown. There is an increasingly large amount of guesswork associated with what types of placements work best for which type of children or families and what outcomes have been achieved for the amount of money expended (University of Minnesota, 2001a).

Research is a powerful tool that could provide valuable insight into the answers for the many questions being asked about out of home care. Does Manitoba’s current system truly satisfy the legislative requirement of taking into consideration the best interest of the child? What

impact does multiple, long term placements have on the social and cognitive developments of children and adolescents? Although quality research could be used to shed light on these subjects, its' processes are hindered by strict policies and laws regarding access to child and family information and data.

2) Gaps in the Research on Residential Care

This review of the sources is not meant to be exhaustive. Despite the rich body of research findings on the issue of children and youth in residential care (see Appendix respecting a recent search history on youth and residential care which yielded a count of 770 records in the PsycINFO database) there are gaps that do not address the residential and emergency shelter needs specifically within the Province of Manitoba. The difficulty with this abundant information is the need to weed through and pull from it the sources most applicable and transferable to the child welfare circumstances within Manitoba. This is nearly impossible to do, as it has been noted elsewhere in this review, given that the majority of research is generated from outside Canada coming primarily from the United States. Caution should be exercised in utilizing or generalizing from these sources into the Canadian context because of the uniqueness of our child welfare systems, jurisdictions, legislations and populations, especially as it pertains to Aboriginal peoples. Even if the research is useful, there is no guarantee that it will be used (Stevens, Liabo, Frost, & Roberts, 2005; Frensch et al., 2002).

An article written by Whittaker, Pfeiffer and Stevens (1994) provides direction for formulating research priorities for residential care in the future that would be applicable to both the Canadian and Manitoba context. Although dated, their perspective is as applicable today as it was then. Whittaker, Pfeiffer and Stevens identified 13 areas that would be critical components of future work involving a synthesis of research on residential care and these are briefly explored. The following is a rundown of Whittaker et al's recommendations for doing further research in this area. Where necessary a suggestion more appropriate to the Manitoba context is provided. No order is intended in the recommendations that follow:

1. *Dissemination and adoption of new knowledge/research findings relevant to group care* – Whittaker et al noted that findings from research are rarely translated into clinical practice. Some of the reasons why research findings do not influence practice are because most practitioners continue to rely on techniques learned in graduate school and during their field placement training and simply because clinicians are not frequent consumers of research literature. Research oftentimes lacks obvious programmatic and clinical significance and is

- viewed as not being relevant to practitioners. Whittaker et al also points out that research articles are often oriented toward other researchers and typically do not provide readily translatable action plans. Studies also take years to publish because of the delays inherent in the editorial process and the fact that almost half of the research articles published are read by not more than 200 people. For research utilization to occur, findings need to be packaged in a marketable fashion and format that enables potential users to see the direct relevance of the innovation or intervention. Whittaker et al say that for innovative findings to be incorporated into practice, investigators ought to offer workshops, develop print and audiovisual demonstration and training materials, and consult at field sites;
2. *Research on improving training* – There is a gap between the training provided in most universities and the critical knowledge and skills needed to work effectively in providing high quality service to children and adolescents in residential settings. This gap necessitates the development of training programs by residential agencies. The example Whittaker highlights is a training curriculum developed by Devereaux Institute of Clinical Training & Research (<http://www.devereux.org/site/PageServer>) which developed a skills-based training program which incorporated several empirical literatures and theoretical orientations with ongoing in-residence training (more information can be obtained from their website). Whittaker et al emphasizes that it is vitally important to reduce the gap between the traditional, university-based training curriculum and the priority needs of staff members who work in residential settings;
 3. *Research on subgroups that might be better served in residential settings* – Residential treatment programs usually have admission criteria that exclude children and adolescents considered inappropriate for placement. These criteria may be vague and vary between residential centers. Whittaker et al note that there is usually three broad factors that affect the admissions decision-making process (a) characteristics of the child or adolescent; (b) available resources within the family; and (c) type, quality, and availability of alternative services. The criteria as suggested by the literature supporting residential placement include: (1) extremely severe behavioural and emotional problems requiring the expertise of highly trained professions; (2) clear and imminent danger to the child, others, or to society; (3) an inadequate fit between the needs of the child and the resources available in the environment. There is a dearth of research investigating either the best fit of child/youth and program or a best set of admission criteria for residential treatment. Whittaker et al postulate that it is impractical if not impossible to assign children randomly to residential and non-residential programs in order to determine the types of children best suited for residential purposes. Long term follow-up of children and adolescents in residential treatment will enhance our understanding of the type of individuals for whom residential settings are a particularly good fit;
 4. *Research on improving coordination of residential and community programs* – children and youth who require residential treatment often need a comprehensive spectrum of services such as mental health, education, child welfare, juvenile justice, and other related services. Unfortunately, even when services are available in the community, they are typically fragmented with little coordination amongst agencies and marked by concerns over territoriality, poor communications, misunderstandings regarding perspectives, values and regulations and adverse to change. Whittaker et al assert that research can assist in actualizing a coordinated and integrated system of care that links residential and community services by shedding light on the skills needed for effective collaboration, training professions in interagency collaboration and strategies to overcome obstacles to interagency collaborative practices.
 5. *Research on successful community transitions and maintaining treatment gains* – Research on outcomes, especially in the Canadian context is sorely lacking. Very few residential programs conduct systematic follow-up studies and as a result, little information is available concerning the maintenance of residential gains after children or adolescent returns to his or

- her home or what factors best predict a successful transition. Whittaker et al suggested a number of research questions that warrant further investigation (e.g. what behavioural and emotional problems are perceived to jeopardize successful transition the most? What aspects of the residential program positively affect the youngster's feelings and attitudes regarding his or her return to their family and community?
6. *Policy (systems level) research on residential group care* – more basic service systems research on group care is need to answer such questions as: Who comes into group care? For what reason? How long do they stay? How are families involved with the service: pre-placement, during placement, post-placement? Into what types of community living situations do children and youth return to? What types of services do children and youth receive and how do they fare in post-placement adjustment? Whittaker et al note that systems research is normally a government responsibility and should remain a government responsibility. Nevertheless trends respecting the care of children and youth in residential care need to be more systematically analyzed than they currently are in the child welfare system within Manitoba.
 7. *Research on innovative model development in group care* – Whittaker et al suggests that research projects be commissioned to stimulate the development of and/or pilot testing of innovative models of group care. Also needed are more treatment process studies that would be helpful in assessing such programs' contributions to the effectiveness of the continuum of services provided by the child welfare system in Manitoba to children and adolescents in care.
 8. *Research on development of client information systems for effective residential practice* – Whittaker et al say that practitioner-friendly information systems are critical building blocks for improving effectiveness in residential services. How can research be fostered that might be thought of as the systematic analysis of routinely gathered data? Research that incorporates different models of information-driven practice in residential group care may help in the long-run with identifying alternative means for direct client input to assist in consumer evaluation of all residential programs;
 9. *Research on family involvement in residential group care* – More research that focuses specifically on the involvement of parents, communities and extended families in the course of residential placements is needed. This would include: (1) types of contact; (2) when initiated and by whom; (3) level of consumer satisfaction; and (4) contribution to outcome for youths. What is also needed is studies that focus on ethnic and gender differences as experienced by children, adolescents and family in residential placements including testing of models of cultural competent practice.
 10. *Greater attention to the "success" criterion in residential group care* – outcome research is needed on the question of criteria for residential care and to test the efficacy of competing treatment strategies.
 11. *Research focused on the continuum of child and family services and the proper place of residential care within it* – It would be extremely helpful to have comparative research on where residential services fit in an overall continuum of care and service. Whittaker et al also say that it would be useful to know for instance what levels of severity of youth/family problems appear to justify the temporary loss of community connectedness that invariably comes with residential placement especially as it relates to children and youth who are dually diagnosed (e.g. severely emotionally disturbed and delinquent; heavily involved in sexual abused and substance abuse and or cognitively challenged with comorbid psychiatric disorder). Further research is needed on finding out whether there are subpopulations of children/youth for whom residential placement is the treatment of first resort rather than last?
 12. *Studies on the prevention of child abuse and neglect in residential settings* – Studies are also needed that focus on the efficacy of procedures and programs to prevent abuse and neglect from occurring in the residential setting and uncovering it when it does;

13. *Longitudinal research on residential outcomes* – last but not least, as difficult as it is to fund and implement, more research is required that has as its focus, life course research, including qualitative studies on the effect and meaning of group care placement on the individual development (specifically as it relates to the experience of Manitoba children and youth). Whittaker et al suggest that such focused research will assist in understanding the meaning of “family” and the potential of non-biologically related caregivers for providing significant and enduring child-rearing experiences (Whittaker & Pfeiffer, 1994).

Clearly not all of the above suggestions apply to the Manitoba context but it does give a broad range of suggestions for future research and finding ways to make research more applicable at the practitioner’s level. On this note, another new emerging initiative created with the direct aim of increasing the direct use of research in social care practice was at the heart of a new article written by Stevens, Liabot, Frost and Roberts (2005). Stevens and his colleagues describe promising findings from a one-year pilot research information service provided through a UK project called “What Works for Children.” This service was specifically set up to support social care practitioners in using research findings in their service planning and as a way to build relationships with both end-point users and practitioners to strengthen the knowledge base and ensure knowledge sharing. An implementation officer worked with service-planners to identify areas where research could be helpful. Researchers then provided responses to practitioner’s questions by searching for, critically appraising and summarizing the relevant literature. The What Works for Children Project derived in part from research findings which suggest that most research is not readily available to practitioners, is not useful, and even if useful, is not used. Initial feedback on the service from practitioners indicates that they were pleased to have the service however individual motivation seemed to play a significant part, with some individuals much more keen on asking questions and discussing evidence and its application than others. Barriers to research use were not all on the side of the practitioner, as Stevens et al noted that searches and practitioners’ responses highlighted the poor ‘fit’ of research to practitioners’ needs. Three aspects of this were noted. Firstly, for some topics, good quality research is simply absent, or not readily available to those who could make use of it. Secondly, there is a poor fit between the evidence base and the kinds of research practitioners want. For instance, many practitioners feel that research is product drive and distant from their own local needs especially regarding access to sources on practical aspects of implementation. Thirdly, practitioners want information that is readily translated to their own situation. For the most part, practitioners feel this is more easily found from conversation with colleagues than by searching the literature. The

findings from this study indicate this type of research information service does answer a need but the pilot of this program suggests that there is a demand with help in accessing and using evidence based research and that this help must be timely and personal involvement and availability by a research implementation officer, can be key (Stevens et al., 2005).

Until the Office of the Children's Advocate's Review of the Shelter System in Manitoba, there was virtually very little that spoke directly to the framework of residential care from a Manitoba perspective. This means there is very little data regarding cost factors in residential, staffing issues or exact data on the numbers of children and youth in residential care. Furthermore, there is very little data that distinguishes the different types of residential care settings within Manitoba or even the types of services they provide and treatment models they use. Nor does it appear that there is evidence-based research from within Manitoba that would provide answers as to the short and long term outcomes for children who are placed in residential care setting within the province. The importance of implementing and ensuring culture continuity to Aboriginal children and youth in residential care settings, no doubt, is also an important aspect to the field of residential care in Manitoba, however, despite the number of children and youth existing within these facilities, there is again no research that speaks of their experience or what their outcomes might be from living within these facilities.

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D. RECRUITMENT/RETENTION OF A RESIDENTIAL AND CHILD WELFARE WORKFORCE

The struggle to retain existing, and recruit new child welfare staff is an ongoing battle fought by child welfare agencies right across North America (Balla, 2002d; Anderson & Gobeil, 2002; Mor Barak, Nissly, & Levin, 2001; Pasztor, Saint-Germain, & DeCrescenzo, 2002). The critical role played by child welfare workers in the protection of abused and neglected children is seriously undermined by rapid staff turnover and impaired performance associated with stress, burnout and job dissatisfaction. Child welfare agencies as reported in the literature are generally seen as being internally and externally rigid, hierarchical, highly bureaucratic, overly regulated and unsupportive of staff who must work in environments that are “fraught with stress, voluminous workloads and frustrating bureaucratic tangles” (Balla, 2002c). The literature on retaining and recruiting child welfare workers indicates that working in child welfare is a challenge because of many chronic stressors and factors. This section reviews only some of the common stressors and factors that have been highlighted in the literature on the workforce challenges that influence workers’ decision to remain or leave the child welfare profession.

1) Perceptions of the Profession

Anderson and Gobeil (2002) among many other researchers (Valentine & Freeman, 2002; Fallon, MacLaurin, Trocme, & Felstiner, 2003; Trocme, Fallon, MacLaurin, & Copp, 2002) note that social work today is suffering from significant image problems, with child welfare in particular having the worst image of all. These pessimistic perspectives of the profession come from negative publicity in the media and from inadequate recognition from the public regarding the extreme complexity of this particular job. As a direct result, young people often do not consider child welfare work to be an appealing career option (Anderson et al., 2002) and fewer social workers are committing to long-term careers in this field (Fallon et al., 2003). For Aboriginal people in particular, the social work profession is not positively viewed as it initially played an active role in permanently removing hundreds, if not thousands, of children from their families and communities (Crey & Fournier, 1998). Social work is viewed as one profession that has played a role in weakening Aboriginal communities and cultures (Bennett & Blackstock,

2002). All of the negativity associated with the social work profession generally makes recruitment and retention difficult, especially when it involves child protection work (Anderson et al., 2002; Valentine et al., 2002).

2) Shortages in the Profession

Experts and service providers in Canada, the United States, Australia and elsewhere report a current shortage of child welfare workers (Anderson et al., 2002). The findings of research funded by the Annie E. Casey Foundation (2003) on the challenge of serving America's children and youth uncovered common challenges among other service sectors. Non-profit, government, and for-profit employers cannot find sufficient numbers of qualified staff. When they do find staff, too many of those workers do not stay; workers are paid less than those in other jobs at comparable levels; there are limited opportunities for professional growth and advancement; workers receive poor supervision and little guidance or support; rule-bound jobs leave little latitude for discretion and drive out the most entrepreneurial workers and the education and training these workers receive do not match the roles and demands actually encountered on the job (Annie E. Casey Foundation, 2003). The research indicates that a shortage of staff is also a factor in other human serving professions such as mental health agencies (Acker, 2004). A corresponding shortage of foster parents is also a factor that impacts on child welfare workers (Twigg, 1991). Foster care is a critical part of the child welfare residential system. It provides for the safety and programming for children who are at risk if allowed to remain within their primary families. Over the past decade the number of children and families referred to children's aid societies has increased dramatically, placing increasing pressure on the already limited resources of children's aid societies generally, and shortage of workers in the foster care system in particular (Leschied et al., 2004a).

3) Stress, Trauma, Burnout and Turnover in the Profession

International research on child welfare, social work, and with other human service employees indicate that these positions tend to experience conditions associated with higher levels of job stress than do workers in many other settings (Howe & McDonald, 2001; Howe et

al., 2001; Regehr, Leslie, Howe, & Chau, 2000c; Bednar, 2003; Geurts, Schaufeli, & Rutte, 1999). Work overload and lack of clarity in job descriptions, exposure to traumatic events, court appearances, overwhelming documentation requirements, poor working conditions, low salary, political pressures and more recently the emergence of public inquiries into the tragic deaths of children and issues of liability for workers, have all been identified as some of the stress-related characteristics that lead to high turnovers in the child welfare field (Howe et al., 2001; Bednar, 2003). Stress can be reduced if there is sufficient support from coworkers and supervisors. This fact is supported by numerous other research studies (Blankertz & Robinson, 1997; Jinnett & Alexander, 1999). Workers who remain in public child welfare have a significantly higher level of support from work peers in terms of listening to work-related problems and helping workers get their jobs done. Workers who remain in these positions believe that their supervisors are willing to listen to work-related problems and can be relied on when things get tough at work (Mor Barak et al., 2001). Satisfaction with other employees is also important because much of the effectiveness of child welfare relies upon cooperation and team based interactions with other coworkers (Bednar, 2003; Tai, Bame, & Robison, 1998). Other research indicates that suppressing angry feelings related to job related duties also plays a part in increasing worker's stress and dissatisfaction with co-workers and that there is a need for creating healthy and safe channels for expressing anger (Norvell, Walden, Gettelman, & Murrin, 199; Bednar, 2003). Howe, Leslie and Regehr (1999) drawing on research from other research colleagues who looked at staff turnover (Lindsey & Regehr, 1993; Munroe, 1996), affirm that working with involuntary clients and the awesome responsibility of protecting society's most vulnerable citizens adds to these service and administrative challenges.

Research on the stressors experienced by Canadian child welfare workers specifically was the focus of Regehr, Leslie, Howe and Chau's work with the Children's Aid Society of Toronto (2000). One hundred seventy five workers from this agency participated in the questionnaire component of the study. Of these participants, 38 were men and 135 were women with the majority having worked less than 3 years. The list of ongoing stressors as identified by the child welfare workers in this study includes:

- Amount of work
- Documentation requirements
- Difficult or disruptive clients
- Organizational change

- Conflicts with staff, supervisors, managers
- Changing policies/standards
- Risk of civil or legal liability
- Court related activities
- Public or media scrutiny
- Lack of community resources
- Mandatory training
- Travel
- Conflict with community individuals (Regehr et al., 2000c)

The amount of workload was ranked as the number 1 stressor by 68% of the participants in Regehr et al's study on stressors. Elements of workload include unlimited and unwieldy caseloads, court appearances, overwhelming documentation requirements, poor working conditions and low salary, although there have been no systematic documentation of this trend (Fallon et al., 2003). Added to all these challenges are the difficulties associated with working with involuntary clients (Regehr, Leslie, Howe, & Chau, 2000a). The stress that results from workload volume is a critical factor in staff decisions to terminate their employment (Howe et al., 2001). In addition to the above noted ongoing stressors, participants also identified other critical stressors that produced "significant emotional stress" as being:

- Death of a child in service due to accident
- Death of child in service due to abuse
- Death of a child on caseload
- Death of an adult client
- Assault against self
- Threats of violence against self
- Threats or injury to other staff
- Other serious event
- Any critical event (Regehr et al., 2000c)

As a result of these stressors, many of the participants in Regehr et al's study exhibited symptoms of Post-traumatic Stress Disorder or Traumatic Stress (p.9). Until recently, most research on traumatic impact in the workplace focused on police, firefighters and emergency service personnel (Howe et al., 2001; Regehr, Hemsworth, Leslie, Howe, & Chau, 2004). A large body of research is now just beginning to emerge on secondary trauma experienced by child welfare workers (Briggs, Broadhurst, & Hawkins, 2004a; Cunningham, 2003). The work done by child welfare workers vicariously exposes them to trauma through their clients' trauma. This

phenomenon, called Secondary Traumatic Stress, STS, or vicarious traumatization, or compassion fatigue, presents a risk of negative personal psychological consequences. Symptoms of STS can occur as a direct result of hearing emotionally shocking material from clients. Some of the symptoms of vicarious traumatization include a decreased sense of energy, no time for one's self, increased disconnection from loved ones, social withdrawal, increased sensitivity to violence, threat, or fear – or the opposite, decreased sensitivity, cynicism, generalized despair and hopelessness (Dane, 2000). The social work profession is just beginning to recognize the relevance of this phenomenon to their work (Nelson-Gardell & Harris, 2003a; Dane, 2000; National Child Welfare Resource Centre for Family-Centered Practice, 2004b). Research in the area of secondary trauma has produced several generalizations about the effect of working with traumatized persons. First, professionals who work with traumatized persons can exhibit the same range of symptoms as victims. Second, the longevity and severity of these symptoms will vary with the individual. Third, professionals working with trauma victims are more likely to exhibit symptoms if they have been personally traumatized by a history of child abuse themselves than if they have not had that experience. Finally, female trauma workers are more likely to exhibit secondary trauma symptoms than their male colleagues (Nelson-Gardell & Harris, 2003b).

Burnout in the profession of child welfare is a well-documented occupational hazard found throughout the literature respecting workforce challenges and climate within the child welfare system (Mann-Feder & Savicki, 2003; Nelson-Gardell & Harris, 2003c). According to Nelson-Gardell and colleagues, the public perceives child welfare workers as powerful – they can take children from parents – whereas workers on the other hand perceive themselves as powerless, their hands tied by the red tape of their own bureaucracies and the lack of resources to adequately address the complex problems in child abuse and neglect. Knowing this contributes to burnout. Burnout is a state of physical, emotional and mental exhaustion caused by long-term involvement in emotionally demanding situations. Workers who suffer from burnout experience physical, emotional, behavioural, work-related and interpersonal symptoms, including fatigue, feelings of helplessness and hopelessness, disillusionment, irritability, indifference, work performance and the development of negative self-concept and negative attitudes towards work and people involved with that work (Regehr et al., 2004). Some people on the verge of burnout actually become obsessive workaholics. Burnout is often characterized as an organizational problem, not an individual problem. As such, organizations may rotate work assignments,

decrease workloads and encourage staff to take time off in an effort to reduce the burnout (National Child Welfare Resource Centre for Family-Centered Practice, 2004a; Nelson-Gardell & Harris, 2003d). As with Secondary Traumatic Stress, burnout is prevalent among other groups who work with people in some capacity such as teachers, physicians, therapists and health and social service workers and is an acknowledged concern of many professionals (Mann-Feder et al., 2003). Front-line staff who work with young people within a range of educational and therapeutic settings are more susceptible to high turnover rates experienced in child welfare. This would be the case for those who work within the emergency residential shelter system within Manitoba. Mann-Feder and Savicki (2003) also found that there is relatively little difference in the stress levels experienced by Anglophone and Francophone child and youth workers in a cross-cultural study of differential responses to stress and how they coped with the threat of burnout.

In addition to stress, trauma and burnout are instances of violence, threats and intimidation that confront many professionals working in the area of child protection. The literature available on this topic indicate that exposure to violence too within this profession is not an uncommon aspect (Parton & Small, 1989; Regehr et al., 2000c) but the extent of violence experienced by child welfare workers in particular is still relatively unknown (Briggs, Broadhurst, & Hawkins, 2004b). When professionals experience violence, it appears that women tend to experience more verbal and psychological abuse, while males tend to experience more overt threats and physical assaults (Stanley & Goddard, 2002; Briggs, Broadhurst, & Hawkins, 2004c). In the research finding by Regehr and associates (2000b), 20% of staff in all job categories (intake, family service social worker, other social workers, residential care staff, child and youth worker, clerical and management) had been victims of assault on the job at one time in their career. Furthermore, 70% of child and youth workers in this same sample had been assaulted on the job at one time in their work in child welfare. In addition, 50% of staff through the Children's Aid Society in Toronto had received verbal threats against themselves (Regehr et al., 2000c). Briggs and colleagues (2004) noted that emotional and health effects resulting from exposure to violence on the job lead to increased absences, transfers and even resignations. While there is increased international concern on this issue elsewhere (Briggs, Broadhurst, & Hawkins, 2004d), there appears to be little investigation documenting the incidence and effects of this issue across the range of child protection and residential work in Canada, particularly in Manitoba.

In a metanalytic review of the literature on employee turnover rates in child welfare, social work and other human service enterprises, Mor Barak and colleagues (2001) found that employees do not necessarily leave because of personal or work-family balance related reasons but rather because they are not satisfied with their jobs. This dissatisfaction stems from excessive stress and burnout in addition to perceptions and feelings that they are not supported by their supervisors and the organization in the work they are doing. Mor Barak et al state that when employees make a personal decision to leave there is not much managers and supervisors can do to intervene, however, if supervisors and management are aware that stress, burnout and lack of job satisfaction are some of the underlying reasons that an employee might leave then intervention to keep employees from leaving should be warranted. Mor Barak et al's research points to research where work-site interventions have been shown to decrease burnout and increase job satisfaction when and where such intervention include stress management training, greater job autonomy and providing additional instrumental and social support (Bellarosa & Chen, 1997; van der Hek & Plomp, 1997). Also, Mor Barak et al found that the decision to leave stemmed largely from employee's *intention* to leave. As a result of this factor, managers and supervisors might benefit from periodic monitoring of employee's feelings about job satisfaction and organizational commitment. Managers and supervisors might also avoid turnover if they invest in training and job-related education that increases the work-related knowledge and employee self-efficacy especially for less experienced workers who might leave because they feel less competent. Efforts to retard turnover in staff, Mor Barak et al state might also be accomplished through more comprehensive new-employee orientation programs, the development of peer-support groups, or the teaming of new employees with more experienced colleagues (Mor Barak et al., 2001).

4) Cost Factors Associated with Turnover

The cost of losing and replacing an employee is a financial concern for all child welfare agencies (Grupper, 2003). Research colleagues Regehr, Leslie, Howe and Chau (2000b) indicate that ongoing chronic stresses account for a two year turnover rate of 46-90% in child welfare practice which radically escalates the financial concerns even more. Balla (2002) commented that costs to replace an employee can range anywhere from 50% to 150% of an employee's annual salary (p.4). In addition to costs, the time it takes to fill a position can also be a factor

that impacts negatively on an agency. Child welfare agencies either do not have the funds or the human resource expertise required to develop and launch effective recruitment procedures, putting them at a severe disadvantage given the highly competitive recruitment climate amongst other helping professions (Anderson et al., 2002; Harvey & Stalker, 2003; Frei, 2003; Gibbs, 2001). Agencies that provide services in remote communities also have difficulties in hiring and maintaining staff as they are dealing with difficult living conditions and a restrictive pool of labour choices (Anderson et al., 2002; Gilroy, 2002a). Mor Barak, Nissly and Levin (2001) identified additional costs related to employee turnover which they grouped into three categories: *separation costs* (exit interviews, administrative and functions related to terminations, separation pay, and unemployment tax), *replacement costs* (communicating job vacancies, pre-employment administrative functions, interviews, and exams), and *training costs* (formal classroom training and on-the-job instruction). In addition to these three categories there are also indirect costs associated with employee turnover including the loss of efficiency of employees before they actually leave the organization, the impact on their coworker's productivity and the loss of productivity while a new employee attempts to achieve full mastery of the job (p.627). The financial costs to child welfare agencies are further compounded not just by increased demands and caseloads but by corresponding declines in funding from governments which force agencies to restrict their budgets and services despite legislative requirements and the need for additional staff (Stephenson, Rondeau, Michaud, & Fiddler, 2001; Harvey et al., 2003; Gilroy, 2002b; Graef & Hill, 2000; Green, Waters Boots, & Tumlin, 1999). Other researchers have noted that ensuring supportive settings are in place for staff can be an effective solution to the financial concerns respecting the current retention of staff. Although programs that provide support for staff may be considered expensive in today's climate of fiscal reduction, management needs to assess the cost effectiveness of such programs as they have been shown to significantly reduce stress which may in the long run, prevent staff from leaving (Acker, 2004).

5) The Organization's Climate

The organizational climate or culture of a workplace can also play a significant factor in influencing staff retention (Balla, 2002b; Gibbs, 2001). Social supports within child welfare agencies are extremely important in ameliorating distress and act as a protective factor against depression (Regehr, Leslie, Howe, & Chau, 2000b). This was also reiterated in research by

Susan Bednar. Bednar's (2003) review of the literature on the recruitment and retention of child welfare staff examined studies regarding employees' perceptions of the organizational climate within child welfare agencies. Bednar's reflection on the literature in this area points to a growing recognition that the organizational environment does indeed have an impact on the retention of staff and ultimately on the quality of services provided to children and youth in care. If a working environment allows for staff involvement, recognition, empowerment as well as climate indicators of good communication, formal goal setting, encouragement for creativity and innovation, including input into decision-making by its staff, it is likely that services to consumers will be enhanced as well. Bednar's observation of the literature in this area reveals that employees' perceptions of the workplace, including the perception of their role in the workplace, can have significant influence on clients' perception of services and ultimately would also influence the quality of services and outcomes for clients. These findings are consistent with other studies that have demonstrated that organizational conditions (e.g. supportive social environments and/or comprehensive new employee orientation programs) play an important role in predicting job satisfaction and intention to leave helping and caring service fields (Acker, 2004; Sharma et al., 1997). A recent Canadian study found organizational support to have an opposite impact on worker stress. In a study conducted by Regehr and colleagues at the University of Toronto, worker distress actually increased when union support was sought out. At the time of the study, a major issue that the union was dealing with was ongoing workload issues. For the participants in this study, social support from supervisors and managers appeared to be of limited value in relieving symptoms of stress in that particular study (Regehr et al., 2004).

6) Suggestions for Improving Retention

Very few studies exist which explore the reasons why child welfare workers stay on the job. To date, research attention has focused primarily on employee reasons for resignation (Rycraft, 1994). Dedicated individuals need to feel that their skills and interests are well matched to their job description and need to have a degree of job mobility to ensure the quality of this fit. The research points to opportunities for career growth, learning and development as leading factors influencing staff retention (Anderson et al., 2002; Mor Barak et al., 2001; Regehr et al., 2000c; Harvey et al., 2003). The literature also indicates that front line workers and

management staff who lack opportunities for training may feel trapped, unhappy and more willing to leave the agency (Annie E. Casey Foundation, 2003; Regehr et al., 2000c; Balla, 2002a). In Balla's (2002) review of the literature he suggests that the most effective retention and recruitment strategies are not single, discreet activities but come from developing a strong organization through good leadership coupled with effective management practices. Some of this he concluded involves:

- An inclusive organization that is respectful of its staff and welcomes their participation in the life of the organization;
- A supportive organization that validates its workers and is at ease with the reasonable exercise of one's professional autonomy;
- A commitment to fair compensation that reflects the workload and responsibility endemic to child welfare;
- A management culture that ensure a reasonable workload, anticipates stressors in the workplace and provides proactive support;
- An organizational culture that recognizes the importance of professional and career development by providing career options and both in-service and external education and training opportunities;
- An organization that recognizes the importance of balancing work and personal life, and thus offers flexibility in the workforce;
- An organization with strong links to colleges and universities; and
- Effective public education strategies to develop a positive image (p.5-6).

To the above list should also be added a commitment to the inclusion of respect for cultural ways of knowing respecting child protection and child welfare practice from an Indigenous perspective (Bennett et al., 2002; Mandell, Carlson, Blackstock, & Fine, 2003). Anderson et al (2002) and other researchers (Gilroy, 2002c; Nybell & Gray, 2004; Mandell et al., 2003) caution that there is also a need to look at the importance of diversity and cultural competence in the field as "linking diversity to culturally competent client services will create an organizational culture that will help recruit and retain a more diverse and highly motivated staff better able to delivery high quality services" (p.5). This aspect will become extremely important given the fact that demand for child welfare workers shows no sign of decreasing (Alwon & Reitz, 2000) and that like the general population, the child welfare workforce is aging (Anderson et al., 2002). As a result, the child welfare professional will experience a reduction in the pool of new workers to replace those who are retiring (Anderson et al., 2002). The aging workforce will be a concern to child welfare. As noted in Anderson et al's research, the Conference Board of Canada has predicted that by 2020 the country will be facing a shortage of one million skilled

workers (p.3). In comparison to the general age population, Aboriginal people have a younger age structure than the general urban population (Aboriginal Task Force, 2004; Hanselmann, 2001a; Statistics Canada, 2003; Hallet, Nemeth, Stevens, & Stewart, 2000; Siggner, 2003). This younger age structure represents a future opportunity to child welfare as the younger Aboriginal population may eventually help to alleviate some of the shortages that will no doubt be experienced in child welfare and which have been predicted for the Canadian labour force in general (Hanselmann & Gibbins, 2002).

An innovative program initiated by the Texas Department of Protective and Regulatory Services Department described an approach to address the high turnover rate of Child Protection Caseworkers. The theory behind the pilot project was to have workers develop their own work schedules from their homes, allowing them the flexibility needed for meeting clients. The pilot of the study included four units of six workers and their supervisors. The program allowed flexible schedules while maintaining unit meetings and face-to-face contact among staff. Supervisors worked on rotating schedules so there would always be supervisory support for workers. The pilot equipped home offices with all needed office supplies and machines. There was also office space available at the central office for those who needed it. All participants attended one-day training sessions on teleworking and learned about the program. The researchers chose four comparison groups with similar caseloads. Data collection included surveys, focus groups, data extracts from automated systems, human resources records, mileage records, information technology purchase records, and agency lease records. The researchers conducted pre-tests and post-tests for the treatment and comparison groups. Their study findings revealed that job satisfaction was improved; there was a significant increase in compliance with quality standards; turnover decreased and supervisory relationships were strengthened, however, there was no improvement in productivity and timeliness and equipment expenses may contribute to future cost avoidance. The authors also examined future cost savings potential. The DASH program is innovative as well as a promising alternative for Child Protection Workers however others have noted that researchers need to strengthen the empirical data and explore the costs issues (Texas Department of Protective and Regulatory Services, 2001).

Very few academic resources focus on child welfare worker positions specifically within residential care facilities. However Moses (2000) examined residential child care workers' subjective reasons for seeking this form of employment. The findings suggest that motivation for work is a neglected area which may have some bearing on treatment effectiveness in residential

treatment of youth. The data from this research showed that the majority of workers in the study have personal and ideological reasons for seeking and maintaining childcare work in residential settings. However, despite internally driven motivations, many of the residential workers felt that the conditions of their work were not conducive to long-term employment and tended to view their positions as temporary. Some of their reasons for leaving this work included lack of adequate pay, inconvenient shift schedules and other disincentives to work in the field. This study concluded that further research on work-related expectations and motivations are needed in order to substantiate this factor as important in predicting residential/child care workers' job performance as well as treatment outcomes for youth in residential care. The author speculates that if future studies show that the nature of motivation for work is important for treatment effectiveness with troubled youth, agency administrators may well be challenged to find ways for identifying, promoting and maintaining more child care workers' motivation (Moses, 2000).

Despite the challenges to the profession, the Annie E. Casey Foundation (2003) research suggests that human services systems with the following attributes would fare better in recruiting and keeping qualified workers who make a difference for children and families: flexibility and freedom to recruit for the skills needed; rewards for superior performance and effectiveness; reasonable workloads that let workers deploy their skills; career paths that build on workers' skills rather than move them "up and out,;" clear performance expectations that relate to a coherent organizational mission; training and developmental opportunities on the job; ability to change bad management and supervision and adequate based compensation that can help stem turnover. Again, this perspective is consistently reiterated by other studies found in the literature (Acker, 2004; Mor Barak et al., 2001)

We tried, for the purposes of this review, to extract as much information as possible from the Canadian context. Regrettably, the resources are thin. What is certain from this review is that there is a need for more empirical evidence on recruitment, retention and training in the child welfare field from a Canadian perspective. Consequently, there is also a gap in our understanding about the context of recruitment, retention and training from a Manitoba perspective. Furthermore, there was virtually nothing in the academic or literary works consulted which speaks of the barriers First Nations and Aboriginal agencies face in recruiting and retaining culturally competent child welfare workers, however, we are aware of a resource entitled, *How Long are you Staying? A Report on the Recruitment and Retention of Child Welfare Workers in Northern and Remote Locations* (Schmidt, 2000), which may be able to shed

more light on this subject area but which we have been unable to track down. While there is much to learn from the literature regarding the factors that affect job satisfaction among child welfare workers, this knowledge is yet to be applied in a systematic way (Bednar, 2002). With the safety and welfare of children at stake, every effort should be made to ensure energy and resources must also be committed to those who devote themselves to this challenging work.

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E. CONTRIBUTING FACTORS

The focus of this section of the review turned to two major but inter-related questions: When children are placed in residential care, what are the issues faced by their families of origins when initially brought to the attention of child welfare authorities and what are the issues that they deal with once they are placed in care? In other words, what kind of baggage are children/youth bringing into the system when placed in care? A review of current placements of children in the report generated by the Province of Manitoba's Child and Family Information System (CFIS) entitled *Active Placements by Age*, indicates that over an eight month period during the early part of 2004, children and families who come to the attention of child welfare authorities within the Province appear to be dealing with multiple and intergenerational issues in addition to being investigated for maltreatment. This section therefore attempts to answer these two questions by focusing on literature which may provide a better understanding of the trends exhibited by Manitoba children and families today by looking overall at the Canadian context respecting housing, family constitution, education, violence, justice, disability and other key factors which impact upon children and youth coming into care. As other researchers have pointed out, our understanding of the issues faced by children who come into the child welfare system within Canada, and specifically within Manitoba, is relatively in its infancy (Ward & Bennett, 2003).

While there is no Manitoba specific research detailing the intersecting issues of maltreatment and multiple problems for children coming into care, the literature available suggests that there are complex social and economic issues, including poverty, relationship violence, system racism, substance misuse, housing and low educational attainment which significantly effects all children and youth who potentially may come into contact with child welfare systems as well as contributes to reasons why they may remain in care longer. Frensch and Cameron's contribution to the literature (discussed earlier in this review) regarding characteristics of children in residential schools is exceptionally valuable in helping researchers and practitioners understand the multiple issues facing children and families today (Frensch et al., 2002). Most practitioners today would agree that children and youth coming into care now have more complex problems than children and youth who came into care prior to 1985. This

includes higher levels of delinquency, bullying and abuse of drugs (Stevens, 2004) and chances are their behavioural problems will double as a result of entry into care (Stevens, 2004).

The following facts (not all of which are exhaustive and/or child welfare related) were taken from *The Progress of Canada's Children 2000* (Canadian Council on Social Development, 2002), a report that provides a portrait of some of the trends exhibited in Canadian families today:

- More children are living in large urban centres;
- Aboriginal people in particular are migrating to urban centres in increased numbers. (Over 1.3 million people reported some Aboriginal ancestry in 2001 – Only 31% of Aboriginal people lived on reserves and settlements, down from 33% in 1996. 219,570 of the 286,500 Aboriginal children lived off reserve – 77% of all Aboriginal children between the ages of zero and nine);
- There has been a dramatic increase in the number of births to older women;
- Children and youth make up more than half of the Aboriginal population, whereas they only comprise only 33% of the general Canadian population;
- More than one-quarter of Aboriginal families with young children are headed by single parents with approximately 39% of Aboriginal single mothers earning less than \$12,000 per year;
- In 2000, just over 51,000 children under the age of 15 years immigrated to Canada (with more than half (56%) belonging to visible minority groups) with two out of three immigrated children unable to speak either English or French upon their arrival;
- Canadian families are changing – the vast majority still live in two parent families (84%) but a growing number are also living in lone-parent families (statistics indicate that there was an increase from 13% in 1994 to 16% by 1998). Increasing proportions are also now living in step-families (among children under 12 years of age, almost 400,000 Canadian children lived in step-families in 1998 – this is an increase from 7.5% in 1994);
- The majority of children live with parents who are in good health but children living in low income situations are less likely to have this advantage;
- Parents are having greater difficulty balancing their work and family lives – mothers in particular have higher levels of stress and depression than do women without children;
- Social support levels for low-income families is lower compared to Canadian families who are above the low-income cutoffs (in 1998, about 20% of children whose family income was under \$20,000 per annum report lower levels of social support, compared to only 4% of children whose family income was over \$80,000);
- In Canada, rich families continue to get richer, and poor families continue to get poorer (in 1999, 18.5% children lived in poverty – down from 21.3% in 1993 but still up from the 15.2% recorded in 1989 when the House of Commons unanimously committed to eliminate child poverty by the year 2000);

- Children who live in persistent poverty are less likely to be included in aspects of society that are critical to their healthy growth and development. They are twice as likely to live in a “dysfunctional” family, twice as likely to live with violence, and more than three times as likely to live with a depressed parent. Only half of children who lived in persistent poverty participated in recreation at least once a week, compared to three-quarters of those children who have never been poor;
- The number of Canadian children going hungry is on the rise and shows no sign of letting up – approximately 75,000 families with children under the age of 12 reported being hungry in 1996 (the last year for which data are available) – an increase of one-third from 1994. This trend is reinforced by a report released by the Canadian Association of Food Banks which showed a 12.5% increase in food bank usage in Canada since 1996. More than 300,000 children relied on donated food in March 2002, almost half of food bank recipients (40%) (Wilson & Tsoa, 2002);
- The housing crisis continues for Canadian children and families with families paying more than 30% of their pre-tax income on dwelling costs (dwelling costs increased 91% between 1986 and 1996 and the number of households that pay more than 50% of their income on rent rose by 43% between 1990 and 1995). As a result, families are the fastest growing segment of the population requiring emergency shelter;
- The demand for child welfare services continues to grow – six of the nine provinces who participated in the Progress of Canada’s Children 2002 study reported an increased number of children and youth living in care;
- Children with special needs are not being served adequately – the majority do not have the financial resources they need or the trained personnel they require;
- Post-secondary education is becoming less and less affordable (tuition fees have climbed by 135%, six times higher than the rate of inflation between the years of 1990 and 2000);
- In 2000, the number of missing children in Canada was at its highest level since 1995 – as at 2000 there are approximately 50,633 child runaways – the highest number ever recorded. That same year, the Kids Help Phone line received an average of 1,000 calls per day (up 25% from 1999) and hits to their website have more than doubled from 1998 to 2000. The despair and anxiety resulting from persistent poverty may well contribute to the record rate of child runaways in Canada – more than 50,000 in the year 2000 – and the rising number of children being placed in foster care – up by more than 5,000 children between 1995 and 2000 in Ontario alone ;
- About 8% of children aged 4 to 11 witnessed adults or teens in their home physically fighting, hitting or trying to hurt other. Witnessing violence in the home makes children more likely to exhibit hyperactive behaviour, have emotional disorders, and be physically aggressive;
- The rate of youth charged with violent crimes increased by 7% in the year 2000 – the rising rates for violent crimes and lower rates for property offences among youth echo the same trend in the adult population;
- Young people are less likely to get along with their siblings than with their parents;
- Young men have a higher high school drop-out rate than do women;

- Children who immigrate to Canada have strong relationships with their friends, family and teachers and in some cases are faring better in those relationships than their Canadian born counterparts;
- Schools seem to provide fewer opportunities for parental involvement as children get older;

The *Progress of Canada's Children 2000* Report highlights current trends which children and families face generally within Canada. The overall findings from this report while dated, does have general as well as specific applicability to the familial context which currently exists within the Province of Manitoba today, however it does lack a First Nations specific focus. The report generalizes about the Aboriginal familial experiences but does not provide a specific portrait of the diverse familial experiences of Aboriginal families from a rural, urban, north or southern context. Some of the best resources available which speaks to the specific trends for Aboriginal children and families can be found in a publication jointly created by Human Resources Development Canada, Manitoba Family Services and Housing and Manitoba Aboriginal Affairs Secretariat called *Aboriginal People in Manitoba 2000* (Hallet et al., 2000) and in a more recent publication, *Eagle's Eye View*, published through the United Way Winnipeg (Aboriginal Task Force, 2004). As these documents reveal, Aboriginal children in particular face multiple barriers before even coming to the attention of child and family service authorities. Together these two documents provide a more detailed portrait of Aboriginal families in Manitoba as identified in the bullets below:

- Status Indians are leaving First Nation communities and migrating to urban communities;
- The birth rates are especially high among status First Nations, both on and off reserve;
- Teen births among Status First Nations members are three times the average rate, and 20% of First Nations births are to single mothers under 20 years of age;
- Status and non-status Indian children are in care of child and family service agencies in highly disproportionate numbers and these numbers are growing;
- Of Status youth aged 15 - 29% on reserve and 10% off reserve have not completed Grade 9 compared to just 2% of non-Aboriginal youth and 5% of Métis youth – failure to complete grade 9 is an indicator of basic functional literacy and continues to be associated with geographic isolation;
- Aboriginal high school completion rates improved during the 1990s but are still much lower than the general population;

- Manitoba has the lowest rate of school attendance among Aboriginal youth of any province or territory in Canada. In 1996, only 44% of Manitoba Aboriginal youth were attending school either full or part time;
- In 1996, 27% of Manitoba Aboriginal youth neither attended school nor participated in the labour market;
- Over 70% of all admissions to youth correctional facilities in 1997/98 were Aboriginal. Aboriginal juveniles were 12 times as likely to be admitted to a facility if male and 22 times if female;
- An estimated 37 street gangs actively recruited during the 1990s. By 2000, there were 1,896 gang members listed, plus 1,239 inactive members having no police contact for two years. None of the gangs restrict membership to Aboriginal youth; however Aboriginal youth are heavily represented in some of the street gangs;
- Aboriginal families move more frequently than other Manitobans which can and does impact on the stability of children and youth– stability is important for children because frequent moving disrupts their education and social relationships – one study on inner city high school students report that “some children have been in 13 schools by 11 years of age ...”(Aboriginal Task Force, 2004);
- Substandard and affordable housing compels Aboriginal families to move frequently (annual moving rates in some inner-city districts exceeds 70%);
- 2001 Census data found that just under 70% of Aboriginal households, 60.6% of Métis households and 83% of North American Indian households rented rather than owned their own home;
- Social assistance rates are highest on southern reserves and among Status women in Winnipeg – in any month, 53% of reserve households receive social assistance;
- 66% of Status, 41% of Métis and 18% of non-Aboriginal households in Manitoba have incomes lower than the Statistics Canada’s Low Income Cut-offs (LICO) – Aboriginal low-income rates are considerably higher in Manitoba and Saskatchewan than other provinces;
- In Winnipeg, a much larger proportion of Métis (51%) and Status Indian (75%) households fall below the LICO as compared to off reserve outside Winnipeg – LICO is not applicable on-reserve however Census data reveals there is no significant difference in standard of living between Status Indians living in Winnipeg and on reserve.

The following section looks much closer at some of these trends by focusing on key areas. Due to the volume of literature available on any one of these given areas, it is impossible to include all of the literature which speaks volumes about the issues and impacts to families as highlighted above.

1) Poverty

On the fifteenth anniversary of the Canadian Parliament's vow to end child poverty, Campaign 2000's Report Card on Child Poverty in Canada for 2004 states that 1,065,000 children (nearly one in six of Canada's children), still remain in poverty (Campaign 2000 & Hubberstey, 2004). Child and family poverty is worsening with more than one million children in poverty. Campaign 2000 indicates that child poverty is up for the first time in six years, higher than it was in 1989. This means that approximately one-third of all children in Canada have been exposed to poverty for at least one year since 1996. The poverty rate for couples with children does not appear to have changed, however low income couples with children are still on average below the poverty line. The financial situation of lone mother families is also worsening. Campaign 2000 indicates that child poverty rates for female lone parent families rose above 50% for the first time in three years. The gap between the rich and the poor continues with deep inequality entrenched through economic boom. Canada's top 10% richest families with children had average incomes that were more than 11 times higher than the bottom 10% low income families. Food bank use and social exclusion is worsening, especially the poverty rates for Aboriginal, immigrant and children in visible minority groups – the child poverty rates are more than double the average of all children and the child poverty rate among children with disabilities is at 27.7% (Campaign 2000 et al., 2004).

The Social Planning Council of Winnipeg recently followed suit and released its Child Poverty Report Card for 2004 (Social Planning Council of Winnipeg, 2004). Their statistics show that, although the Manitoba child poverty rate has improved somewhat, Manitoba continues to have the second highest child poverty rate in Canada. The depth of poverty for families in Manitoba remains a serious concern. Overall, 53,000 Manitoba children lived in poverty in 2002. Again, female lone parent led families in Manitoba remain among the poorest of all families in Canada. The duration of poverty tends to be longer for Manitoba children. The Social Planning Councils estimates that Manitoba children have been consistently poor for at least six years (8.9% vs. only 5.0% average for Canada) which means a significant amount of one's childhood and youth. The longer children are exposed to poverty the harder it becomes to mitigate against its effects and to promote their inclusion in society. Living in poverty has serious consequences for children – impacting their ability to learn, to be healthy, and to find jobs when they are older (Social Planning Council of Winnipeg, 2004).

Poverty is also corroborated by the annual HungerCount conducted by the Canadian Association of Food Banks which denotes that there has been an increase in food bank use all across Manitoba, especially in rural areas. In its 2004 report, as of March 2004, 42,373 people in Manitoba visited a food bank and this usage is a 10% increase from last year's statistics in 2003. More alarmingly the food bank usage for Manitoba children has also seen an increase. Their statistics indicate that 1,900 more children used food banks in the province in 2004, an 11% increase since 2003 (Elliott Hyman, MacIsaac, & Richardson, 2004).

The child welfare literature consulted for this review discloses that the majority of children in care appear to come from poor, minority families (Zetlin, Weinberg, & Kimm, 2003a; Zetlin & Weinberg, 2004b; Pelton, 1989). Caregivers on welfare, those who experience major life events or those parents that are urban, low-income, single mother families and minority parents are investigated more often by child welfare authorities for child abuse and neglect simply because they are more visible to those placing reports to the child protection authorities (Berger, 2004; McDaniel & Slack, 2005). Poverty and the involvement of child welfare authorities often co-occur in families receiving social assistance (Pelton, 1989; Pelton & Milner, 1994). Derr and Taylor (2004) looked at the links between childhood and adult abuse among long-term welfare recipients. In-depth interviews were conducted with over 280 women on public assistance. High rates of childhood abuse and exposure to adult abuse (violence) were reported among this sample. Two-thirds indicated that they were physically, sexually and/or emotionally abused during childhood and 81% lived in physically violent relations as an adult. Derr and Taylor's study indicates that there is a strong relationship between childhood and adult abuse among individuals on long term financial assistance and that more attention needs to be paid to family violence factors among this group (Derr & Taylor, 2004). Berger's (2004) research also corroborates this finding. Children in low-income families are in fact more likely to be at risk of maltreatment not because of mandatory reports, nor to reporting, investigation or removal biases within child protective services but because they lack the resources with which to create healthy environments necessary for children's development (Berger, 2004).

2) Single Parent Families

A majority of children now live in single parent households. The study of lone-parent families has been high on the agenda of social science research for some time now. The rapid

growth in the number of families headed by a lone adult and the higher incidence of poverty and other social and employment problems among such families have attracted the attention of demographers, sociologists and others interested in social policy issues for this group (McQuillan & Belle, 1999a). Most of this attention has centered on the situation of lone-mother families however researchers have increasingly begun to turn their attention to single father families (McQuillan & Belle, 1999b; Garasky & Meyer, 1996). Research on lone parent families suggests that parents and children in these families are at a higher risk of experiencing a number of negative outcomes (Bianchi, 1995; Cheal et al., 1997). Children in lone parent families have also been shown to be more likely to encounter problems in the educational system, to be at higher risk of developing emotional and behavioural problems that may lead to troubles with the law and more likely to experience early entry into marriage or cohabitating relationships and, as a result, experience parenthood earlier (Downey, 1994; Harper & McLanahan, 2004b; Bianchi, 1995; Cheal et al., 1997; Harper & McLanahan, 2004c; Harper & McLanahan, 2004d). These higher rates of difficulties are often attributed to the fact that many lone mother families have low incomes and/or they are unemployed or underemployed (Hull, 1996). The National Longitudinal Survey of Children and Youth (NLSCY) data indicates that although both lone mother status and low income are important risk indicators for childhood problems, their analyses suggest that lone motherhood has a stronger influence. The likelihood that a child with a lone mother will have one or more behaviour problems was 1.8 times higher than that of a child with two parents, even when controlling for income differences between families (Cheal et al., 1997). McQuillan and Belle note that less attention has been paid to the economic situation of lone father families and note that lone father families, like single mother households, also experience lower levels of income while trying to support dependent children and that children in these families also exhibit childhood problems similar to those faced in single mother households (McQuillan, et al, 1999).

The prevalence of Aboriginal single mother families has been increasing over time as it has among the general population as well. According to a 1996 report on Aboriginal single mothers prepared for the Department of Indian and Northern Development, the proportion of single mother families amongst the Registered Indian population has increased from about 20% to 23% of families, making the proportion of single mother families among First Nations populations two times higher compared to other Canadian families (Hull, 1996). Hull's report also indicates that 33% of the registered Indian population had more children compared to other

Canadian single mother families; that young Aboriginal women are more than three times as likely to be single mothers as other young Canadian women; that approximately one in three (or 33%) Aboriginal mothers were single mothers compared to one in six (or 16%) other Canadian mothers. Hull also indicates that in rural areas 22% of Aboriginal women were lone parents compared to only 8% of other Canadian women. Hull's report also states that prevalence of single mother families amongst Métis and non-status Aboriginals people is slightly lower. Hull reveals that the prevalence of single mothers among the Inuit population is also much lower than for the other Aboriginal Identity groups (p.xi).

While the data on Aboriginal single mothers referred to above is dated, it is nevertheless consistent with more recent research conducted in 1998 on child abuse and maltreatment in Canada. The 1998 Canadian Incident Study is the first national study of investigated child abuse and neglect conducted in Canada. A sample of 7,672 reports of suspected child abuse or neglect was selected from a random national sample of 51 child welfare authorities, including three First Nations Child and Family Service Agencies (Trocme et al., 2002). The study indicates that Aboriginal families fared slightly worse than non-Aboriginal and other visible minority families who are investigated for maltreatment. In that study, of the 7,672 sample reports of suspected child abuse or neglect, only 51% of the non-Aboriginal families were headed by single parents compared to 57% of Aboriginal families. Of single parent families, 90% of Aboriginal families were headed by a single mother versus 86% of their non-Aboriginal counterparts (Blackstock, Trocme, & Bennett, 2004a).

The Manitoba context in 2001 reveals that 52% of the numbers of Aboriginal children aged 13-17 lived in a single parent home in Winnipeg. This is almost three times the rate (18.9%) for non-Aboriginal children in this age group. Furthermore, Aboriginal single parents tend to be younger than their Canadian counterparts. According to the 2001 Census, 49% of single parents 15-19 years of age in Winnipeg were Aboriginal (Statistics Canada, 2003; Aboriginal Task Force, 2004).

3) Violence

There are varying definitions of child abuse among researchers, criminal justice, health and social service professionals, however categories of maltreatment have been established and include physical abuse, sexual abuse, neglect, emotional abuse and witnessing family violence

(Brzozowski, 2004d; Blackstock, Trocme, & Bennett, 2004c; Trocme et al., 2002). While there are no one comprehensive national data sources for these types of abuses, within Canada, increasing efforts are being made to quantify the nature and extent of these forms of maltreatment. The Incident-based Uniform Crime Reporting (UCR2) Survey captures data on police-reported physical and sexual assaults against children and youth from police departments. The National Longitudinal Survey of Children and Youth collects information on witnessing violence in the home, and Health Canada's Canadian Incidence Study of Reported Child Abuse and Neglect collects sample data on rates of maltreatment (physical, sexual, emotional abuse and neglect) reported by child welfare workers (Brzozowski, 2004c). For the purposes of this review, we will focus on children witnessing violence in the home as this has now been recognized as a form of child maltreatment (Chiodo, Leschied, Whitehead, & Hurley, 2003b; Moss, 2003), although the child welfare professional was not always been the lead on recognizing the impacts of woman abuse on children as woman abuse and child witness advocates have longer worked on bringing the issue to the forefront (Morrow & Ontario Association of Interval and Transition Houses (OAITH), 2003b). Some provinces are now including exposure to domestic violence as a form of maltreatment in their child protection legislation (e.g. Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick, Saskatchewan and Alberta) (Morrow & Ontario Association of Interval and Transition Houses (OAITH), 2003a). A 2002 comparison of data from both the 1993 and 1998 Ontario Incidence Studies of reported child abuse and neglect in Ontario found a stunning 870% increase in substantiated emotional maltreatment reports since 1993, largely as a result of exposure to domestic violence (Trocme et al., 2002) as cited by Morrow and Ontario Association of Interval and Transition Houses (OAITH).

The increased interest in children's exposure to domestic violence reflects growing awareness of the effects of exposure to domestic violence on children, however, there has not been the same development of services, protocols, and legislation to address the complexities specific to violence cases as was evident in the sexual abuse cases which came to light in the early 1980s (Trocme & Chamberland, 2003). However, knowledge and perception of this newly defined form of child maltreatment is beginning to grow and has become solidified in the collective consciousness of Canadian researchers, practitioners and policy makers. A syndicate study conducted by EKOS Research Associates Inc. in 2001-2002 polled Canadians by telephone as to their perceptions of family violence. Most Canadians (more than eight in ten)

reported that they had heard or read something about family violence in the last 12 months, most often through television or newspapers. Survey results indicate that the issue of family violence has touched many Canadians in a personal way, with approximately six in ten Canadians reporting that they know (or have known) someone who has experienced family violence. The survey results find that Canadians have expressed a high level of concerns for the issue of family violence and see it as a high priority for both government and communities. Tolerance for various types of family violence appears to be low with almost three in four Canadians feeling that they have some personal responsibility for helping reduce family violence in their community (EKOS Research Associates Inc., 2002). This report is very extensive and the magnitude of the findings cannot possibly be covered adequately in a paper of this size but it is a testament to a growing recognition in the minds of Canadians that children who witness domestic violence in the home are indeed being exposed to a form of child abuse.

Witnessing violence in the home has now been found to be related to short and longer-term behaviour problems in children such as aggression and emotional problems such as anxiety (Brzozowski, 2004b). Moss' research (2003) supports findings that witnessing domestic violence can have serious negative effects and long-term consequences on a child's development. Moss, utilizing the data from the National Longitudinal Survey of Children and Youth (NLSCY), found that 90% of children aged 4-7 had not witnessed violence in the home. She estimated that 8% or 1 in 12 children between the ages of 4 and 7 had witnessed some type of physical violence in the home, which amounts to approximately 120,000 children in this age group. For the boys and girls who had witnessed violence there was observed increased levels of overt aggression. Forty-three percent of boys who witnessed violence in 1994/95 were overtly aggressive. For girls, witnessing violence in the home did not have as great an impact on their level of aggression. For example, 27% of the girls witnessing violence were aggressive, compared to 17% of girls who did not witness such violence (Moss, 2003). According to Moss' research, the earlier children exhibit anxiety, the more likely it will persist and influence future behaviour. The results from the NLSCY study show that for both sexes, witnessing violence was associated with anxiety in the future – two years later for boys and four years later for girls (Brzozowski, 2004a).

Hotton (2003) also used data from the NLSCY study by focusing her research on the relationships between certain conditions in a child's life and aggressive behaviour. The conditions studied included: witnessing violence in the home, parenting practices, community

and social support, child emotional problems and other socio-demographic factors. Hotton found that witnessing violence had a strong association with aggressive behaviour among children. Although a child's witnessing violence in the home made him or her more likely to act out aggressively than other children, most children (68%) who witnessed violence in the home did not act out with aggressive behaviour. Hotton's study also found that other factors can reduce or intensify the negative effects of witnessing violence in the home. Children whose parents used more effective parenting techniques were less likely to exhibit aggression than those whose parents used hostile techniques to react to their child's behaviour, such as anger and negative reinforcement. Hotton's study also found that children who were generally happy with lower levels of anxiety were less likely to display aggressive behaviour than children with higher levels of anxiety. Boys were found to have higher odds of engaging in aggressive behaviour than were girls in the study, however witnessing violence in the home did not have a different impact on boys' aggressive behaviour over that of girls. Age was also found to be correlated with aggressive behaviour as high aggressive behaviour declined with age. This was the case for both children who witnessed violence and those who did not (Hotton, 2003).

The long term consequences of witnessing family violence are well documented in the research literature (Chiodo, Leschied, Whitehead, & Hurley, 2003a). Many studies show that men who witnessed their father's abuse their mothers are at greater risk of abusing their own partners as adults. Men who witnessed their mothers being physically abused by their fathers as children were three times more likely to be violent in their own marital relationships than men who grew up in non-violent homes. Although most research has focused on male violence toward their partner, there is some evidence that women who witnessed inter-parental violence in childhood have a higher likelihood of using violence against their own spouses. Recent research indicates that adolescent girls are now displaying more aggression and rely on violent strategies (Artz & Nicholson, 2002). In addition, women who witnessed their mothers being abused are more likely to have low self esteem as adults and are significantly more likely to suffer from abuse in their own marital relationships (Hotton, 2003). Researchers Kaufman and Zigler say that it is generally accepted that 30% (+_5%) of women with a childhood history of abuse are likely to abuse their own offspring. Nonetheless, the findings of recent research on how witnessing violence may affect children are often unclear, contradictory and inconclusive (Kaufman & Zigler, 1987). Some studies have found that children exposed to family violence have more emotional or internalizing problems such as anxiety and behavioural or externalizing

problems such as aggression than do children who are not exposed to family violence. Other studies have not always found such relationships. As well, some children experience negative effects in the short term, others have both short and longer term effects and still others seem to experience no effects related to witnessing violence. The immediate and longer term associations between seeing violent behaviour and children's aggression and anxiety depend on the child's age and sex, the severity, intensity and chronicity of the violence, the child's perception of his or her role in the violence, and parental responses (Moss, 2003).

In plain language, the effects of witnessing violence on children generally are that:

- Most children who witness domestic violence manifest some symptoms associated with Post Traumatic Stress Disorder;
- Witnessing violence affects children's abilities to learn. They may have difficulty focusing and concentrating in school and they are easily distracted;
- Witnessing violence affects children's behaviour, sometimes making it difficult to establish good peer relationships;
- Children who witness violence may be more aggressive and fight more often; growing up with violence affects a child's basic drive to explore the world. Natural curiosity is thwarted and children therefore may be less willing to try new things;
- Children growing up with violence are at greater risk to become more violent themselves, although most do not;
- Children exposed to high levels of parental violence are at risk for adjustment problems in young adulthood.

Youths' perspectives on the issue of witnessing family violence also shed valuable perceptions on the issue itself. In a document entitled *Just Listen to Me: Youth Voices on Violence*, youth articulated about the gaps that exist with respect to the resolution of violence in the home (Ma, 2004b). They stated that when children are exposed to violence, especially when between parents, children become vulnerable, emotionally devastated and confused when there is eventually peace between the parents but somewhere in the interim they do not witness resolution to the conflict between the parents. Youth who participated in discussions about violence during a six month period from October 2003 to June 2004 in Ontario articulated that violence is everywhere from the music they listen to, to the wars that they hear about in the news, to the events of the past that are learned about through history text and in gang initiatives. Violence for them has many faces beyond the realm of the home. It is a peer-to-peer problem, they are constantly bombarded and they are aware that certain groups in Canadian society are seen as more inherently violent (e.g. black youth, First Nations youth, street youth,

gay/lesbian/bisexual/trans-gendered youth and Muslim youth) and last but not least, violence and misuse of authority is entrenched in the network of institutions that provide them with services, including child welfare. In particular, youth say that when they are exposed to institutional care they feel that when they leave the child welfare system, they are more violent than before then entered simply because the system does not have the ability to rehabilitate and reintegrate them. They articulated on this aspect by saying “when we are placed in the system it almost feels as if we are being blamed as the root cause of our violence. We are the victims and survivors of abuse and we should not be further ostracized and labeled. Treating us as textbook cases only further creates a sense of alienation and resentment among us which can contribute to a sense of desperation, possibly leading to more violence” (Ma, 2004a).

4) Substance Misuse

The Canadian and American literature focusing on substance misuse and its connection to child maltreatment and child welfare intervention is extremely vast and also complicated in terms of the impact that substance misuse can have on child development, families, communities and cultures. A search and record retrieval (approximately 287 records) on cross-tabulation of substance abuse and child welfare produced an extensive array of resources in the literature and so therefore this section will attempt to only highlight some of the more current literature produced between the years 1998 and 2004 as well as highlight some sources specific to the Aboriginal experience with Fetal Alcohol Spectrum Disorder.

For many children, it is parental substance abuse that first brings them to the attention of the child welfare system. Newborns prenatally exposed to drugs or alcohol often trigger an investigation of suspected child abuse and neglect and in some cases, prenatal substance exposure itself constitutes neglect and is grounds for removing a child from its parents’ custody (for instance, see *Winnipeg Child and Family Services v. K.L.W.*, 2000 SCC 48, and *Winnipeg Child and Family Services (Northwest Area) v. D.F.G.*, 1997 SSC 3 for a review of the Manitoba context). Substance abuse can undermine a parent’s ability to care for older children as well and/or lead to child abuse or neglect. As a result, some of these children are removed from the home and placed in foster care. Moreover, once a child is in the system, parental substance abuse is a significant hurdle in their path out of the system—a hurdle that requires drug or alcohol treatment for the parent in addition to services for the family. The nature of drug and

alcohol addiction means that a parent's recovery can be lengthy. These cases are often further complicated by such problems as mental illness and homelessness. Foster care cases involving parental substance abuse, therefore, further strain a child welfare system already overburdened by the sheer number of foster care cases. Although child welfare agencies are supposed to resolve foster care cases in a timely manner and make a reasonable effort to reunite children with their parents, treating parental drug or alcohol problems can be a long process. As a result, it may be difficult for child welfare officials to make permanency decisions within shorter time frames before they know whether the parent is likely to succeed in drug or alcohol treatment (Werkele & Wall, 2002; Maluccio & Ainsworth, 2004; Kroll, 2004; Kroll & Taylor, 2003; Hampton, Senatore, & Gullotta, 1998). We are also cautioned by researchers to be mindful that not all substance abusers are child abusers (Kroll et al., 2003) and that the voice of children in these situations is extremely important to understanding their experiences (Kroll, 2004).

American sources that looked at the cross-section of child welfare and alcohol and drug abuse include *No Safe Haven: Children of Substance Abusing Parents* (The National Centre on Addiction and Substance Abuse, 1999) and *Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy* (Young, Gardner, & Dennis, 1998). *No Safe Haven* (1998) illustrates how parental abuse of alcohol and drugs has overwhelmed the United States' child welfare system and has seriously compromised its ability to protect children. *Responding to Alcohol and Other Drug Problems in Child Welfare* (1998) is a guidebook that sets forth a policy framework to assist child welfare agencies in responding to the overlapping problems of substance abuse and child maltreatment.

Canadian sources which have looked specifically at the issue of alcohol and Fetal Alcohol Spectrum Disorder include a recent report produced by the National Aboriginal Health Organization and Ajunniginic Centre called *Alcohol Problems and Approaches: Theories, Evidence and Northern Practices* (Korhonen, 2004) which provides essential information about alcohol problems, theories about causes and evidence based best practices in alcohol problem treatment and prevention in Inuit communities. The nature of alcohol is examined and it is noted that terminology has shifted away from using terms such as "alcoholism" and "addiction," which imply that there is only one kind of alcohol problem, and that all alcohol problems are addictions. For this reason, the terms "alcohol problems," "alcohol misuse," and "harmful drinking" are now preferred among experts and service providers. This report notes that evidence

confirms that there is a complex combination of biological, psychological and social factors which underlies drinking problems for Aboriginal peoples.

Fetal Alcohol Spectrum Disorder International Research and Practice Inventory: Focus on Prevention and Intervention, another Canadian source, is a literature scan on the research and resources outside of Canada regarding Fetal Alcohol Spectrum Disorder (Badry & Chouinard, 2003). The authors noted that the primary focus of the search was in the areas of prevention and intervention and that much of the current literature emerges from the medical field. A review of the current literature in regards to research and activities toward prevention and intervention of FASD uncovered only a few publications. There are existing programs highlighted in this report that are currently being implemented and evaluated for success rates. Most research in this field tends to concentrate in the United States, whereas other countries appear to focus research efforts in the description of FASD and also in providing this information in support to families. The Centre of Excellence for Children and Adolescents with Special Needs also completed a useful resource which provides an overview of the research and findings regarding substance abuse related special needs, including a synopsis of the physical and developmental effects of prenatal consumption of illicit drugs and alcohol (Stockburger, 2003). Other current Canadian research has focused on the link between FASD and ADHD in children (O'Malley & Nanson, 2002).

Aboriginal children represent a precious resource through which Aboriginal communities and cultures can be sustained into the future. Yet relatively little is known about the health and development of young Aboriginal children in Canada. In particular, comprehensive national data concerning Aboriginal children are not readily available, especially for young children. For example, the National Longitudinal Survey of Children and Youth (NLSCY), which is the key source for much of the data presented in numerous reports, does not even include a representative sample of Aboriginal children. Furthermore, there is a lack of comparable data on the use of alcohol, tobacco and drugs by mothers of young Aboriginal children compared to mothers of non-Aboriginal children; however research suggests that this is an issue for this group of children. In particular, use of alcohol by pregnant mothers is believed to pose a significant challenge in some Aboriginal communities, however drinking alcohol during pregnancy is not an exclusively Aboriginal problem (Masotti, Szala-Meneok, Selby, Ranford, & Van Koughnett, 2003b). Based on scattered local and regional surveys, the incidence of fetal alcohol syndrome and effects (FAS/FAE) is believed to be much higher among Aboriginal children than among non-Aboriginal children, although no definitive statistics are available (Masotti, Szala-Meneok,

Selby, Ranford, & Van Koughnett, 2003a). FASD is a nation-wide health concern, and it does not discriminate on the basis of race, socio-economic status, or sex. Because of lack of recognition and diagnosis, it is difficult to be certain of how many individuals have FASD. About one baby out of 500 to 3000 annual live births will have FAS (this is called the incidence of FASD – how often a problem occurs annually). According to Health Canada reports, FASD is greater than the incidence of either Down's Syndrome or Spina Bifida (FAS/FAE Technical Working Group, 2001).

Other Canadian sources on Aboriginal people and FASD research include that conducted for the Aboriginal Healing Foundation regarding the scope of the problem respecting Fetal Alcohol Syndrome among Aboriginal people in Canada and the intergenerational links to residential school (Tait, 2004). Masotti, et al (2003) looked at the prevalence of FASD in urban environments while researchers Fast, Conry and Look focused on screening, identifying and managing offenders with FASD in the Canadian Corrections System (Fast, Conry, & Look, 1999; Byrne, 2005). A Manitoba specific source, while not as current as other sources, includes a thesis completed by Kowlessor (1997) who did a cross-sectional survey in a First Nation community in Manitoba to determine the prevalence of Fetal Alcohol Syndrome among school-aged children (ages 5 years to 15 years). Kowlessor found that 10% (or 18 out of 178) of children had physical evidence of being adversely affected by prenatal alcohol exposure (Kowlessor, 1997). Another more timely connection of FASD to the field of child welfare in Manitoba was completed by Jones (2003) who focused on the experiences of eight foster families living in rural and reserve communities providing care to First Nations children with FASD. Jones found that a lack of specialized supports for First Nations children with FASD in rural and reserve communities created stress for foster families, especially among those families raising adolescents. The RCMP also created a manual to assist their workforce with an understanding of FASD and how to identify individuals who may have a diminished capacity because of FASD factors (Laporte, McKee, Lisakowski, Chudley, & Conry, 2003). Other resources in the literature respecting Aboriginal people and FASD focus on prevention such as the joint Resource Manual for Community-based Prevention of Fetal Alcohol Syndrome and Fetal Alcohol Effects (FAS/FAE Technical Working Group, 2001). This publication states that strategies are emerging and awareness of ways to address FASD issues through prevention, identification, and intervention efforts. With support and intervention, FASD affected individuals can lead productive lives. Most importantly, people are beginning to realize that FASD is a

community issue that needs to be addressed on an individual, family and community level, utilizing partnership at the regional and national level.

5) Education

Educationally, children in care represent one of the most vulnerable in the population of students as they struggle with multiple challenges and face greater risk of school failure than other students do not confront (Altshuler, 1997; Zetlin & Weinberg, 2004a; Kendrick, 1999; Shin, 2003b). The research consulted for this review consistently reiterates that children in care tend to perform below the national average for their age group, even when in long-term placements (Mitic & Rimer, 2002a). Children who experience school continuity achieve better academic outcomes than those who change schools and miss time in school. Because of the growing number of children placed in care, school social workers will be increasingly faced with the challenges of addressing the needs of children in foster care (Altshuler, 2003).

Children in the child welfare system typically:

- Do not function well in school at any age;
- Are poorly prepared for kindergarten;
- Have greater than average behavioural and learning problems;
- Miss a large number of school days;
- Change schools frequently; and
- Drop out of school at higher rates than their peers (Mitic & Rimer, 2002b)

Foster children face roadblocks that other economically disadvantaged children do not face, roadblocks that can affect their academic performance. Children in care have concerns about maintaining ties with their biological parents and caring for siblings that often distract them from schoolwork. Mandated court appearances and other events cause them to miss school frequently. Behaviour problems – both aggression and withdrawing – which may be rooted in pre-placement trauma, also keep these children from focusing on school. A report completed by Finkelstein and Colleagues highlights that many children in care avoid interaction with peers in order to keep their foster status hidden. Oftentimes children in care blame themselves more often than foster case for their poor academic achievements (Finkelstein, Wamsley, & Miranda, 2002). Furthermore, children in foster placement often experience a variety of social and emotional problems that stem from their history of being abused or neglected and from the

disruption of being placed in foster care. These problems and the transience of their home life in the child welfare system can have a powerful impact on their ability to function in school (Ayasse, 1995; Shin, 2003a). These problems become very apparent in school settings when they are not addressed in a comprehensive manner by either social services or school systems (Ayasse, 1995). Altshuler (1997) noted that school social workers are in a unique position to meet these challenges but that there needs to be more collaboration between school social workers and child welfare workers as they often share nearly identical objectives in ensuring children thrive educationally and should not be persuaded by the adversity between their separate professions. School social workers can do more to at the macro and micro levels that will allow students to maximize their ability to learn within the school setting despite their circumstances.

A recent article written by Zetlin & Weinberg (2004) also supports this premise – if the school and child welfare systems work in coordinated ways it can become an “antidote” to children’s troubled home environments. Teachers in particular may be the only significant adult contact for many foster children outside of the family and they may assume a central role not only with respect to fostering adaptation to school, but also with providing a positive base for future development. Schools should also educate their teachers and support staff about foster care, its impact on child and learning, and strategies to improve outcomes. They can make tutoring available to foster children who fall behind and when necessary, ensure that timely referrals are made for special education evaluation. And they can make sure that school data are routinely entered into school records and that school records follow these students as they are placed and re-placed. The child welfare system too can do more to support the education of foster children. The placing child welfare agency can provide training to develop awareness in social workers of the kinds of educational hurdles that foster children and youth encounter. Additionally, Zetlin and Weinberg (2004) surmise that the educational and child welfare systems can work collaboratively by appointing liaisons from each agency to work together on cases and advocate for appropriate educational solutions for children in care.

Mitic and Rimer’s article is one of the rare Canadian research articles that focus specifically on educational attainment of children in care. Mitic & Rimer (2002) attempted to determine if there was a difference in academic performance between children in continuing custody and the general population of students in Grades 4, 7 and 10 in the areas of writing, reading and numeracy. Their focus on this issue also included the academic performance of a particularly vulnerable population, Aboriginal children in care, (the sample of Aboriginal

students included in the study was limited to those attending public schools and not band schools) (Mitic & Rimer, 2002c). The study corroborates previous findings stated above that children in care do not do as academically well as the students who are not placed in care (Altshuler, 1997; Zetlin, Weinberg, & Kimm, 2003b). Their research findings also indicate that Aboriginal students who are not in care do better than Aboriginal students who are, however, interestingly enough, the data also reveals that non-Aboriginal students in care appear to be doing even better academically in reading, writing and numeracy when compared with Aboriginal students who are *not* in care.

School success is critical to a high quality life in both childhood and adulthood but Aboriginal children and especially youth are not benefiting from the educational system in Manitoba. Despite some progress, Aboriginal youth still face challenges in the school environment. Several factors contribute to why many young Aboriginal people leave the school system early. According to the 2001 Aboriginal Peoples Survey, the most common reason that young Aboriginal people aged 15 to 19 left elementary or secondary school early was that they were bored (one-fifth or 20% of young people reported this reason). About 15% said they left school because they wanted to work. Reasons differed between young men and women. Nearly one-quarter of young men aged 15 to 19 (24%) said they left school because they were bored, while 19% said they wanted to work. Among women in this age group, one-quarter (25%) cited pregnancy or the need to care for children, while 15% said they were bored, the second most common reason (Statistics Canada, 2004a; Statistics Canada, 2003). The authors of *Aboriginal Education in Winnipeg Inner City High Schools* suggest that it something more than being bored. Their report supports the notion that Aboriginal youth leave school early because there is a cultural/class/experiential divide between Aboriginal students and their families on one hand, and the school system on the other. The life experience of Aboriginal students and their families differ significantly from what they experience in schools because they are “run by largely white middle class people for the purpose of advancing the values of the dominant culture” (Silver, Mallett, Greene, & Simard, 2002). Aboriginal children living off reserve appear to be doing better educationally at all levels but again this report fails to discuss how Aboriginal children in care are faring in the educational arena.

The 2001 Aboriginal Peoples Survey states that Aboriginal children living in non-reserve areas appear to be faring better – for instance Aboriginal children are attending preschool programs specifically designed for Aboriginal children. This attendance at a quality early

childhood development or preschool program is often considered to be a factor which facilitates a child's cognitive and social development. Aboriginal children off reserve are also very active in extra-curricular activities which leads to the likelihood they will do well in school (Turcotte & Zhoa, 2004).

Specific literature on the educational and academic performance of children in care in Manitoba simply does not appear to exist. A large number of children placed in care in Manitoba are of Aboriginal descent; however there are virtually no academic resources focusing on the educational attainment and/or progress of First Nations and Aboriginal children and the link to being placed in care in Canada. Furthermore, absolutely no literature could be obtained on highlighting the educational progress of Aboriginal children in out-of-home care placements in Manitoba. This represents a major gap in our understanding of the educational needs of First Nations and Aboriginal children who are currently in care through the Manitoba child welfare system.

6) Housing

Low income families, immigrants and Aboriginal and First Nations children in particular, have difficulty finding affordable, safe housing in Manitoba. According to Winnipeg researchers Carter and Polevychok, some 1.7 million Canadian households lack adequate or affordable housing today. And many of those who experience housing problems – Aboriginals, seniors, single parents, recent immigrants – are also significant users of social services. Unfortunately in Canada, housing is treated as a separate policy issue even though it interacts with health, social welfare, education, income security, immigration, employment and community development (Carter & Polevychok, 2004c).

Families in child welfare are disproportionately challenged by economic insecurity. Consequently, as many as a third of the families served by the child welfare system have severe housing problems. Inadequate housing is a major contributing factor to the placement and retention of children in foster care. In fact, in terms of reunification, even substance abuse is not as important a factor as income or housing in determining whether children will remain with their families (Serge, Eberle, Goldberg, Sullivan, & Dudding, 2002b). Homelessness is only the most visible manifestation of Canada's housing crisis. Though homelessness affects a relatively small percentage of Canadians, it is a reality which is symptomatic of a broader crisis in the

supply of affordable housing. More than a million households—low-income families, the working poor, single-parent families, minorities, the elderly and special needs groups—ex-psychiatric patients, ex-offenders, the physically and mentally handicapped, substance abusers, youth and battered women—suffer affordability and sub-standard housing problems. Though affordable housing is in desperately short supply across the country, the major contributing factor to the current crisis is poverty. Substandard housing is often the most visible result of poverty in Canada (Serge, Eberle, Goldberg, Sullivan, & Dudding, 2002a; Carter & Polevychok, 2004b). Millions of Canadians live in poverty and struggle from month to month simply to pay the rent. Home ownership for low and moderate-income Canadian families has become a fanciful dream.

Poor housing has a negative impact on the health, education and overall social conditions of First Nation children, individuals and communities. Although there have been signs of improvement, there is still a critical shortage of adequate housing to accommodate a young and growing population. In 2001, Indian and Northern Affairs Canada estimated there was a shortage of about 8,500 houses on reserve and that about 44 percent of the existing 89,000 houses required renovations. The growth rate of the on-reserve population is twice that of the Canadian average. With more than half the population under 25 years of age, the situation is likely to worsen (Office of the Auditor General of Canada, 2003). These and other initiatives are not sufficient to expeditiously resolve the sub-standard living conditions of Aboriginal children. In its report, Canada admits that, while “the majority of Canadian families live in housing that meets or exceeds standards for suitability”, Aboriginal households “have higher proportions of people” who need better housing (para 345). Canada also concedes that “housing amenities are inadequate in many Aboriginal communities,” and that “approximately 38,000 new on-reserve dwelling units will need to be constructed between 1997 and 2007 (para 249).” This is very similar to what Canada acknowledged the situation to be back in 1998 (para 17) in the review of Economic, Social and Cultural Rights.

The Assembly of First Nations, the national organization representing the interests of First Nations in Canada, estimated that about \$750 million would be required annually to meet the housing needs of the growing on-reserve population and that an additional \$2.5 billion would be needed to deal with the shortage of adequate houses. The Ad Hoc Coalition on the Rights of Aboriginal Children in Canada (which is comprised of: The Atlantic Policy Congress of First Nation Chiefs; The Commission on Justice and Peace: Canadian Council of Churches; First Nations Child & Family Caring Society of Canada; KAIROS: Canadian Ecumenical Justice

Initiatives; and the Southern Chiefs' Organization - Manitoba) also emphasized concern regarding the lack of emphasis in the Auditor General's Report on the health problems being caused by mold and mildew contamination in homes. Poor housing has a negative impact on the health, education and overall social conditions of First Nation children, individuals and communities. Lack of housing and access to housing on reserve is one of the primary reasons, among many others, that Aboriginal families continue to migrate to urban locations (The Ad Hoc Coalition on the Rights of Aboriginal Children in Canada, 2003).

A large proportion of family income goes towards housing costs, more so for the poor. Poor people have little choice with respect to housing. They are forced to stay in inadequate housing or to accept whatever is available. Provincial social assistance levels and minimum wages are not high enough to pull individuals and families out of poverty, thus disallowing the luxury of choice in the housing market. Both sources of income are particularly inadequate for those who rent in the private market. A study of Ontario social assistance recipients in 1987 found that 90 percent of those who rent in private markets paid rents in excess of the implied shelter component of allowances. This figure stands in stark contrast to that of social assistance recipients living in social housing in comparable situations, just five percent are forced to pay rents in excess of their shelter allowances.

In a report prepared by Paul Martin and Joe Fontana as far back as 1990, the discussion centered on the fact that there are increasing numbers of people dependent upon food banks in major urban centres -- 180 communities in Canada have food banks— a factor that is directly linked to the high cost of shelter. Relying on a special report, *The Kids Are Hungry* released in March, 1989 by the Daily Bread Food Bank of Toronto, Martin and Fontana estimated that 72,000 children and their families in the Metro area found it necessary to use food banks at least three times in the previous year. As a result, one in seven children in Toronto can be said to come from a "food bank family" (Martin & Fontana, 1990a). This report also found that 59 percent of these children live in private rental housing and most of their families pay more than they can afford for rent. The report concludes that, "the growing cost of rental accommodation is one of the prime causes of this situation and families with young children appear to be among those most severely affected" (Martin & Fontana, 1990b).

Even research from the United States indicates that there is an affordable housing crisis which compounds the struggles of child welfare families and the agencies that serve them.

Numerous American studies have looked at the connection between housing problems and child welfare. In particular this issue is highlighted in the special September/October 2004 volume of *Child Welfare*, a journal publication of the Child Welfare League of America. This issue yields information on the housing crisis in its implications for child welfare in seven articles which are briefly described hereafter to provide the context for the American housing crisis and child welfare. Courtney, McMurtry and Zinn (2004) utilized data on the experiences of families involved with child welfare services to examine the nature of housing problems and needs among these families and whether housing status affects case outcomes. The families receiving voluntary in-home services and families with children in court ordered out-of-home care were looked at. The study demonstrates the relationship between housing problems and the likelihood of family reunification for children in out-of-home care (Courtney, McMurtry, & Zinn, 2004). Within New York City the status of homeless children indicates that 18% of the 8,251 children received child welfare services over the five year period following their first shelter admission. The study indicates that there is a high crossover between homelessness and the child welfare system that necessitates service coordination for children in homeless families (Park, Metraux, Brodbar, & Culhane, 2004). Swanson Ernest, Meyer & DePanfilis explored the relationship between housing conditions and the adequacy of the physical care of children. They found that children who live with caregivers who had unsafe housing conditions were less likely to receive adequate physical care. Housing is seen as part of the ecological approach to preventing child maltreatment (Swanson Ernst, Meyer Megan, & DePanfilis, 2004). Van Leeuwen's article focused on the housing needs of youth aging out of child welfare (Van Leeuwen, 2004). Youth transitioning out of the foster care system was also a focus of research. Youth graduating from the child welfare system say they tend to experience negative outcomes upon exiting which includes homelessness. Innovative programming in housing collaborations that aim to provide comprehensive resources and service needs to youth such as forging permanent connections, education, and employment are discussed. This research describes the partners, models and resources several collaborations have used and their progress and outcomes (Choca et al., 2004). Harburger and White note that child welfare agencies are placed in the unenviable position of having to separate children from their families so that they do not have to suffer from the debilitating effects of homelessness. Their research provides recommendations for cost-effective housing and child welfare partnerships that they hope will shift the burden of providing adequate housing back to housing agencies rather than protection service focused agencies. They feel that

such partnerships can move child welfare agencies closer to achieving permanence and well-being for all children (Harburger & White, 2004). Lastly, Cohen, Mulroy, Tull, White and Crowley article expounded upon the importance of integrating child welfare services with housing to help low income families achieve stability and that similar action elsewhere is gaining recognition and momentum (Cohen, Mulroy, Tull, White, & Crowley, 2004).

7) Disability

There is a growing consensus in the literature on the importance of a child's early years. A child's experiences from conception to age 5 sets the stage for how they will fare in the future in all aspects of their lives. It is important to build an awareness and understanding of how children with disabilities are doing. Establishing a solid understanding and awareness can offer "warning signals" about areas where children require greater support. In so doing, it also provides a powerful tool to inform and improve policy making and resource allocation to ensure that children with alternative care needs are receiving adequate and appropriate services, especially those involved in the child welfare system.

The OCA's Shelter Review Report (2004) indicated that there was a shortage of alternative care services for children with disabilities in the Province of Manitoba. This shortage was singled out as one of the contributing factors that lead to children with higher needs spending extended periods of time in emergency placements. According to the National Longitude Survey of Children and Youth (NLSCY), between 5% and 20% of children in Manitoba have special needs (Social Development Canada, 2004). The special needs may range from a physical disability as a result of a specific medical condition or illness, to developmental delay or a cognitive disorder. There are many variables present that make the diagnosis and detection of special needs symptoms difficult to treat and equally difficult to provide services for. Voices for Children recognize some of the challenges in dealing with child who have special needs:

- Disabilities may be apparent at birth or emerge as the child grows older.
- Disabilities may come later as a result of an injury or illness.
- Its cause may be known (e.g. genetic) or as is the case with many children with developmental problems, its cause may be speculative (e.g. environmental) or unknown (Voices for Children, 2005).

In 2003, the Province of Manitoba and Healthy Child Manitoba released a report: in Early Childhood Development: 2003 Progress Report to Manitobans (Manitoba, 2004). The report indicates that, based on the 2000/2001 NLSCY Cycle 4, over 80% of Manitoba's children aged 6 yrs and under are doing well in the areas of motor and social development, language development, and other social and emotional behaviour. However, the progress report also reported the following Manitoba realities in terms of children with special needs (pg. 78):

- 18 % (10,700 children ages 2-5 yrs) with emotional and anxiety problems.
- 15 % (7,700 children up to 3 yrs of age) with delayed motor and social development.
- 15 % (4,200 children ages 4-5 yrs) with delayed language development.
- 14% (3,300 children up to 3 yrs of age) with low levels of personal/social behaviour.
- 14% (8,500 children ages 2-5 yrs) with hyperactivity and attention problems.
- 14% (8,000 children ages 2-5 yrs) with physical aggression and conduct problems.

When presented with this type of statistical information, it often initiates discussion around the needs of children. One important aspect of these children's lives that is sometimes overlooked is the needs of the parents. The demand that may be placed on parents varies according to the nature of the disability. Many parents with special needs children face additional challenges to those faced by parents raising children without special needs. The Voices For Children (2005) identify some of the additional challenges parents with special needs encounter. These include:

- Day to Day Care - Children with disabilities may require more physical care and for a longer period. Parents must take on multiple roles of therapist, teacher, playmate, and advocate. They may also struggle with behavior problems, greater susceptibility to illness, sleep disorders, and medical emergencies. The result can be physical and emotional exhaustion for the parent(s). It can also strain relationships with spouses and other family members. The additional cost of raising a child with a disability can cause financial strain. The needs of the child may force one parent to quit their job or seek part-time and/or less demanding work. Single parents face even greater challenges.
- Services - Parents often have to work hard to find, access, and sustain services for their children. Most parents spend many hours both on the phone and taking their child to appointments. With current cutbacks in services, they may face long waiting lists, or depending on where they live, having to travel substantial distances. Some needed services are not available.
- Childcare - Accessible, affordable childcare is an issue for many families with young children. It is usually an even larger issue for parents of children with special needs. Although some childcare centres will do everything they can to accommodate children with disabilities, others will refuse them. While the issue of childcare

disappears for most children as they get older, it remains a key issue for children with disabilities over 12 who still need care.

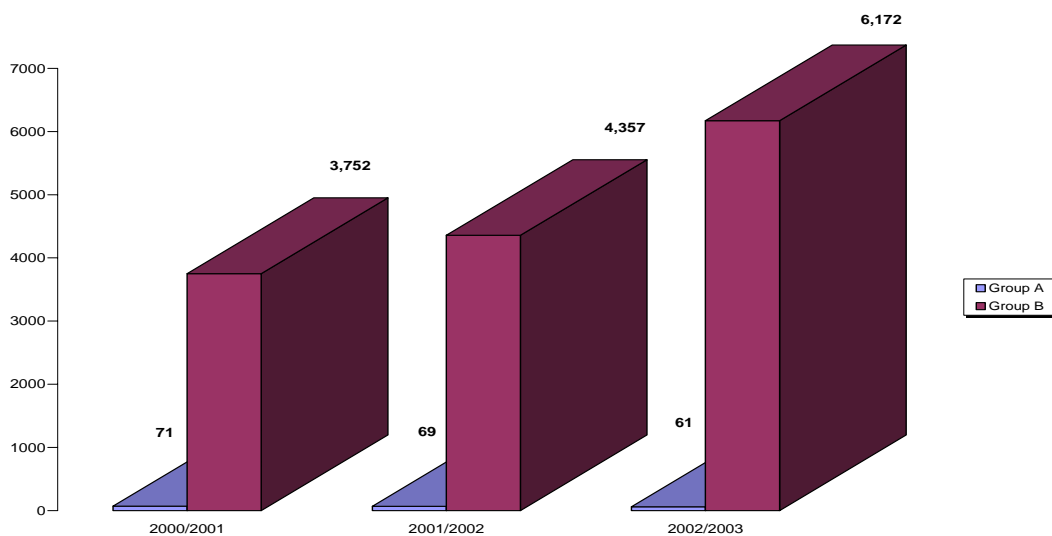
- Education - Parents of children with disabilities cannot take for granted that their child will be educated at their local school and many will have to fight for this if this is what they want. Despite the fact that there is greater acceptance of the idea of inclusion, there are not always the supports in place, or teacher willingness and ability, to make it work. Current cuts to special education funding pose a threat to the education of many children with special needs.

Children's Special Services, in conjunction with other community partners such as Healthy Child Manitoba, provides support services to children with developmental and/or physical disabilities. Children who register for service through the Unified Referral and Intake System (URIS) are classified under two categories:

- Group A: Consists of individuals who require complex medical procedures that must be performed by a registered nurse.
- Group B: Consists of individuals who require health care routines that may be performed by non-health professionals who receive training and monitoring by a registered nurse.

Since 2000, the number of children who registered under group B has almost tripled, while those registered under group A have remained consistent. Figure 12 provides a snapshot of the number of children registered for service through URIS from 2000-2003.

Figure 10: Number of Children Registered for Service

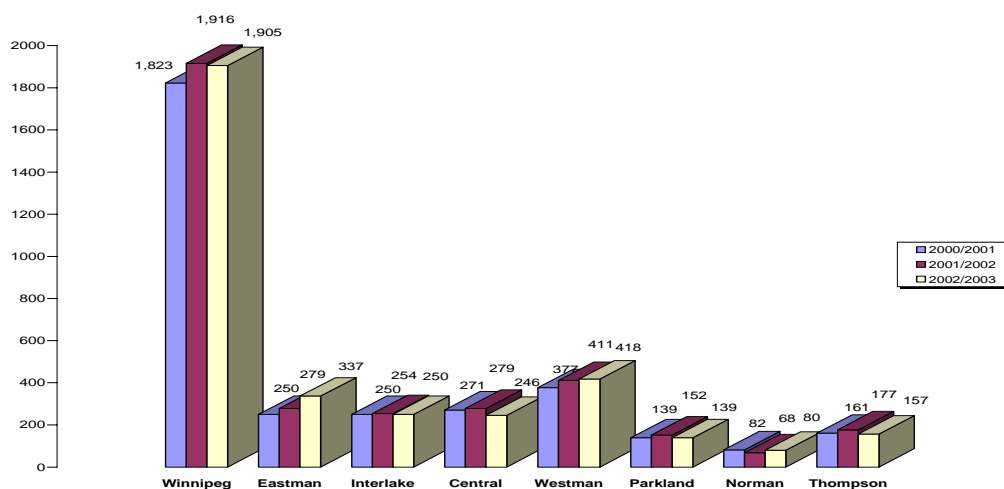


Children’s Special Services also provides family support services to families with children with alternative needs throughout the Province. The objective of the family support program is to reduce the stress that may be experienced by families by equipping families with the tools and resources to better care for their children in their own homes. Some of the services provided to families by Children’s Special Services include:

- Providing information
- Referral Services
- Counseling Services
- Consultation Services
- Service Coordination
- Transportation, Respite, Equipment and Home Modifications.

The request for family support services has remained consistent overall for the last three fiscal years from 2000-2003. Provincially, a majority of the regions have also remained consistent in the numbers of families receiving services with Winnipeg providing services to 53% of the families in the 2002/2003 fiscal year (based on numbers in the 2002/2003 Manitoba Family Services & Housing Annual Report). Figure 13 provides a graphical breakdown of the number of families who received support services by region from 2000-2003.

Figure 11: Family Support Services

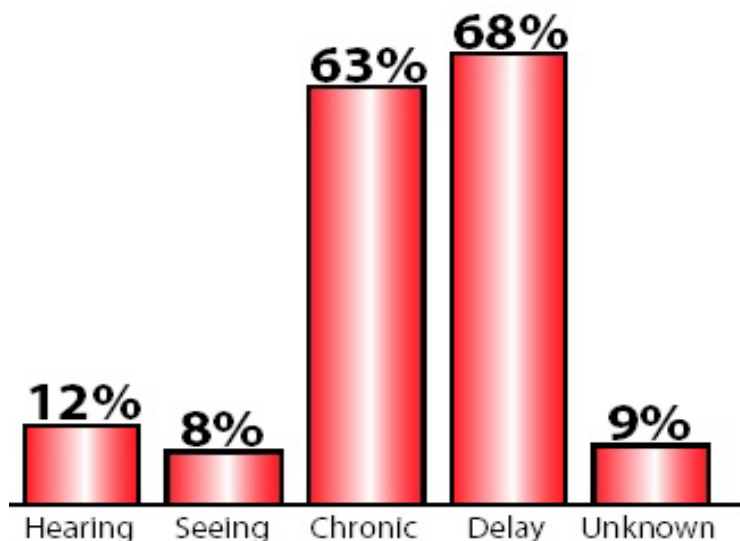


Social Development Canada states it is difficult to resource alternative care services, especially for young children, due to the difficulty in properly identifying disabilities in young children. The Participation and Limitations Survey (PALS) only identifies 5 categories of disability for children aged 0-4 yrs. They include:

- Hearing
- Chronic health
- Vision
- Developmental delay
- Disability of unknown nature

In 2001, Social Development Canada reported the following rates of disability among the five categories for children aged 0-4 yrs:

Figure 12: Type of Disability for children Aged 0 to 14, Canada, 2001



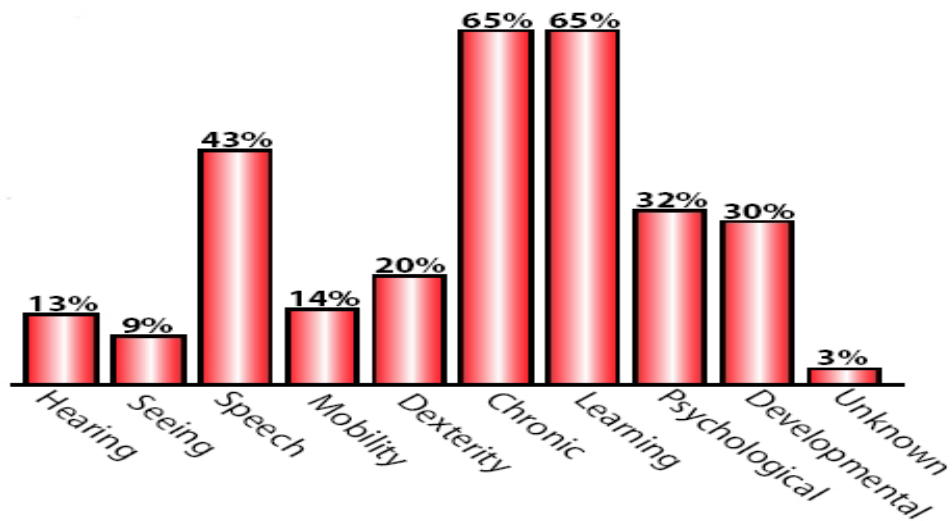
Data Source: <http://www.sdc.gc.ca/asp/gateway.asp?hr=en/hip/odi/documents/PALS/PALS004.shtml&hs=pyp>

According to the 2001 Statistics Canada census, 1.6% (26,210) of the children aged 0-4 years had some form of disability. For school aged children in Canada (5-14 yrs), this number was almost 6 times higher. The 2001 Statistics Canada Census showed that 4% (154,710) of children aged 5-14 yrs had some form of disability. The PALS identifies 10 categories of disabilities for this age group, which is double the amount identified earlier in the 0-4 age category. These categories included the following:

- Hearing
- Seeing
- Speech
- Mobility
- Dexterity
- Chronic
- Learning
- Psychological
- Developmental
- Unknown

In 2001, Social Development Canada identified the following disability rates among children aged 5-14 yrs.

Figure 13: Type of Disability for Children Aged 5 to 14, Canada, 2001



Data Source: <http://www.sdc.gc.ca/asp/gateway.asp?hr=en/hip/odi/documents/PALS/PALS004.shtml&hs=pyp>

Children with disabilities represent a growing segment in the child welfare population and there is a need to review the programs and services for not only children who have disabilities, but for children who are in the system and have become young offenders, children exposed to substance abuse and so on (Child Welfare League of Canada, 2003; Stockburger, 2003). As well, children with special needs from/in isolated remote communities have additional and unique needs simply due to where they live. Many of these children are of

Aboriginal ancestry and services must be able to accommodate the rights of these children to culturally and linguistically appropriate services (Stockburger, 2003).

Only through the improvement of assessment processes and intervention methodologies can child welfare agencies begin to improve programs and services to children with disabilities. In order for children with disabilities to experience permanency and social inclusion, permanency options within adoption and foster care need to be expanded as recommended by the Children in Limbo Task Force (Sparrow Lake Alliance, 1996).

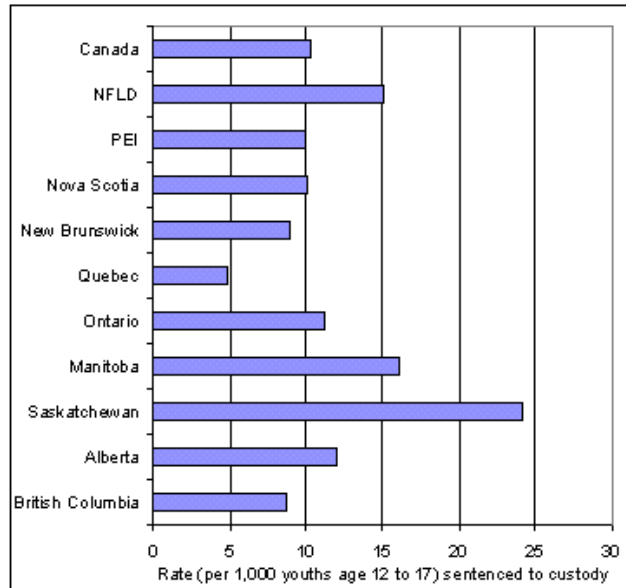
8) Justice

This section focuses primarily on the youth criminal justice system and, to a lesser extent, its connection with child welfare. Given the scope of the issue and materials in the area, this review is wide. It provides some overview on the rate of incarceration of Manitoba youth in comparison with other provincial jurisdictions and reviews some of the other justice issues that are having an impact on both the justice systems and child welfare systems.

In the last few years, young offenders have received considerable public attention, however much of that attention has been inaccurately fueled by the media. The focus in the media on the violent crimes committed by teens, the stances taken by police and the reaction of teachers calling for more support in dealing with teens, including the coverage of violence by adolescents in the U.S., have created a perception in the public's mind that youth crime is out of control and that Canadian streets and homes are increasingly unsafe (Child Welfare League of Canada, 2003; Schissel, 1997). Reliable statistics show youth crime is stable and/or decreasing and that it is only a very small number of young offenders that commit serious or violent crimes. Research also reveals that very few youth become persistent offenders (Child Welfare League of Canada, 2003; Schissel, 1997).

The following chart provides a general idea of the number of youth sentenced to custody across Canada per 1000 of the population in each of the provinces. According to youth court statistics in 1999-2000, Manitoba is second behind the Province of Saskatchewan in incarcerating youth. The Manitoba provincial rate of incarceration, as reflected in the chart below, is approximately 17 per 1,000 youth:

Figure 14: Rate of Youth Incarceration by Jurisdiction



Data Source: Statistics Canada, 2001

The total estimates of the youth population by age and sex for Manitoba as of July 1, 1999 was 98,222. 50,540 were male and 47,682 were female. The age distribution of this total population during that fiscal year is reflected in the chart below (Statistics Canada, 2001b):

Table 2: Age Distribution of Manitoba Youth

Age Distribution of Manitoba Youth							
	Total	12	13	14	15	16	17
Total	98,222	16,557	16,647	16,616	16,331	16,002	16,069
Male	50,540	8,616	8,550	8,509	8,391	8,234	8,240
Female	47,682	7,941	8,097	8,107	7,940	7,768	7,829

Data Source: Statistics Canada, 2001

Although there are differences in the trends between male and female offenders, there is simply not enough space to report on those differences at this time. Correctional Services Canada provides an excellent overview of criminal justice trends of female young offenders at http://www.csc-scc.gc.ca/text/rsrch/reports/r80/r80e_e.shtml (Dell & Boe, 1998) and male youth offenders at http://www.csc-scc.gc.ca/text/rsrch/briefs/b22/b22e_e.shtml (Sinclair & Boe, 1998).

In 1999-2000 there were 14,460 charges made against young people in Manitoba. Charges are accusations which have been formally and fully processed in a youth court. Cases involve one or more charges made against a young person. There were 6,878 cases of one or more charges made against young people in Manitoba. 3,607 persons had one or more charges adjudicated during the fiscal year. The number of charges, cases and persons heard in youth court for 1998 to 2000 in Manitoba was as follows:

Table 3: Number of Charges, Cases, and Persons Heard in Court for 1998-2000 in Manitoba

Year	Charges		Cases		Persons	
	Number	% change over previous Year	Number	% change over previous Year	Number	% change over previous Year
1998-1999	16,409	13.7	8,477	11.3	4,188	2.4
1999-2000	14,460	-11.9	6,878	-18.9	3,607	-13.9

Data Source: Statistics Canada, 2001

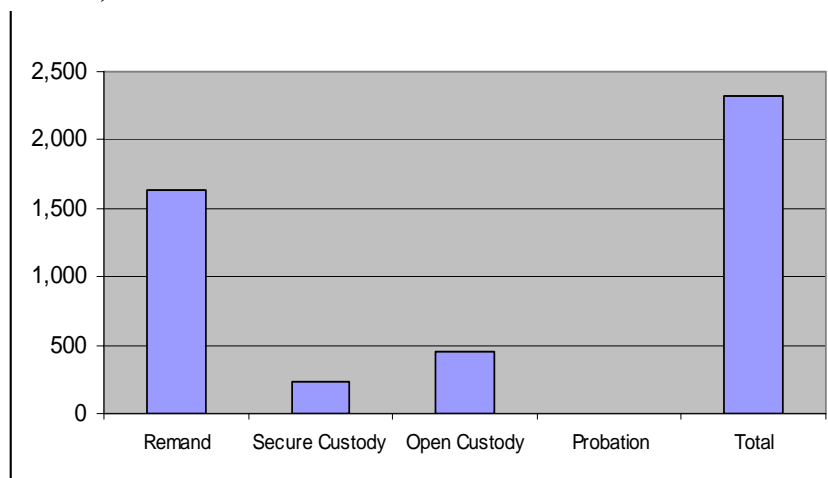
The types of crimes committed by Manitoba youth are primarily property related and include breaking and entering charges, arson, taking a vehicle without consent, theft over and under \$5,000, and Fraud, etc. (Canadian Centre for Justice Statistics, 2001a). According to Statistics Canada, 1999-2000 property related crimes are decreasing compared to a decade earlier. Violent offences committed by youth include murder, manslaughter, attempted murder, aggravated sexual assault, sexual assault with a weapon, sexual assault, rape/indecent assault, aggravated assault, assault with a weapon, causing bodily harm with intent/firearm, minor assault, assaulting a police officer, etc.(Statistics Canada, 2001a). As with property offences, the rates of violent crime committed by youth has also declined in 1999-2000 compared to the rates from a decade earlier. For instance, the rate of youths charged with violent crimes began to fall with a 2% drop in 1997, a 1% decrease in 1998, and a 5% drop in 1999 (Canadian Centre for Justice Statistics, 2001b). The type of youth crime also varies regionally across Canada. In 1999, the national youth charge rate was 407 charges per 10,000 populations. That same year the Yukon and the Northwest Territories reported the highest rates, at 1,032 youth charged per 10,000 population aged 12 to 17 in the Yukon and 1,364 in the Northwest Territories.

Saskatchewan, at 966 youths charged per 10,000 population and Manitoba, at 738 youths charged, reported the highest charge rates among the provinces.

The criminal activity of children under 12 usually involves property offences. Although police cannot charge children under 12, they report suspected involvement in criminal activity to the Uniform Crime Report Survey. In 1999, of all persons under 18 years of age suspected of a crime, 5% were children under 12 years of age, with the majority (62%) being 10 and 11 years old (Canadian Centre for Justice Statistics, 2001c).

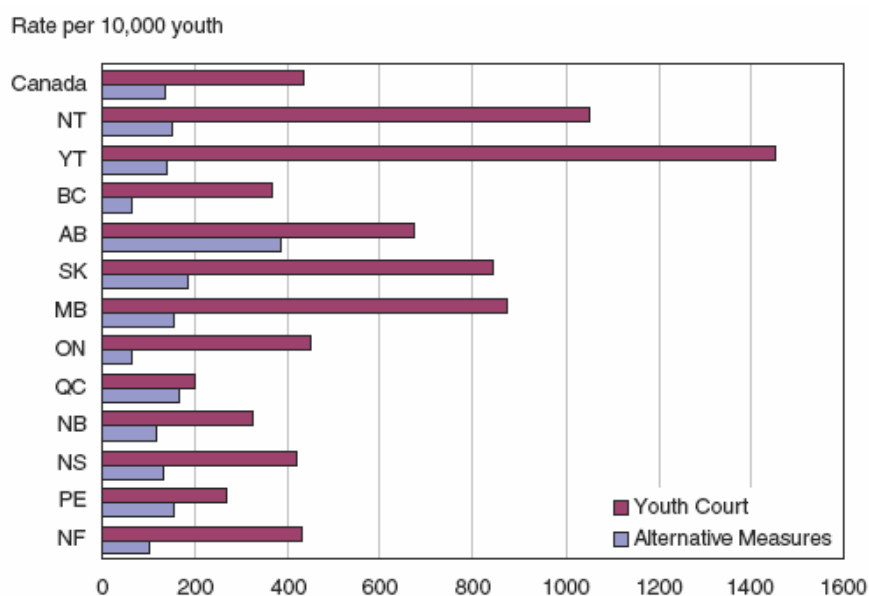
When youth are sentenced, there are two types of sentences (or dispositions): community-based and custody-based. Community-based dispositions can be served in the young person's community. They include sentences such as restitution, counselling, community services, fines and probation. Custody dispositions require that a young person convicted of an offence spend time in a designated correctional facility. There are two types of custody arrangements: (1) secure or closed and; (2) open custody. Secure or Closed custody is where a young person is committed to a facility specially designated for the secure detention of young persons. Open custody is where a young person is committed to a community residential centre, group home, child care institution, forest or wilderness camp, or any other similar facility. 1999-2000 Data from the Canadian Centre for Justice Statistics Profile Series indicates that approximately 238 youth (aged 12-17) were placed in secure custody, 448 in open custody, and 1,636 admissions were remanded for a total admission of 2,322 for 1998-99. No information was available regarding probation statistics (Canadian Centre for Justice Statistics, 2001d).

Figure 15: Admission to Remand, Secure and Open Custody and Probation for the Province of Manitoba, 1998-1999



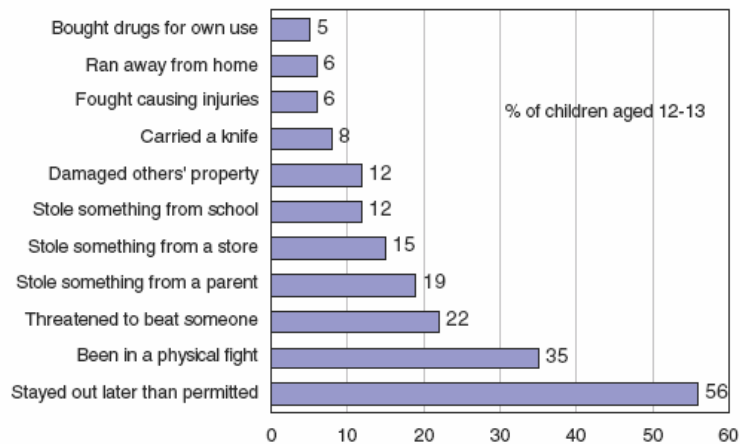
Youth were most often referred to alternative measures for property-related crimes. Alternative measures are formalized programs whereby young people who otherwise would proceed to court are dealt with through non-judicial, community-based alternatives. Typical programs include personal service to a victim; financial compensation to a victim; community service; educational sessions; personal or written apologies; and essays or presentations related to the offence. Alberta had the highest rate of participation in alternative measures among the provinces (384 per 100,000 youth participated). In 1999-2000 Manitoba was ranked third with almost 900 per 100,000 youth participating in alternative measures programs:

Figure 16: Participate in Alternative Measures and Youth Court Caseload, 1998-99, by Jurisdiction



Statistics Canada culled information on risk-taking behaviours from the National Longitudinal Survey of Child and Youth' (NLSCY). NLSCY's findings on risk-taking/delinquent behaviours reveal that children aged 12-13 engage in a variety of risk-taking behaviours. Over one-half of the children aged 12-15 (or 56%) reported staying out later than permitted. The next most common behaviour was having been in a physical fight (35%), followed by having threatened to beat someone (22%) as noted in the table below:

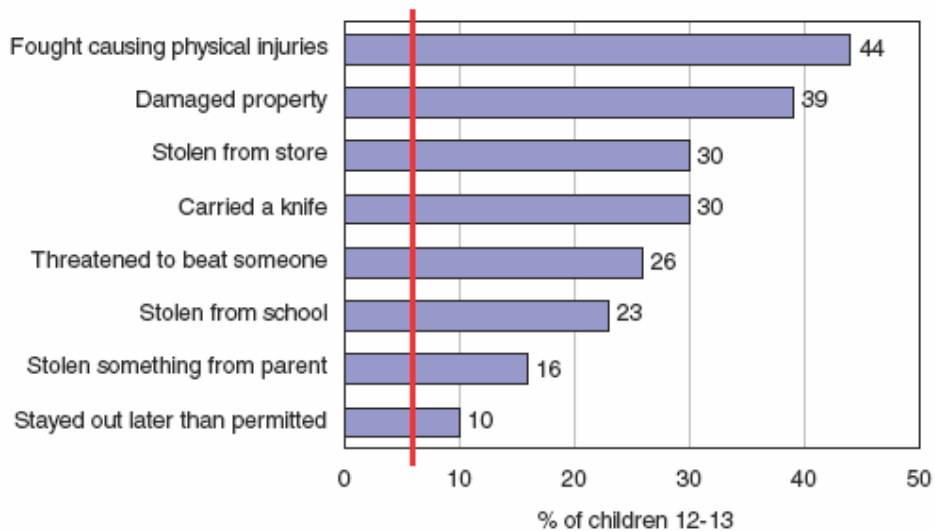
Figure 17: Children at Age 12-13 Engage in a Variety of Risk-Taking Behaviours



Data Source: Canadian Centre for Justice Statistics, 2001, p.13.

The NLSCY 1996 data noted that children who engage in risk taking behaviours are more likely to have contact with the police and are greatly influenced by their peers to participate in risk-taking behaviours.

Figure 18: Children Engaged in Risk-Taking Behaviours have Greater Contact with Police

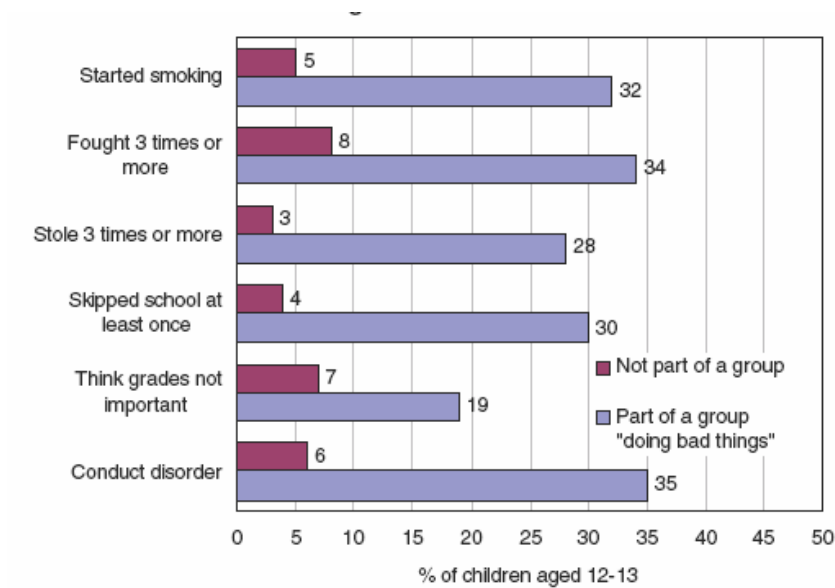


Data Source: Canadian Centre for Justice Statistics, 2001, p.13.

The NLSCY data from 1996 also indicates that one adolescent (aged 12-13) in seven reported belonging to a group that “did risky things.” Children who reported being part of such a

group were 6 times more likely to report a conduct disorder (e.g. anxiety, depression or unhappiness), 7 times more likely to skip school, and 9 times more likely to have stolen something from a parent, store or school three times more in the last 12 months:

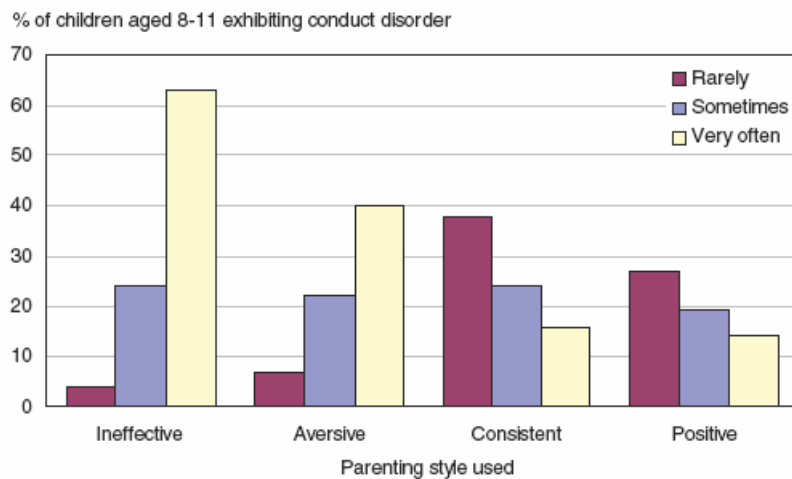
Figure 19: Peer Influence on Risk-Taking Behaviour



Data Source: Canadian Centre for Justice Statistics, 2001, p.14.

The Canadian Centre for Justice Statistics on Children and Youth in Canada, again relying on the NLSCY data, reported that parents who used poor parenting practices were significantly more likely to have children with behaviour problems than with parents who used these approaches infrequently. As noted by researchers previously cited (Hotton, 2003; Chido et al, 2003; and Moss, 2003). Children who have witnessed violence in the home were cited as having more problem behaviours than children who have never witnessed violence, as highlighted in the graph below:

Figure 20: Behavioural Problems Increase with Parents' Parenting Styles



Data Source: Canadian Centre for Justice Statistics, 2001, p. 14.

In relation to the above noted statistics, a number of research articles consulted for this review have explored the influence of family factors and its contributions to delinquent behaviour. Kierkus and Baer in particular states that despite copious amounts of literature regarding the influence of family structure in delinquent behaviour, a clear understanding of this phenomenon is yet to emerge. They say that a majority of previous studies looking at this factor have investigated if family structure is related to misbehavior but very few have addressed why this relationship exists. The purpose of this Canadian study was to determine if the parental attachment component of social control theory could explain why family structure is related to delinquency. Using a sample of school children from Ontario (n=1,891), their findings suggest that family structure is a significant predictor of most self-reported delinquent behaviours at the zero order level and when age, sex and socioeconomic status are controlled for. They say that when parental attachment is entered into the regression equation, the magnitudes of the relationships between family structure and delinquency are substantially reduced. This suggests that the parental attachment component of social control theory may provide a plausible explanation for why certain family structures are linked to delinquency (Kierkus & Baer, 2002).

Farrington looked at the developmental background of child delinquents in his state of the art review of the literature. Farrington noted that an early onset of delinquency prior to age 13 years increases the risk of later serious, violent, and chronic offending by a factor of 2-3. Farrington also provided policy recommendations to improve methods of dealing with child

delinquents by juvenile justice, child welfare, and mental health agencies (Farrington, 2000). The relationship between delinquency and family status and structure was also explored in an American study conducted by (Matherne & Thomas, 2001) and similarly in a Canadian study conducted by Gomes, Bertrand, Paetsch and Hornick (2003). The Canadian study was based on a self-administered survey provided to youth attending Grades 7 to 12 in public and Catholic schools in selected urban and rural areas in the Province of Alberta. Their findings reveal that over half (56%) of the students reported that they had carried out at least one delinquent act in the past year. The results do not indicate how many of the students were in alternative placements outside of their family of origin however it does provide some insight into the connection between family structure and delinquency. No such self-administered tests on delinquency has been distributed through child welfare networks and this study might assist in the design of such a survey to be administered to children in care to get an understanding of the extent of the delinquency problems of children and youth in care in Manitoba. Blaming parents is an expression of the faulty parenting paradigm, a set of ideas that children in trouble are the product of poor parenting and that both children and parents should be held accountable. This tendency to blame parents is now being manifested in parental responsibility laws, such as those passed by Manitoba, allowing victims of property crime to take civil proceedings against the parents of young offenders (Gomes, Bertrand, Paetsch, & Hornick, 2003). Hillian & Reitsma-Street note that although parents do play a key role in helping to prevent youth crime, this is difficult in the best of times as parents already struggling with a difficult child are often left feeling blamed and excluded in their encounters with the youth justice system. Hillian and Reitsma-Streets' research focused on how parents of boys involved in the justice system coped. Their research reveals that very little is actually known about their experiences and what the resource needs are of parents who have children involved in the justice system (Hillian & Reitsma-Street, 2003). Arguably this would also apply to child welfare personnel and systems as they are in quasi-parental positions in relation to children in care!

Children also become susceptible to criminal activity especially if there is a member of their family who has been incarcerated, even more so if the family member is their mother. Other research that has made a connection between juvenile misbehaviour and family structure or circumstance was done by Cunningham and Baker who summarized findings of a study conducted with 45 women in the Ontario correctional system (Cunningham & Baker, 2004). Their study indicates that not only are children invisible "collateral" victims of their mothers'

crimes but they too are incredibly impacted. Because of their mothers' incarceration, they become secondary victims of crime, experiencing residential disruptions, school changes, separation from siblings, foster care, or periods of time spend with convenient but inappropriate caretakers. They feel shame, isolation, abandonment, confusion, grief, and loneliness. Moreover, Cunningham and Baker state that a mother's imprisonment often affects families already challenged by poverty, inadequate housing, abusive or exploitative partners, mental illness, substance abuse and the legacies of child abuse. Even after a mother returns, children are forever changed simply by knowing she could be gone again. Few social services are designed to help them navigate the period before, during and after a mother's absence. Of the 45 women who were interviewed for their study, it was found that among them, they had 90 children, with the average age of the children being eight years old. Most of the children were age six or under and most had siblings (78%) whom they were separated from while their mother was in prison. Approximately half of these children lived under an open child protection file and many (43%) had no contact with their biological father (Cunningham & Baker, 2003). For many of these youngsters, the stage is set for a troubled adolescence. Cunningham and Baker note that mothers have recognized disturbing trends in their children as they become teenagers, seeing them re-live events from their own youth such as substance use, depression, survival crime, school drop-out, early emancipation from adult care, exploitation by others, and early child bearing. Mothers know this story better than most. Cunningham and Baker found that 40% of the women in their study had themselves been separated from their own mothers, fathers, or both, when they were children, because of parental incarceration. Now, as mothers raising the next generation, half of their own teenaged children have already been in youth custody (Cunningham et al., 2003). Similar studies have not been implemented within Manitoba and further research into this area would help the child welfare and youth criminal justice sectors understand some of the trajectories and pathways that lead children and youth into the youth justice system and would assist in understanding the unique needs of mothers, their children. Similar research would go a long way in assisting with developing supports to ensure an appropriate spectrum of services to address the needs of both women and children/adolescents who find themselves in these circumstances (Cunningham et al., 2003).

Many of the statistics outlined above were obtained prior to the proclamation into force of the Youth Criminal Justice Act (YCJA) in 2003, which replaced the Young Offender Act. In passing the YCJA, Parliament was attempting to address fundamental issues of youth justice

policy that have been the subject of controversy for decades. The major objectives of the YCJA include reducing the use of youth court and reducing the use of incarceration. The YCJA emphasizes restraint, accountability, proportionality, and greater structuring of the discretion of decision makers. It contains provisions to encourage the use of extrajudicial measures, including a presumption that non-violent first time offenders should be dealt with through extrajudicial measures. Family Group Conferencing under the YCJA is recognized as a potentially useful means of improving decision making. Under YCJA, pre-trial detention is prohibited for child welfare purposes and presumed to be unnecessary if the youth could not be sentenced to custody. The act also sets out a new approach to sentencing. Under the YCJA, sentences must be proportionate to the seriousness of the offence and, within the limits of proportionality, must be promote rehabilitation. The sentencing provisions also place specific restrictions on the use of custody (Barnhorst, 2004). Other articles consulted for this review which would shed more understanding on the Youth Criminal Justice Act include a recent article written by Bala and Anand on the first months under the new YCJA and a survey and analysis of case law. They concur that the new YCJA has resulted in significant increases in community based responses however, it does not indicate whether this increase affects child welfare based resources (Bala & Anand, 2004). Harris et al went on to describe the new environment of working “in the trenches” with the new YCJA in the first six months the new law was enacted which appeared to authors as “business as usual” in youth courts (Harris, Weagant, Cole, & Weinper, 2005).

Of particular concern to child welfare in Manitoba is the overrepresentation of Aboriginal children and youth within its system. This over-representation is also reflected in other service sectors within Manitoba especially within the youth criminal justice system. In February 2004 the federal department of Justice released a snapshot view of Aboriginal youth in custody across Canada. One of the central goals of this study was to determine precise incarceration rates for Aboriginal and non-Aboriginal youth in Canada using a “snapshot” method. The study also utilized “Sharing Circles” as a qualitative method which was similar to a focus group without the standard interaction among participants. This study indicates that while there has been substantial reduction in the number of Aboriginal youth in custody since 2000, Aboriginal youth continue to experience an appreciably higher incarceration rate compared to non-Aboriginal youth. The incarceration rate of Aboriginal youth was 64.5 per 10,000 population while the incarceration rate for non-Aboriginal youth was 8.2 per 10,000 population. Latimer states that the high incarceration rate of Aboriginal youth is likely related to a series of interactive factors.

High rates of poverty, substance abuse and victimization can lead to family breakdown and serious criminal behaviour at a young age. Possible discrimination within the youth criminal justice system may lead to the differential treatment of Aboriginal youth. Latimer contends that in combination, these factors may be working to incarcerate Aboriginal youth at a rate eight times that of non-Aboriginal youth (Latimer, 2004).

According to the 2003 snapshot, approximately 2,212 youth were reported in custody on Snapshot day in the twelve reporting jurisdictions. The overall incarceration rate for youth in Canada was 11.5 per 10,000 youth 12 to 17 years old. The three territories and Saskatchewan had the highest incarceration rates. Manitoba had an incarceration rate of 17.7, which comprises 138 (or 80%) Aboriginal youth in custody. While Aboriginal youth comprise approximately 5% of the Canadian population, 33% of youth in custody were Aboriginal (Latimer, 2004). The table below, taken from p.3 of the report, provides the numbers of Aboriginal and non-Aboriginal youth in custody in each jurisdiction as well as the incarceration rate.

Table 4: Aboriginal and Non-Aboriginal Youth in Custody by Jurisdiction

TABLE 1 ABORIGINAL AND NON-ABORIGINAL YOUTH IN CUSTODY BY JURISDICTION				
Jurisdiction	Aboriginal n (row %)	Non-Aboriginal n (row %)	Total n (column %)	Incarceration Rate
Newfoundland and Labrador	5 (8)	57 (92)	62 (3)	13.9
Prince Edward Island	0 (0)	13 (100)	13 (1)	10.7
Nova Scotia	9 (9)	90 (91)	99 (5)	13.3
New Brunswick	3 (4)	75 (96)	78 (4)	13.1
Ontario	166 (15)	937 (85)	1,103 (50)	11.8
Manitoba	138 (80)	35 (20)	173 (8)	17.7
Saskatchewan ⁷	203 (88)	28 (12)	231 (10)	24.6
Alberta	90 (36)	163 (64)	253 (11)	9.5
British Columbia	60 (41)	85 (59)	145 (7)	4.5
Yukon	7 (88)	1 (13)	8 (0)	28.5
Northwest Territories	28 (100)	0 (0)	28 (1)	72.7
Nunavut	11 (100)	0 (0)	11 (1)	31.6
CANADA	720 (33)	1,484 (67)	2,204 (100)	11.5

1. Frequencies do not total 2,212 due to missing data.
2. Percentages do not always total 100% due to rounding.
3. Incarceration rate is based upon 10,000 population aged 12 to 17 years.

Data Source: Latimer, 2004, p.3.

In Manitoba, there were 259 Aboriginal youth in custody (open, secure or remand) on Snapshot Day. Among the provinces/territories, Manitoba had the third largest proportion of Aboriginal youth in custody (23%), slightly less than Saskatchewan (23%) and Ontario (24%).

All jurisdictions who participated in this study reported higher incarceration rates for Aboriginal youth compared to non-Aboriginal youth, with the exception of Prince Edward

Island, which did not report any Aboriginal youth in custody on Snapshot Day. In Manitoba, Aboriginal youth are 16 times more likely to be incarcerated compared to non-Aboriginal youth:

Figure 21: Incarceration Rates for Aboriginal and Non-Aboriginal Youth in Canada

Jurisdiction	Aboriginal n (row %)	Non-Aboriginal n (row %)	Total n (column %)	Incarceration Rate
Newfoundland and Labrador	5 (8)	57 (92)	62 (3)	13.9
Prince Edward Island	0 (0)	13 (100)	13 (1)	10.7
Nova Scotia	9 (9)	90 (91)	99 (5)	13.3
New Brunswick	3 (4)	75 (96)	78 (4)	13.1
Ontario	166 (15)	937 (85)	1,103 (50)	11.8
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CANADA	720 (33)	1,484 (67)	2,204 (100)	11.5

1. Frequencies do not total 2,212 due to missing data.
2. Percentages do not always total 100% due to rounding.
3. Incarceration rate is based upon 10,000 population aged 12 to 17 years.

Figure 1 presents the incarceration rates for Aboriginal and non-Aboriginal youth in each jurisdiction.⁸ The incarceration rate of Aboriginal youth was 64.5 per 10,000 population while the incarceration rate for non-Aboriginal youth was 8.2 per 10,000 population. Aboriginal youth were almost eight times more likely to be in custody compared to their non-Aboriginal counterparts.

Data Source: Latimer, 2004, p. 4.

The one day Snapshot of Aboriginal and non-Aboriginal youth in custody across Canada from 2002 looked specifically at the statistics for Manitoba as it did for other jurisdictions. It provides an overview of the most serious offences, charges and sentences committed by Manitoba youth. It concludes that Aboriginal youth in Manitoba are most likely to have lived in a city during the last two years before their current admission into the youth justice system. The data from Part I indicated that the typical Aboriginal youth in open or secure custody on Snapshot Day was a male between the ages of 16 and 17 years of age with a most serious offence or charge for a property related offence and that most of their conflict with the criminal justice system occurred in urban areas (Bittle, Quann, Hattem, & Muise, 2002).

The living arrangements of Aboriginal youth at the time of their admission into custody disclose that 63% of Aboriginal youth were living with parents at the time of their admission and 16% were living with extended family members. 39% were reported to be involved with child protection agencies at the time of their admission – of these 16% were a ward of the province and 23% had an active file with child and family services. Almost half (47%) of Aboriginal youth resided in a family that received social assistance as a primary source of income (see table below).

Table 5: Living Arrangements of Aboriginal Youth in Custody

Living Arrangements of Aboriginal Youth in Custody		
Living Arrangements	N	%
Dual-parent	146	21
Lone-parent	292	42
Extended family	108	16
Foster parents	36	5
Group home	60	9
Transient/on the streets	15	2
Independent living	32	5
Other arrangements	7	1

1. Frequencies do not total 720 due to missing data.
2. Percentages do not total 100% due to rounding.

Data Source: Department of Justice Canada, 2002, p.11.

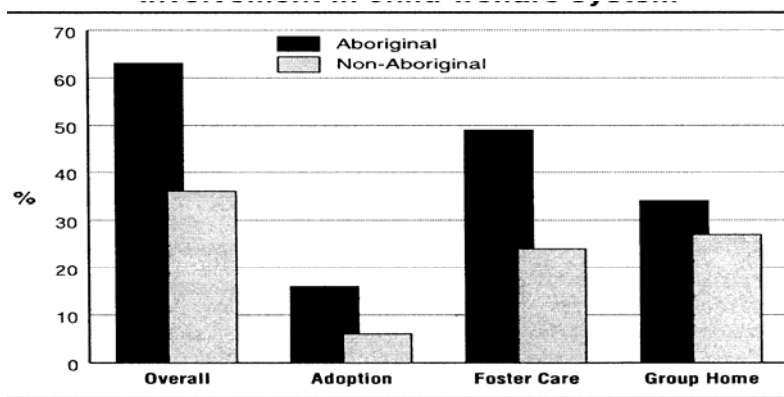
Child welfare intervention may have a negative or positive impact and contribute to the delinquency of children and youth in care however this possible connection has received very little coverage in the literature to date. The emerging research which focuses on this connection comes primarily from American sources. For instance, a recent article by Jonson-Reid centered on the need to better understand the influence of child welfare services on delinquency. Jonson-Reid writes that only a handful of published studies have examined delinquent outcomes for maltreated children according to child welfare services provided. She cited two recent studies in which she was involved with that dealt specifically with this issue. These two studies used administrative data from California and Missouri to assist in understanding how different forms of child welfare intervention are associated with delinquent outcomes. The studies examined school age children (7 to 17 years) reported for maltreatment, comparing children who received child welfare services with those whose cases were closed after investigation (Jonson-Reid, 2004). In the California study, African American and Hispanic children with in-home or foster care services had a lower risk of incarceration as adolescents than did children of color with no services after an investigation (Jonson-Reid & Barth, 2003). In the Missouri study, Jonson-Reid found that African American children who received in-home services had a lower risk of

incarceration than did those without services or those who entered out-of-home placements. Jonson-Reid also cited another recent study which examined delinquent outcomes for children exiting family preservation programs (Coleman & Jenson, 2000 as cited in Jonson-Reid, 2004). Jonson-Reid's article appears to support the notion that child welfare intervention contributes to the prevention of delinquent outcomes for the children and youth in care.

The connection between child welfare intervention and the possible negative or positive contributions toward delinquency among children and youth in care is a rarity in the Canadian literature which signifies a huge gap in understanding the impact of child welfare services on children and youth in care. The positive impact that child welfare may have on low delinquency outcomes for children and youth in care, as suggested by Jonson-Reid above, do not however, appear to exist for the Aboriginal population. There exists empirical data from the residential and incarceration experiences of Aboriginal people which highlight a more malignant outcome for Aboriginal children in alternative care placements. Residential schooling, a form of alternative placement, was an aspect of colonization that had a particularly destructive effect on First Nations, Métis and Inuit communities, families, and individuals (Law Commission of Canada, 2000). Research conducted by RCAP documented that a disproportionate number of Aboriginal people incarcerated in provincial and federal institutions have graduated from child welfare into criminal institutions (Royal Commission on Aboriginal Peoples, 1996).

Research has demonstrated the family disruption due to placement in a foster or group home can have long term negative effects on children and adolescents ((Blome, 1997; Roy, Rutter, & Pickles, 2000; Brand & Brinish, 1999). Research conducted by Trevethan, Moore, Auger, MacDonald and Sinclair (2001) also observed that adoption studies have identified some of the same negative effects, although not to the same extent. Their research illustrates that a significantly larger proportion of Aboriginal than non-Aboriginal offenders were involved with the child welfare system when they were children. Overall, 63% of Aboriginal offenders that participate in their study said they had been adopted or placed in foster or group homes at some point in their childhood, compared to 36% of non-Aboriginal offenders. Larger proportions of Aboriginal than non-Aboriginal offenders had been placed in foster care (49% versus 24%) or placed for adoption (16% versus 6%). Although larger proportions of Aboriginal than non-Aboriginal offenders were placed into groups homes (34% and 27%, respectively), the researchers state that the differences were not statistically significant as can be observed in the graph below.

Figure 22: Aboriginal and Non-Aboriginal Involvement in Child Welfare System



Data Source: Trevethan et al, 2001, p.7.

The findings from Trevethan et al's study are similar to what other studies have found (Johnston, 1997; MacDonald, 1997; MacDonald, 1997). Research colleagues Johnston and MacDonald both found a large proportion of offenders had past involvement in the child welfare system and further, that there is also an intersection of racism experienced by Aboriginal youth incarcerated in youth correctional facilities. International studies conducted elsewhere (e.g. New Zealand) also point out that "welfare drift" contributes to children and youth being lost to the system and ending up drifting from care and protection facilities into incarceration (Tang et al., 1996). This view is also supported by research conducted by the Royal Commission on Aboriginal peoples (1996). In a separate Canadian publication, Trevant, Auger, Moor, MacDonald and Sinclair also examined the reasons for the over-representation of Aboriginal persons in federal institutions. One important and often neglected area is the effect that family disruption and attachment during childhood has on criminal behaviour. It has been well established that lack of attachment often results in maladaptive and antisocial behaviour among children and adolescents. Furthermore, family disruption due to involvement in the child welfare system can have negative effects. Among Aboriginal offenders, separation from the family unit as well as separation from Aboriginal culture and community may lead to more negative effects (Trevethan, Auger, Moore, MacDonald, & Sinclair, 2001).

The relationship of delinquency to child welfare services may be confounded by the fact that many children, youth and families are engaged in other service systems (Jonson-Reid, 2004) or child welfare departments may operate in isolation from other social service providers. This isolation occurs in part because front-line workers are often unaware that their clients may be

involved in other systems, uninformed about how to communicate with other agencies, and unclear about their roles with respect to these other service agencies (Ross, Conger, & Armstrong, 2002). In particular, researchers Ross, Conger and Armstrong examined the gap between the child welfare and juvenile justice systems and focused on the *Project Confirm* program that was designed to reduce the problems associated with this gap. Project Confirm sought to improve cooperation between juvenile justice and child welfare agencies to prevent the unnecessary detention of arrested foster children in secure facilities. Detention stays may also increase negative behaviours. The youth jail culture itself can promote further infractions in many circumstances, especially if detained children reside in overcrowded facilities. Jonson-Reid states that without multi-system research, it may be difficult to research the association of services in a given system and make appropriate policy recommendations for change.

Dr. Anne Streissguth, of the University of Washington is a leading researcher in the area of FAS/FAE. Her research on the damage to the central nervous system suffered by alcohol exposed children indicates that these children may display a number of characteristics of central nervous system damage such as attention deficit hyperactivity disorder (ADHD), attention deficits, learning disabilities, mental retardation, gross motor and fine motor problems, poor impulse control, problems with social perception, and severe behaviour problems (Streissguth, 1997). In the area of cognitive difficulties, these children often experience processing delays, misinterpreting signals that the senses receive in processing and storing such information, difficulties in accessing information and difficulties in expressing themselves. Most importantly, the alcohol affected child has trouble with many aspects of reasoning. In the result they have difficulties in problem-solving, memory, and trouble with organizing thoughts and actions. They also suffer from severe difficulties in overall language and attention span. There are general problems with distractibility, causing them to react impulsively to their environment. In the result, many of these children manifest severe difficulties in school resulting in a high early drop out rate and high delinquent activity if they do not have structured support throughout their lives (Streissguth, 1997). Some of the most crippling secondary disabilities that people with FAS/FAE face include mental health problems, disrupted school experience, inappropriate sexual behavior, trouble with the law, alcohol and drug problems, difficulty caring for their children, and homelessness. Impressions from some judges, lawyers, physicians, and others in the legal system indicate an increasing awareness that youth and adults with Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) are coming into conflict with the law (Burd,

Selfridge, Klug, & Juelson, 2003). The neurological damage caused by prenatal exposure to alcohol affects the whole brain and may result in an increased susceptibility to criminal activity and victimization (Henteleff, 2002; Fast et al., 1999).

Another area requiring more focus is the impact of FASD upon the youth criminal justice system. A 2000 report, titled *Fetal Alcohol Syndrome: Understanding its Impact* prepared by Fred Boland and Michelle Duwyn of the Psychology Department at Queen's University and Ralph Serin of the Research Branch Correctional Services Canada, reconfirmed all of the conditions resulting from FAS/FAE, their manifestations during infancy, as school-aged children, in adolescence and in adulthood, ultimately resulted in a very high incidence of trouble with the law (Boland, Duwyn, Serin, & Burrill, 1998). As noted in the report, the first report in Canada estimating the incidence of FAS for an entire province was conducted in Saskatchewan and published in 1996. All cases of FAS who were born in Saskatchewan prior to January 1, 1993 were studied. Of these cases so identified, 86% were of aboriginal descent. In fact the authors noted that due to the likelihood of the number of cases being under-diagnosed throughout the province; their incidence statistics were under-estimated. The report further pointed out that all epidemiological studies have concluded that FAE has an incidence of 3 – 4 times higher than FAS. A study in the Yukon Territory and in British Columbia, as noted in this report, indicated a 10.9 to 1 ratio of aboriginals with FAS to Caucasians. Given that aboriginal offenders are considerably over-represented in the federal justice system and having in mind the correlative factors previously noted, it is clear that the high rate of FAS/FAE experienced by the Aboriginal population is a contributing factor to their being in conflict with the law (Boland et al., 1998; Boland, Duwyn, & Serin, 2000). A short article by Square (1997) on the prevalence of FAS/FAE in a First Nations Reserve in Manitoba based on research conducted by University of Manitoba geneticist, Dr. Chudley and Dr. Moffat, a pediatrician and head of Community Health Sciences at the University of Manitoba suggests that FAS/FAE is epidemic on at least one reserve in Manitoba and may be similar for other First Nation Communities. The community in question had roughly 100 cases of FAS/FAE (per 1000 births) which they feel qualifies as an epidemic. Chudley and Moffat reviewed the medical records of 179 families as well as examined the children for discriminating features related to FAS/FAE. The medical records indicated that about 40% of the children, ranging from 5 to 15 years old, had been exposed to alcohol in utero. The researchers also indicated that the children exhibited many of the central nervous system dysfunctions associated with alcohol teratogenesis, including learning or

attention problems, hyperactivity, microcephaly, seizures and below-average scores for intelligence (Square, 1997).

The Department of Justice Canada also explored the connection of FASD to the youth criminal justice system which resulted in a discussion paper reviewing the case law in Canada where young defendants were diagnosed with FASD (Verbrugge, 2003). This discussion paper reviewed the construction of FASD, the fitness of FASD individuals to stand trial before the courts, criminal intent, Proportionality of court interventions and sentencing options and was written by Paul Verbrugge. The last section of Verbrugge's report focuses specifically on bridging the youth criminal justice system with other social service support systems. Verbrugge stresses the importance of working collaboratively with social service systems that all fall within the same jurisdiction so that individuals who have FASD are identified and so that the appropriate responses can be tailored to meet their needs. Verbrugge does note that there are problems with implementing standardized screening and diagnostic tools as well as issues of consent as a FASD diagnosis could have significant impact on how a youth is treated by the system. The primary focus of this last section looked at section 35 of the Youth Criminal Justice Act (YCJA) as it was intended to help integrate the social welfare and justice systems. Section 35 reads as follows:

35. In addition to any other that it is authorized to make, a youth justice court may, at any stage of proceedings against a young person, refer the young person to a child welfare agency for assessment to determine whether the young person is in need of child welfare services.

The section is viewed as vague by legal scholars as it is not clear as to what is meant by "child welfare agency." The term could narrowly be interpreted to mean "child protection services" or read broadly to "include programs that promote social welfare, including mental health services, and education." Other scholars provided the following interpretation of the purpose to section 35 of the YCJA:

The YCJA reflects a basic policy position that the criminal justice system should not be used as the primary way of addressing the child welfare needs of youth ...

A criminal justice intervention may attempt to address a youth's child welfare needs as part of a sentence that is intended to promote the rehabilitation of the youth. However, the sentence must not exceed what is a fair and proportionate response to the offence that the youth

has committed. The child welfare needs of the youth may be well beyond the proper scope of the criminal law or may not be directly relevant to the offence committed.

Section 35 is a legislative reminder to judges that the child welfare needs of youth in conflict with the law are important and should not be ignored simply because they cannot be addressed through the criminal law. If a judge believes that a young person before the court may have child welfare needs that are beyond the proper scope of the criminal justice system, it is in the interests of the young person and of society for the judge to bring his or her concerns to the attention of the child welfare authorities ... (as cited in Verbrugge, 2003, p. 29).

Other sources exist that have been created to specifically address the connection between FASD and the youth criminal justice system include the development of a resource guide to assist police in recognizing signs of Fetal Alcohol Spectrum Disorders when dealing with individuals suspected of having FASD (See "Fetal Alcohol Spectrum Disorder: FASD Guidebook for Police Officers" at <http://www.asantecentre.org/pdf/latestfasguide.pdf>). The publication is being used primarily to promote awareness, identification, appropriate intervention and prevention of FASD by police officers who are front-line workers who will often come into contact with a high number of victims, witnesses and suspects who have been affected by alcohol prenatally (Laporte et al., 2003).

The literature is just beginning to explore the connection of FASD on youth delinquency and its impact in the youth criminal justice system. Much about what is known regarding the social and behavioural expressions of FASD is attributable to the work of Streissguth et al, although other researchers and advocates have begun to focus on this issue (Fast et al., 1999; Malmgren & Meisel, 2004; Ross et al., 2002; Henteleff, 2002; Bala, 2003); however there remains very little literature on the direct role child welfare services may have to FASD and delinquency in relation to the Youth Criminal Justice system. Verbrugge (2003) states that given the current state of the literature, there is an opportunity to make a significant contribution to the knowledge base through promoting research on FASD and its connection to the youth criminal justice system. Important research questions Verbrugge suggests would include: (a) looking at the prevalence of FASD amongst youth in the criminal justice system (with special attention given to gender differences), (b) looking at what are the severity of cognitive deficits in relation to legal standards (e.g. what percentage of FASD accused are unfit to stand trial?), (c) looking at the temporal stability of cognitive deficits from youth to adulthood, and (d) by exploring the

community treatment options and their relative effectiveness. Verbrugge states that it is important to invest in sound research on FASD to prevent the formation of stereotypes and the need to be cognizant that there are individual differences amongst people who have been diagnosed with FASD as this will contribute to better policy options for youth who have FASD.

It is acknowledged that this part of the review is only a sampling the multi-complex issues facing families in Manitoba and across Canada. Given the wealth of literature available only some of the key issues facing children, youth and families who come into care have been highlighted here. We know that there is an abundance of information on child and youth issues from a U.S. perspective but relatively little speaks primarily to the Manitoba experience. There are gaps in the literature about our understanding of Manitoba children and youth's experiences, especially when in care. For example, as previously stated above, Manitoba specific literature on the educational and academic performance of children in care simply does not appear to exist. Furthermore, there are virtually no academic resources focusing on the educational attainment and/or progress of children in care in Canada, other than the Mitic and Rimer (2002) article mentioned above, and absolutely no literature could be obtained that focused on the educational progress of Aboriginal children in out-of-home care placements in Manitoba. More evidence based, aggregated as well as uniquely separate research should be generated within the Province Manitoba on the residential needs of children and adolescents in care is recommended and should be a priority of each of the authorities.

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F. CONCLUSION

In this paper, we have sought to identify a number of key issues and concerns that bear upon residential care in the literature. We focused our review on four specific areas looking primarily at the demographics, residential care in the literature, recruitment and retention of a child welfare workforce and contributing factors respecting issues faced by children prior to coming into care.

Demographically, the statistics reveal that Manitoba's Aboriginal population is younger and continues to grow at double the rate of the general population. Forty-five percent of children in care as of March 2003 were in the care of the Department of Winnipeg Child and Family Services. Of all the children in care 66% were Treaty status, 8% were Métis, and 7% were non-Status and less than 1% were Inuit. Overall, as of March 31st, 2003, 85% of the children in care were of Aboriginal descent. For all children, foster homes were the most utilized placements (68%) followed by placement in other resources such as places of safety, residential care or independent living arrangements.

Our review then moved into an examination of the literature focusing on services and multi-disciplinary approaches to residential care implemented in other jurisdictions. Two approaches stand out as particularly significant models. Firstly, the Birth Family Continuum model which uses family group conferencing in its approach to placing children either temporarily or permanently. The model continues to involve and inform birth families, even when reunification has been ruled out as an option. The Birth Family Continuum model was the only one of its kind found in the literature which continues to include the family under these circumstances. The other approach would see child welfare move away from placing hard to place youth with high complex needs by matching them with one-on-one care givers in a private residential setting so as to reduce placement instability and promote positive behaviours in these youth. What is unique about this particular program is the fact that should the placement break down; it would not require the youth to move out of the residential setting but rather requires the current care giver to vacate the premises and is replaced by a new care giver. Under such an arrangement should the youth age out of the system, the youth has the option of assuming the lease on the residential placement or moving out. Although this was a pilot initiative and somewhat controversial, it shows promise and could easily be implemented in Manitoba for similarly placed youth.

The research residential care, while extensive, lacks a particular focus on the residential and emergency placement needs within Manitoba's child welfare system. Gaps in the literature have been addressed by other researchers and the last part of that section was dedicated to highlighting a broad range of suggestions that could be implemented in Manitoba regarding the gaps in research. Another innovative initiative from the literature was also identified which sought to address the direct increase and use of

research in social care practice as one means of decreasing and bridging the gaps in knowledge between researchers and those at the practice level.

Recruitment and retention of child welfare staff is a particularly concerning issue that effects not only child welfare agencies in Manitoba but is an ongoing concern in just about every jurisdiction across Canada, the United States and Internationally. Perceptions and shortages in the professional child welfare field were identified as was a more focused look at the stress, trauma and violence that have an impact on high burnout and turnover in the profession. The cost of losing and replacing an employee is also a concern for all child welfare agencies and the literature indicates that the on the job stressors and organizational climate within child welfare agencies are some of the reasons why child welfare workers decide to leave the profession or agency. Literature that identifies ways in which stress can be reduced and the organizational environment can be improved was also briefly covered under this section.

The last part of this review was dedicated to looking at contributing factors that are faced by children, adolescences and their families when they are brought to the attention of child protection authorities. This section of the review covered a wide variety of topic areas that highlight some of the issues that children and families are facing and which might provide some insight into the family trends experienced by Manitoba children who come to the attention of child welfare agencies. Trends in family issues such as poverty, single parent families, violence, substance misuse, education, housing, disability issues and juvenile justice matters were covered extensively in this section. Child and youth may be experiencing one or multiple aspects of any one of these concerns in their families of origin. Most practitioners agree that children and youth coming into care now have more complex problems than children and youth who came into care prior to 1985.

The common denominator amongst all sections of this review is the fact that there exists a paucity of research looking primarily at the Manitoba experience regarding children and adolescents in residential and foster care. Although a majority of the themes and issues in the literature surrounding residential care have cross cutting applications to Manitoba's unique child welfare environment, their usefulness can only be gauged through gaining an understanding of the experiences of Manitoba's children in care. As stated previously, there are gaps in the literature about our understanding of Manitoba children and youth's experiences, especially when in care. For example, literature specific to Manitoba on the subject of education and academic performance of children in care simply does not appear to exist. Furthermore, there are virtually no academic resources focusing on the educational attainment and/or progress of children in care in Canada, and absolutely no literature could be obtained that focused primarily on the educational progress of Aboriginal children in out-of-home care placements in Manitoba. More evidence based, aggregated as well as uniquely separate research needs to be generated within the Province of Manitoba on the residential needs of children and adolescents in care is recommended and should be a priority of each of the authorities within Manitoba. As a last concluding remark, more research needs to

be generated from an Aboriginal perspective in all of the above noted areas considering the demographic trends and realities for Aboriginal children and youth in child welfare in Manitoba particularly.

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H. ANNOTATED BIBLIOGRAPHY

NOTE: This annotated bibliography was generated from the sources consulted for this literature review. Many of the sources referred to therein may or may not be referenced in the body of the text that appears previous to this section. Where possible, PDF copies of the References that form a part of this review are available on the attached CD labeled "Literature Review Residential Care in the Literature" and can be cross-referenced with the numerical list below.

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1. GAO Finds Inappropriate Child Placements in Welfare, Juvenile Justice Systems to Obtain Mental Health Care (2003). *Psychiatric Services*, 54, 923.
Keywords: Health/Welfare
Reprint: Not in File
2. Aboriginal Task Force, U. W. o. W. (2004). *Eagle's Eye View: An Environmental Scan of the Aboriginal Community in Winnipeg*. Winnipeg: United Way of Winnipeg.
Keywords: Aboriginal Peoples/Population Demographics/Winnipeg
Reprint: In File
Abstract: This publication was prepared by the members of the Aboriginal Task Group of the United Way of Winnipeg and covers an environmental scan or "eagle's eye view" of the Aboriginal community in Winnipeg. The scan provides a holistic, comprehensive, and integrated body of information on the urban Aboriginal community. It includes information from a number of existing resources, from interviews and focus groups, and presents this information without analysis using a culturally grounded framework called the "Aboriginal Life Promotion Framework."
3. Abramovitz, R. & Bloom, S. L. (2003). Creating Sanctuary in Residential Treatment for Youth: From the "Well-Ordered Asylum" to a "Living-Learning Environment." *Psychiatric Quarterly*, 74, 119-135.
Keywords: Adolescents/Children/Youth
Reprint: In File
Abstract: Abramovitz and Bloom, two leading researchers in residential group care address the need for a coherent conceptual therapeutic approach to guide work with disturbed children and adolescents in residential treatment centers. They identify changes in the population currently in care; examine two dominant approaches that historically shaped the standard treatment models used by most residential centers; and discuss four longstanding debates that have complicated the development of a consistent therapeutic approach for residential programs. They conclude with a description of "The Sanctuary Model." Integrating a variety of treatment approaches, this trauma-based systems approach to care was first used with adult inpatients traumatized as children. It is now being introduced by a major social agency into three of its residential centers to provide a systematic treatment model for use in their schools, living units, and treatment sessions (Journal Abstract).
4. Acker, G. M. (2004). The Effect of Organizational Conditions (Role Conflict, Role Ambiguity, Opportunities for Professional Development, and Social Support) on Job Satisfaction and Intention to Leave Among Social Workers in Mental Health. *Community Mental Health Journal*, 40, 65-73.
Keywords: Health
Reprint: In File
Abstract: This study examined the relationships between the organizational conditions of social workers practicing in mental health agencies and their job satisfaction and intention to leave. A sample of 259 social workers, practicing in sixteen mental health agencies in New York State completed a questionnaire that included several measures: role conflict, role ambiguity, social support, extent of opportunities for professional development, type of work activities, job satisfaction and intention to leave. Results showed that the organizational conditions are strong predictors for job satisfaction and intention to leave. The author suggests that it is possible to find an appropriate balance between the professional expectations of social workers and the business-drive aspects of the mental health care environment (Journal Abstract).

5. Alaska Comprehensive and Specialized Evaluation Services (2002). Children and Youths Needs Assessment: Information from DHSS Databases and Key Informants. University of Alaska Anchorage [On-line]. Available: <http://www.alaska.net/~amhb/Executive%20Summary%20CAYNA%203.pdf>
Keywords: Children/Needs Assessment/Youth/Health
Reprint: In File
Abstract: This US source was completed by the Alaska Comprehensive and Specialized Evaluation Services, who was contracted by the Department of Health and Social Services (DHSS) to conduct a needs assessment about the service needs of Alaska children and youth. This needs assessment was to collect comprehensive data about all aspects of care delivery to help the Alaska DHSS and its relevant Divisions refine and expand existing services to care more optimally for children and youth in need of mental health or substance abuse treatment.

6. Altshuler, S. J. & Poertner, J. (2002). The Child Health and Illness Profile-Adolescent Edition: Assessing Well-Being in Group Homes or Institutions. *Child Welfare, LXXXI*, 495-513.
Keywords: Adolescents/Children/Children-in-care/Health/Perceptions/Youth
Reprint: In File
Abstract: The main focus of this research was on the well-being of children in care, specifically in group residential settings. It looks at youths' perceptions regarding their satisfaction in a number of different health related areas. Data was collected using the Child Health and Illness Profile-Adolescent Edition (CHIP-AE) tool, a new standardized instrument, administered to 63 adolescents living in group homes or institutions. Youth reported high levels of satisfaction with their physical health, resilience and problem solving skills, and academic achievement. Youth reported low levels of self-esteem, emotional comfort and psychosocial stability, family involvement and work performance. They also took more risks, had more threats to achievement and had poorer peer influences than other youth. The authors argue that the CHIP-AE tool has potential usefulness for assessing the health and well-being factors for youth living in group homes and institutions.

7. Altshuler, S. J. (2003). From Barriers to Successful Collaboration: Public Schools and Child Welfare Working Together. *Social Work, 48*, 52.
Keywords: Child Welfare/Children/Foster Care/Welfare
Reprint: Not in File
Abstract: Few mechanisms exist to support successful collaboration between public schools and child welfare agencies. One unfortunate consequence is that the children ostensibly being served by either system often end up receiving inadequate services from both systems. Focus groups were held with caseworkers, educators, and students to learn how the two systems can work more collaboratively. This article reports on the barriers and successful practices identified by the participants that affect the educational functioning of students living in foster care. The article concludes with the participants' recommendations for practices and policies to improve collaborative efforts between the two systems.

8. Altshuler, S. J. (1997). A Reveille for School Social Workers: Children in Foster Care Need our Help! *Social Work in Education, 19*, 121-128.
Keywords: Child Welfare/Children/Children-in-care/Education/Foster Care/Welfare
Reprint: In File
Abstract: This US based article discusses research in child welfare that demonstrated the educational problems that children in care face. Discussions of implications for school social work practice to address the needs of these children; statistics on the increased number of children in foster care from 1986-1993; school performance of children in foster care.

9. Alwon, F. & Reitz, A. (2000). *The Workforce Crisis in Child Welfare*. Washington, DC: Child Welfare League of America.
Keywords: Child Welfare/Welfare/Workforce
Reprint: In File
Abstract: This document briefly highlighted the crisis in the child welfare workforce as well as issues discussed at the 1999 Child Welfare League of America symposium on the crisis. It provides a good discussion of the issues and innovative ideas currently being used in the field.

10. Alwon, F. J. & Reitz, A. L. (2000). Empty Chairs: As a National Workforce Shortage Strikes Child Welfare. *Children's Voice, 9*, 35-37.
Keywords: Child Welfare/Welfare/Workforce
Reprint: In File
Abstract: The authors described workforce issues in child welfare and child care and listed keys for success in

recruiting and retaining child welfare workers. This is a basic article on the workforce crisis in child welfare and is a good reference point for collecting research on workforce issues.

11. Anderson, M. & Gobeil, S. (2002). *Recruitment and Retention in Child Welfare Services: A Survey of Child Welfare League of Canada Member Agencies*. Ottawa, ON: Centre of Excellence for Child Welfare.
Keywords: Canada/Child Welfare/Recruitment and Retention/Welfare/Child Welfare Workers/Workforce
Reprint: In File
Abstract: A shortage of trained, competent child welfare workers is hampering the ability of organizations and governments to build the organizational capacity needed to deliver high quality services. Canadian child welfare organizations are aware of these systemic issues and are beginning to adopt proactive measures. The planning and preparation of workforce strategies is an essential step to ensuring that agencies have the capacity to develop a workforce with the skills and knowledge needed in the increasingly complex, demanding climate in which today's child welfare services are being evaluated. The Child Welfare League of Canada collaborated with the McConnell Foundation to commission this research with the intentions of providing: (1) a snapshot of the scope and nature of factors contributing to the current and anticipated shortage among child welfare workers being faced by CWLC member agencies; (2) to identify areas of congruence between the findings in the literature and the experiences of a selection of child welfare agencies across the country; (3) to identify some of the strategies being implemented within agencies to address the shortage; (4) to assist CWLC in determining appropriate actions to be taken in response to what agencies are now experiencing as well as what support/strategies they perceive they will need in the future; and (5) to allow for sharing of information within CWLC (Adapted from Overview/Context, p.2).
12. Anglin, J. (2003). Staffed Group Homes for Youth: Towards a Framework for Understanding. In K.Kufeldt & B. McKenzie (Eds.), *Child Welfare: Connecting Research, Policy and Practice*. (pp. 191-201). Waterloo, ON: Wilfrid Laurier University Press.
Keywords: Youth/Child Welfare/Welfare/Residential Care
Reprint: In File
Abstract: This chapter looks at residential care in staffed group homes in the province of British Columbia and the desirability and appropriate use of this service for youth in care.
13. Anglin, J. P. (2001). *The Residential Group Care Services for Children and Youth Review*.
Keywords: Children/Jurisdiction/Residential Care/Youth
Reprint: In File
Abstract: This report provides a good overview of other jurisdictions' concerns with the effectiveness of residential care services for children and youth. It emphasizes a need for more inclusive involvement by the Yukon First Nations in co-planning group care programs for children and youth requiring out of home placement; that a new system of care will need to be more diverse; that a "culture of quality" needs to be implemented in and across all out of home placements; and that a "culture of advocacy" should be at the heart of it too.
14. Anglin, J. P. (2004). Creating "Well-Functioning" Residential Care and Defining Its Place in a System of Care. *Child & Youth Care Forum*, 33, 175-192.
Keywords: Residential Care/Foster Care
Reprint: In File
Abstract: Anglin presents a model to understanding elements and dynamics of group residential care spaces that are "well-functioning" using grounded theory. The study was conducted with 10 group care residences over a 14 month period. Seven characteristics related to the differential use of foster care and residential care are presented. Five key processes suggest as necessary for the creation of a system of care for young people are offered for consideration.
15. Annie E. Casey Foundation (2003). *The Unsolved Challenge of System Reform: The Condition of the Frontline Human Services Workforce*. Baltimore: Annie E. Casey Foundation.
Keywords: Children/Youth/Child Welfare/Welfare
Reprint: In File
Abstract: This report provided a comprehensive picture of the workforce ultimately charged with serving America's children and youth. The authors collected information through a survey (using a random digital dial telephone survey methodology) from a sample that represented the estimated 3 million workers in front-line, supervisory, and management positions providing services in child welfare, juvenile justice, child care, employment and training, and youth services agencies. This report substantiated many concerns of those who work in child

16. Arieli, M., Beker, J., & Kashti, Y. (2002). Residential Group Care as a Socializing Environment: Toward a Broader Perspective. *Child & Youth Care Forum*, 30, 403-414.
Keywords: At Risk/Child Welfare/Children/Residential Care/Welfare/Youth
Reprint: In File
Abstract: The validity of residential group care has been questioned as an intervention modality with children and youth at risk. Yet residential group care in other settings - i.e. residential "prep" schools - are rarely questioned and continues to be the method of choice for developing children of the elite. This article examines group care generically and attempts to bring implications from programs in the latter category to bear on those in the former. The authors argue that child welfare practitioners have much to learn in terms of broadening their understanding of what can work for children and youth in residential care settings.
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Reprint: In File
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Keywords: Education/Children/Foster Care/Youth/Special Needs/School Performance/Health/Welfare
Reprint: In File
Abstract: This article identifies the increase in numbers of children in foster care, the special needs that many children have, and the impact those needs have on their school performance. Ayasse also describes the efforts of California Foster Youth Services (FYS) to address these special needs. Foster children perform at or above grade level in smaller numbers than do their peers and have a higher need for special education services, yet less than half actually receive services. These discrepancies are largely explained by multiple school placements, the frequent residential transfer of foster care children, and the lack of continuity of services and care. In addition, children in foster care often have behavioral and academic problems as a result of neglect and abuse. In general, neglected children experience more severe academic deficits than do abused children. Foster Youth Services aims to improve the academic performance of foster care children through the implementation of four service components: school placement/student advocacy, tutoring, counseling, and employment readiness. FYS programs integrate multiple agencies to encourage the success of foster children, including schools, foster families, caseworkers, or probation officers. The most important component of FYS services is the tracking of school transcripts, immunization records, IEP documents, and past credits for each child, which ensures a smooth transition between educational agencies. In addition, FYS provides one-on-one tutoring, develops behavior modification plans, and places a high premium on high school graduation. The success of FYS's approach has been evaluated by Seashore, the California Health and Welfare Agency, the California Health and Welfare Agency, the California Department of Education, and the Children's Services Foundation. All the studies found that children in foster care who had received services from FYS had improved academic performance, decreased behavior problems, lower drop-out rates, and more successful transitions to employment or higher education (Journal abstract).
20. Badry, D. & Chouinard, I. (2003). *Fetal Alcohol Spectrum Disorder - International Research and Practice Inventory: Focus on Prevention and Intervention*. Calgary, AB: Faculty of Social Work, The University of Calgary.
Keywords: Canada/Children/Education/Poverty/United States/Women
Reprint: In File
Abstract: This is a literature scan on the available research and resources outside of Canada regarding Fetal Alcohol Spectrum Disorder. The primary focus of the search was in the areas of prevention and intervention. The authors note that the current literature emerges from the medical field. The notion that FASD is entirely preventable through abstinence from alcohol during pregnancy is a common thread within the literature. The recognition of social issues such as alcoholism, poverty, oppressive social

structures and systems that are distinctly related to the birth of children with FASD is not given a voice in the literature. There are underlying reasons why women drink during pregnancy and this requires further examination. Past and current research has tended to focus on the teratogenicity of alcohol and on observed disabilities in children exposed to alcohol during pregnancy. Recognition that best practices in prevention are lacking is the driving force behind some of the research projects currently under way. A review of the current literature in regards to research and activities towards prevention and intervention of FASD uncovered only a few publications. There are existing programs highlighted in this report that are currently being implemented and evaluated for success rates. Most research in this field tends to concentrate in the United States, whereas other countries appear to focus research efforts in the description of FASD and also in providing this information in support to families. The authors also note that as a source of information, the World Wide Web stands out as a primary source of knowledge regarding FASD. There are many credible organizations with websites that have done a great deal to promote solid education regarding FASD. However, it should be noted that information on the web should be scrutinized in terms of its claims of truth or knowledge regarding FASD. International sources that were found on the Internet promoted family advocacy and support and did not reveal information about ongoing research, and this is either due to lack of information, or information presented in another language. International links are documented within this report. In summary, the authors state that research on prevention and intervention is only at an early beginning stage. Most of the information found in this report refers to ongoing programs who are just starting to evaluate the quality of different interventions. The need for prevention has been thoroughly identified, while the scope and focus on actual prevention programs remains narrow. Within the scope of this search the great majority of activities are focused on prevention, while information on the actual interventions at different ages and stages is extremely limited. This suggests that a focus in future research should be directed towards implementation and evaluation of intervention programs (adapted from the Executive Summary, p.4-5).

21. Baker, J. (2003). Family Secrecy: A Comparative Study of Juvenile Sex Offenders and Youth with Conduct Disorders. *Family Process, 42*, 105.
Keywords: Youth
Reprint: Not in File
Abstract: The reported research was designed to compare adjudicated male juvenile sexual offenders and youth with conduct disorders on five aspects of family secrecy and deception. Twenty-nine male juvenile sex offenders and 32 comparison youth from three child welfare agencies in New York State participated in the study. Research assistants, blind to the hypotheses of the study and status of the youth, coded agency records for five variables identified a priori as a basis of comparison. Analyses revealed that the two groups were different on three of the five and on the total number of items scored. Families of juvenile sex offenders told more lies, had more family myths, and were more likely to be involved in taboo behavior. Logistic regression revealed that this factor of family deception significantly increased the odds of sexual offending over and above other measures of family pathology. These data support the hypotheses of the study and have implications for both clinical practice and future research in this area.

22. Bala, N. (2003). *Youth Criminal Justice Law*. Toronto, ON: Irwin Law Inc.
Keywords: Administration/Criminal Justice/Youth/Canada
Reprint: In File
Abstract: This timely book, by one of Canada's leading scholars of youth justice, is a succinct and authoritative introduction to an important, controversial area of Canadian law. Our response to young persons who violate criminal law is profoundly significant not simply for those who are directly involved in the process, but also for society as a whole. The focus of the book is on the new *Youth Criminal Justice Act* (Bill C - 7), which replaced the *Young Offenders Act* in April of 2003. This new statute is a complex piece of legislation that changes many of the fundamental principles and specific rules that govern youth justice issues, while at the same time continuing some of the features of the old law. As well as examining the new statute, the book also provides a discussion of the broader political and social issues that affect families and youth, and it explores some of the ethical and practical issues that confront lawyers and other professionals working in the youth justice system (Publisher's Abstract).

23. Bala, N. & Anand, S. (2004). The first months under the Youth Criminal Justice Act: A survey and analysis of case law. *Canadian Journal of Criminology and Criminal Justice, 46*, 251-271.
Keywords: Youth/Youth Criminal Justice Act/Criminal Justice
Reprint: In File
Abstract: The Youth Criminal Justice Act was enacted to reduce the use of court and incarceration for young offenders who commit less serious crimes, while making it easier to impose adult sanctions on those youths who commit the most serious violent offences. Preliminary reports indicate that the act has resulted in significant increases in community-based responses to youth crime. Most judges seem to recognize that the

YCJA makes proportionate accountability the dominant sentencing principle, although they also recognize the YCJA's limitations on the use of custody and rehabilitative principles. Further, a Quebec Court of Appeal judgment ruled unconstitutional some of the "get tough" provisions of the act that were intended to facilitate the imposition of adult sanctions for the most serious violent young offenders; but that decision also indicated that youth courts should "balance" accountability concerns with a consideration of the needs of young offender (Journal abstract).

24. Balla, M. (2002). Editorial: Recruitment and Retention in Child Welfare Services. *Canada's Children / Les enfants du Canada*, 3-6.
Keywords: Child Welfare/Recruitment/Recruitment and Retention/Retention/Welfare
Reprint: In File
25. Barnhorst, R. (2004). The Youth Criminal Justice Act: New Directions and Implementation Issues. *Canadian Journal of Criminology and Criminal Justice*, 46, 231-250.
Keywords: Youth/Youth Criminal Justice Act/Criminal Justice
Reprint: In File
Abstract: This article explains some of the Youth Criminal Justice Act's key provisions and policy directions. It also identified implementation issues that can significantly influence how the youth justice system operates under the YCJA. Major objectives of the Act include reducing the use of youth court and reducing the use of incarceration.
26. Bath, H. (2001). The Role and Future of Residential Care in Out-Of-Home Care. In *Finding a Place Forum, Community Services Commission and Association of Children's Welfare Agencies, October 17, 2001 Sydney*. Sydney, AUS.
Keywords: Residential Care/Out-Of-Home Care/Children/Welfare
Reprint: In File
Abstract: Out of Home trends in Australia using statistical data
27. Bednar, S. G. (2003). Elements of Satisfying Organizational Climates in Child Welfare Agencies. *Families in Society: The Journal of Contemporary Human Services*, 84, 7-13.
Keywords: Child Welfare/Welfare
Reprint: In File
28. Bellarosa, C. & Chen, P. Y. (1997). The Effectiveness and Practicality of Occupational Stress Management Interventions: A Survey of Subject Matter Opinions. *Journal of Occupational Health Psychology*, 2, 247-262.
Reprint: Not in File
Abstract: Stress management (SM) subject matter experts (SMEs) evaluated 6 widely used occupational SM interventions (relaxation, physical fitness, cognitive restructuring, meditation, assertiveness training, and stress inoculation) on the basis of 10 practicality criteria and 7 effectiveness objectives. Relaxation was evaluated overall as the most practical intervention, while meditation and stress inoculation were judged as the least practical. Physical fitness was chosen to be the most effective intervention, while both meditation and assertiveness training were rated overall as the least effective. The findings also revealed that the SMEs considered history of success and duration of effect, rather than "relevance to program objectives," as the most important factors when selecting SM interventions. Incongruence between effectiveness ratings and actual choices of interventions are discussed (Journal Abstract).
29. Bennett, M. & Blackstock, C. (2002). *First Nations Child and Family Services and Indigenous Knowledge as a Framework for Research, Policy and Practice*. Winnipeg, MB: Centre of Excellence for Child Welfare, First Nations Child and Family Caring Society of Canada.
Keywords: Child and family services/Winnipeg/Child Welfare/Welfare/Canada/Aboriginal Peoples/Manitoba/Aboriginal children/Children
Reprint: In File
Abstract: This article looks at colonization of Aboriginal peoples through the child welfare systems of the past and the process of conducting research from a post-colonial perspective. It reviews the research framework of the First Nations Research Site, a partnership initiative developed with the Centre of Excellence for Child Welfare and the Universities of Manitoba and Toronto. The First Nations Child & Family Caring is an organization that represents approximately 120+ First Nations Child Welfare agencies currently operating in Canada. This Aboriginal organization, through the work of its First Nations Research Site, supports Indigenous knowledge as an important element in the policy, research and practice elements of child welfare delivery to Aboriginal children, families and communities in Canada.

30. Berger, L. M. (2004). Income, Family Structure, and Child Maltreatment Risk. *Children and Youth Services Review, 26*, 725-748.
 Keywords: Child Maltreatment/Child Well-being/Children/Family Structure/Low-Income Parents/Single-Parent Families/Welfare/Youth
 Reprint: In File
 Abstract: This paper uses data from the National Longitudinal Survey of Youth to explore the effects of income, family structure, and public policies on several indicators of child maltreatment. Results suggest that income and family structure affect a family's overall risk of child maltreatment, and that these factors differentially affect various outcome measures. In particular, income impacts routine medical and dental care, the quality of the caregiving environment, and to a lesser extent, spanking behaviours. Single-parent families and families with a biological mother and non-biological father figure tend to have lower quality care giving environments than mother-father families, and single-mother families with working mothers are at even greater risk of poor caregiving. Finally, this analysis provides some tentative evidence that higher welfare benefits and lower unemployment rates may serve as protective factors for children (Journal abstract).
31. Bianchi, S. M. (1995). The Changing Demographic and Socioeconomic Characteristics of Single Parent Families. *Marriage and Family Review, 20*, 71-97.
 Keywords: Single-Parent Families
 Reprint: In File
32. Bittle, S., Quann, N., Hattem, T., & Muise, D. (2002). *A One-Day Snapshot of Aboriginal Youth in Custody Across Canada*. Ottawa, ON: Department of Justice Canada.
 Keywords: Aboriginal Youth/Youth/Canada/Jurisdiction
 Reprint: In File
 Abstract: There is limited empirical research that documents the over-representation of Aboriginal youth in the youth justice system. The central goal of this study was to determine the precise incarceration rates for Aboriginal and non-Aboriginal youth in Canada using a "snapshot" method. This snapshot data comes from a standardized Youth Information Form that was completed by all youth in custody in each province and territory on the Snapshot Day. The jurisdiction agreed to collect the data using a combination of manual file reviews, extractions from automated systems and interviews with youth. In addition, all custody facilities in each province and territory completed a standardized Facility Information Form, which provided details of the custody institutions. Most of the jurisdictions collected Snapshot Data on May 10, 2000. Ontario and New Brunswick conducted the snapshot on June 10, 2000 and May 24, 2000 respectively.
33. Blackstock, C., Trocme, N., & Bennett, M. (2004). Child Maltreatment Investigations Among Aboriginal and Non-Aboriginal Families in Canada. *Violence Against Women, 10*, 901-916.
 Keywords: Canada/Canadian Aboriginal Families/Child Maltreatment/Child Neglect Intervention/Children/Out-Of-Home Care/Poverty
 Reprint: In File
 Abstract: This comparative analysis of Aboriginal and non-Aboriginal families uses a 1998 Canadian study of child maltreatment cases to identify important differences: Aboriginal families face worse socioeconomic conditions, are more often investigated because of neglect, less often reported for physical or sexual abuse, and report higher rates of substance abuse. At every decision point in the cases, Aboriginal children are over-represented: investigations are more likely to be substantiated, cases are more likely to be kept open for ongoing services, and children more likely to be placed in out-of-home care. Findings suggest the development of neglect intervention programs that include poverty reduction and substance misuse components (Journal Abstract).
34. Blankertz, L. & Robinson, S. (1997). Who is the Psychosocial Rehabilitation Worker? *Psychiatric Rehabilitation Journal, 19*, 3-13.
 Reprint: Not in File
 Abstract: Staff turnover is an important topic for community mental health administrators. This paper reports on turnover intentions of PSR workers, a rapidly growing sector of the community mental health labor force as reported in a nationwide survey. A predictive model of intended turnover, suggested by literature in the field as well as study finding, included worker characteristics, job characteristics and worker attitudes. It was found that seven variables predicted intended turnover: younger age, higher emotional exhaustion, a feeling of lower job fulfillment, the lack of a perception of a career path, having a master's degree, having held a previous job in PSR and working with clients who have both a mental illness and AIDS. To assist agencies in reducing turnover, organizational policies and recommendations for staff development are discussed (Journal Abstract).

35. Blome, W. W. (1997). What Happens to Foster Kids: Educational Experiences of a Random Sample of Foster Care Youth and a Matched Group of Non-Foster Care Youth. *Child and Adolescent Social Work Journal, 14*, 41-53.
 Keywords: Foster Care/Youth
 Reprint: In File
 Abstract: Older youth often age out of foster care when they reach 18 or 21. Then what happens to them? How do their educational experiences during and after high school compare with children raised in intact families? This study used existing longitudinal data from 1980 through 1986 to investigate the high school and post high school experiences of a group of foster care youth and a matched group of youth living with at least one parent. The results were unequivocal: the foster youth dropped out of high school at a much higher rate and were significantly less likely to have completed a GED. The foster care high school graduates received significantly less financial assistance for education from their parents or guardians. Foster youth reported more discipline problems in school and experienced more educational disruption due to changing schools. They were significantly less likely to be in a college preparatory high school track. The adults in the lives of the foster care youth were less likely to monitor homework. These findings have important implications for child welfare policy and practice (Journal Abstract).
36. Bloom, S. L. (2000). Creating Sanctuary: Healing from Systemic Abuses of Power. Therapeutic Communities. *The Journal for Therapeutic and Supportive Organizations, 21*, 67-101.
 Reprint: In File
 Abstract: This paper describes a short-term modified therapeutic milieu program call *The Sanctuary*, designed specifically for the treatment of trauma-related disorders in adults. The relationship between a trauma-based model and the therapeutic milieu model are explored. The fundamental assumptions that inform the treatment model are outlined as well as the goals of treatment (Journal Abstract).
37. Boland, F., Duwyn, M., Serin, R., & Burrill, R. (1998). *Fetal Alcohol Syndrome: Understanding its impact*. Ottawa, ON: Correctional Services Canada.
 Keywords: Canada
 Reprint: In File
 Abstract: This report reviews the literature on Fetal Alcohol Syndrome from the perspective of the implications this condition might have for the criminal justice system and for Correctional Service Canada. The report is presented in three parts. Part I provides a basic background about the disorder. Part II traces the course and consequences of this condition, including the connection to delinquency and crime. Part III considers the possibility of identifying fetal alcohol syndrome and related effects in individuals who come in contact with the criminal justice system, and how institutional and post-release programs might best fit their needs.
38. Boland, F., Duwyn, M., & Serin, R. (2000). Fetal Alcohol Syndrome: Understanding its impact. *Forum on Corrections Research, 12*, 16-18.
 Reprint: In File
39. Brand, A. E. & Brinish, P. M. (1999). Behavior Problems and Mental Health Contacts in Adopted, Foster, and Non-Adopted Children. *Journal of Child Psychology and Psychiatry, 40*, 1221-1229.
 Keywords: Children/Health/Child Welfare/Welfare/United States
 Reprint: In File
 Abstract: The implications of adoption for the emotional and behavioral adjustment of children have been an issue in child welfare for many years. Past research has suggested that adopted children are over-represented in mental health settings. In addition, some studies have suggested that adopted and non-adopted children differ on measures of social, emotional, behavioral, and cognitive functioning. The current study used data from a large, representative sample in the United States to examine whether adopted children are more likely to have had mental health contacts or emotional or behavioral problems than non-adopted children. Age of placement in the adoptive home was examined as a variable contributing to the adjustment of adopted children. Results suggest that adopted and foster children are more likely to have mental health contacts than non-adopted children. Results are mixed regarding whether adopted and foster children have more behavior problems than non-adopted children. However, significant differences between adopted, foster, and non-adopted children disappeared when a small group of influential cases were removed. This suggests that the differences seen between the groups reflect a small number of cases and are not representative of the groups of adoptees and foster children as a whole. The vast majority of adopted children showed patterns of behavior problems similar to those of non-adopted children. These results are discussed in relation to the past literature and areas for future research (Journal Abstract).

40. Briggs, F., Broadhurst, D., & Hawkins, R. (2004). *Violence, Threats and Intimidation in the Lives of Professionals Whose Work Involves Children*. (Rep. No. 273). Canberra, AUS: Australian Institute of Criminology.
 Keywords: Violence/Children
 Reprint: Not in File
 Abstract: Violence, threats and intimidation confront many professionals working in the area of child protection. The research described in this paper is the first of its kind in Australia. The results reveal that workers across a range of professions may be subjected to a variety of stressful and damaging behaviours that can impact on their long-term ability to protect children. The emotional and health effects can lead to physical and psychological illness and "burn-out" which, in turn, may lead to absence from work, transfer and even resignation. Given the potential social and economic costs to society, the issues highlighted in this study require follow up (Adapted from Abstract).
41. Brownell, M., Martens, P., Kozyrskyj, A., Fergusson, P., Lerfald, J., Mayer, T. et al. (2001). *Assessing the Health of Children in Manitoba: A Population-Based Study* Winnipeg, MB: Manitoba Centre for Health Policy and Evaluation, Department of Community Health Sciences, Faculty of Medicine, University of Manitoba.
 Reprint: In File
 Abstract: This report provides a large body of information which contributes to an understanding of some but not all the factors that enhance or diminish the health of Manitoba children. The main purpose of the report is to help others by making health data available to Regional Health Authorities, other policy makers, researchers and citizens in developing their own research and program priorities for improving child health. The report is divided into ten chapters. Chapter 1 explains how the province is broken up for data-reporting purposes. Most of the findings are broken down by regions within Manitoba and most of the tables and figures present data for each of the province's twelve Regional Health Authorities. Winnipeg is further broken down into twelve community areas. Chapter 2 discusses demographics and conceptual frameworks while Chapter 3 provides information on children being born in Manitoba. Chapter 4 focuses on the reproductive health issues for adolescents. Chapter 5 looks at the health status of children including childhood acute-chronic conditions. Chapter 6 looks at injury while Chapter 7 reviews the utilization of children in the health care system and Chapter 8 looks at quality of care issues for Manitoba children.
42. Brzozowski, J.-A. (2004). *Family Violence in Canada: A Statistical Profile 2004* Ottawa, ON: Statistics Canada, Canadian Centre for Justice Statistics.
 Keywords: Canada/Canadian Families/Children/Family Violence/Violence/Youth
 Reprint: In File
 Abstract: This is the seventh annual *Family Violence in Canada: A Statistical Profile* report produced by the Canadian Centre for Justice Statistics under the Federal Family Violence Initiative. This annual report provides the most current data on the nature and extent of family violence in Canada as well as trends over time as part of this ongoing initiative to inform policy makers and the public about family violence issues. Each year the report has a different focus. This year, the focus is on sentencing in cases of family violence, compared to non-family violence cases. This report examines the role of the victim-offender relationship on sentencing outcomes by linking police and court statistical records from the Incident-based Uniform Crime Reporting (UCRS) Survey and the Adult Criminal Survey (ACCS). The report also analyzes spousal violence, violence against children and youth and violence against older adults by utilizing police-reported, victimization, and homicide data (Introduction, p.4).
43. Buchwitz, R. & Stark, L. (2001). *Alternatives to Apprehension: Education, Action, and Advocacy*. The Society to Support Family Bonding and Healing and DAMS (Drug and Alcohol Meeting Support for Women).
 Keywords: Child Protection System
 Reprint: In File
 Abstract: This research, funded by the Law Foundation of BC and supported by the Legal Services Society of BC is a comprehensive review of different legislation and policies with respect to child protection. It explores alternatives to child protection policies and practices in BC that would be more effective in keeping families together while still protection children. The report recommends a number of changes needed that would improve the situation for children and families in BC.
44. Burd, L., Selfridge, R. H., Klug, M. G., & Juelson, T. (2003). Fetal Alcohol Syndrome in the Canadian Corrections System. *Journal of FAS International*, 1, 1-10.
 Keywords: Health
 Reprint: In File
 Abstract: *Background:* The availability of services for diagnosis and management of people with Fetal Alcohol Syndrome (FAS), Alcohol Related Neurodevelopmental Disorder (ARND), or Fetal Alcohol Effect (FAE) in the

Canadian corrections system is currently unknown. *Methods:* Each province's or territory's corrections system was asked to complete a questionnaire on the demographics of the population and services related to FAS. Responses were obtained from eleven of the thirteen provinces or territories invited to participate. Results: The provinces and territories reported a total population of offenders of 148,797. In the eleven responding entities, the mean rate of substance abuse was 50.5%. Of the total population, 13 inmates had a reported diagnosis of FAS for a prevalence rate of 0.087 per 1,000 population. In the Yukon Territory the correction system estimated that 2.6% of offenders had FAS. None of the entities reported having a screening program for FAS in the corrections system. Three out of eleven entities (27.3%) reported having access to diagnostic services for FAS. The staff training needs reported in this study were very substantial. *Interpretation:* Corrections systems reported few diagnosed cases of FAS and multiple unmet needs to screen, identify, and manage offenders with FAS. Further research is required to identify strategies for low cost expansion of services to screen, identify, and manage offenders with FAS. These studies should also examine the potential impact of these services to increase the success rates of substance abuse treatment, other intervention programs, and the potential to decrease recidivism. The North Dakota Fetal Alcohol Syndrome Center, University of North Dakota School of Medicine and Health Sciences.

45. Byrne, C. (2005). The Criminalization of Fetal Alcohol Syndrome. The Asante Centre [On-line]. Available: http://www.asantecentre.org/pdf/Criminalization_of_FAS.pdf
Keywords: Criminal Justice/Fetal Alcohol Spectrum Disorder
Reprint: In File
Abstract: Caron Byrne BA MSc MD wrote this discussion paper to address why many persons with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE) end up in the criminal system.
46. Cameron, G., Freymond, N., Cornfield, D., & Palmer, S. (2001). Positive Possibilities for Child and Family Welfare: Options for Expanding the Anglo-American Child Protection Paradigm. Partnerships for Children and Families Project [On-line]. Available: http://info.wlu.ca/pcfproject/pdf/theme_papers/positive.pdf
Reprint: In File
Abstract: This publication provides a refreshing perspective that looks at the supposed superiority of Anglo-American child protection paradigm within Ontario. This paradigm, the authors state, is understood from a particular configuration rooted in Anglo-American visions for children, families, community and society. Other settings they say have constructed quite different responses that reflect their own priorities and desired outcomes. It covers the broad service patterns and issues in Canada
47. Campaign 2000 & Hubberstey, C. (2004). *One Million Too Many: Implementing solutions to Child Poverty in Canada - 2004 Report Card on Child Poverty in Canada*. Campaign 2000.
Keywords: Poverty/Children/Canada
Reprint: In File
Abstract: Fifteen years ago the House of Commons unanimously resolved to "seek to achieve the goal of eliminating poverty among Canadian children by the year 2000." In the midst of a growing economy more than one million children, or nearly one child in six, still live in poverty in Canada according to Campaign 2000, a non-partisan, cross Canada network of over 90 national, provincial and community partner organizations committed to working together to end child and family poverty in Canada. According to their latest report card on poverty in Canada, nearly one in six Canadian children still remain in poverty. Not only is Canada's record on child poverty actually worse than it was in 1989, Canada's rate of poverty jumped for the first time in 2002, following five straight years of decline.
48. Canadian Centre for Justice Statistics (2001). *Children and Youth in Canada*. Ottawa, ON: Statistics Canada.
Keywords: Canada/Children/Juvenile Delinquency/Youth/Profiles/Criminal Justice
Reprint: In File
Abstract: This paper is one in a series of ten profiles funded through the federal Policy Research Initiative. The primary objective of these profiles is to provide data analysis on the experience of various groups as victims and offenders in the criminal justice system. This document provides statistical information about children and youth involved in the youth criminal justice system across Canada.
49. Canadian Council on Social Development (2002). *The Progress of Canada's Children 2002: Highlights*. Canadian Council on Social Development.
Keywords: Canada/Children/Profiles
Reprint: On Request 12/10/04

50. Canadian Institute of Child Health (2000). *The Health of Canada's Children - Third Edition*. Ottawa, ON.: Canadian Institute of Child Health.
Keywords: Canada/Children/Health
Reprint: In File
51. Carney, M. M. & Buttell, F. (2003). Reducing juvenile recidivism: evaluating the wraparound services model. *Research on Social Work Practice, 13*, 551.
Reprint: Not in File
Abstract: Objective: The purpose of this study was to (a) evaluate the relative effectiveness of wraparound services versus conventional services for juvenile delinquent youth and (b) create a predictive model that would assist the juvenile court system in correctly identifying youth at greatest risk of reoffending. Method: The study employed a pre-test/post-test, control group design, with 6-, 12-, and 18-month follow-up assessments, of 141 youth court-ordered into community-based treatment programs for delinquent youth. Results: Analysis indicated that few of the variables studied differentiated between wraparound services recipients and conventional service recipients. However, a logistic regression model was developed that correctly predicted recidivism for 79% of the sample at the 6-month follow-up assessment (chi-square = 27.211, df =6, p = .0001) and 78% of the sample at the 18-month follow-up assessment (chi-square = 16.453, df =8, p = .036). Conclusions: Implications of the findings for improving community-based juvenile diversion programs for delinquent youth were explored and discussed.
52. Carter, T. & Polevychok, C. (2004). *Housing is Good Social Policy* (Rep. No. Research Report F/50). Ottawa, ON: Canadian Policy Research Networks Inc.
Keywords: Housing/Canada/Winnipeg/Education
Reprint: In File
Abstract: In this report, *Housing is Good Social Policy*, Tom Carter, Canada Research Chair in Urban Change and Adaptation at the University of Winnipeg, and Chesya Polevychok, Research Associate, call for the re-integration of housing policy with other sectors of social and economic policy. The paper traces the interaction of housing with health, education, income security, immigration, employment and community development.
53. Castellano, M. B. (2002). *Aboriginal Family Trends: Extended Families, Nuclear Families, Families of the Heart*. Ottawa, ON.: The Vanier Institute of the Family.
Keywords: Canada/Canadian Aboriginal Families/Family Trends
Reprint: In File
Abstract: This paper emphasizes the resilience of Aboriginal families which continue to survive in various traditional multi-generational and extended forms. It speaks of the different trends occurring with Aboriginal families as they knit together connections in urban environments, with Aboriginal people who come from diverse nations and creating "families of the heart". The life stories that the author shares represent some of the trends she has witnessed in Aboriginal family life in Canada. The paper discusses additional details on the traditions that continue to animate Aboriginal families, the historical legacy that they wrestle with, and the pivotal role that family plays in their vision of healthy communities and vibrant citizenship.
54. Cearley, S. (2004). The Power of Supervision in Child Welfare Services. *Child & Youth Care Forum, 33*, 313-327.
Keywords: Child Welfare/Welfare
Reprint: In File
Abstract: This study examines factors influencing the empowerment of child welfare workers. It correlates relationships among workers' perceptions of supervisors' help-giving behaviors, perceptions of agency support, and their perceived empowerment. The research investigated the associations between length of employment and type of educational degree and worker empowerment. The cross-sectional survey design used a sample of 85 child welfare workers. Multiple regression examined the combined influence of the predictor variables on worker empowerment as well as the degree of influence each predictor variable individually had upon the criterion variable, while others were controlled for. Results, confirmed by path analysis and underscored by qualitative responses, indicated that workers perceived their supervisors' help giving behaviours as the only factor that influenced their perceived empowerment. The author discusses implications for practice in human services (Journal abstract).
55. Centre for Social Policy & Chipenda-Dansokho, S. (2004). The Determinants and Influence of Size on Residential Settings for Children. Chapin Hall, Center for Children at the University of Chicago [On-line]. Available: <http://www.dartington.org.uk/documents/Residential%20Settings%20Size.pdf>
Keywords: Children/Residential Care
Reprint: In File

Abstract: This paper examines why residential institutions are the size they are and summarizes research findings on the influence of size on child outcomes and organizational processes. The literature review shows that economic and ideological factors have historically determined the size of residential institutions. More recently, intellectual factors have provided justification for smaller unit size. The research evidence fails - with one exception - to show any correlation between the size of establishment and placement outputs or child outcomes, but seems to support the potential benefits of small units to the experience of students and staff. However, the extent of any effect depends on the context in which the groups operate. A model that considers the size in the context of institutional aims and structures is proposed as a more fruitful approach to understanding the significance of size in service development.

56. Chau, S., Fitzpatrick, A., Hulchanski, J. D., Leslie, B., & Schatia, D. (2001). *One in Five ... Housing as a Factor in the Admission of Children to Care*. Toronto, ON: Centre for Urban and Community Studies.
Keywords: Admission/Child Abuse/Children/Housing
Reprint: In File
Abstract: This report summarizes the findings of a research project designed to determine the extent to which housing is a factor in the decision to place children in care and the decision to return them to their homes. This research replicated a study carried out in 1992. The 2002 survey focused on two key questions asked of family service workers about the housing conditions experienced by clients of the Children's Aid Society of Toronto. The questions were: (1) In your opinion, was the family's housing situation one of the factors that resulted in admission of a child or children into care? (2) In your opinion, was there any delay of the return home of the children from care due to housing-related problems? A premise of this research is that access to adequate and affordable housing will not necessarily prevent child admissions to care. However, adequate housing may: (a) reduce the number of admissions by stabilizing families' living situations in ways that promote children's well-being; and (b) reduce the delay in the return of children to their homes because of housing problems. The study, the authors say, raises broader questions that no study can on its own answer. That is, could the incidence of child abuse and neglect be reduced if more families had access to affordable, adequate, and appropriate housing? This the authors say is a critical question for all child welfare organizations, all levels of government, and the community in general.
57. Cheal, D., Dooley, M. D., Kelly, M., Landy, S., Lipman, E. L., McIntyre, L. et al. (1997). *Canadian Children in the 1990s: Selected Findings of the National Longitudinal Survey of Children and Youth*. National Longitudinal Survey of Children and Youth [On-line]. Available: <http://www.statcan.ca/english/kits/pdf/social/kids1.pdf>
Keywords: Canada/Canadian Families/Children/Family Functioning/Youth
Reprint: In File
Abstract: This short publication produced by Statistics Canada provides an overview of selected research finding on children and their families from the National Longitudinal Survey of Children and Youth (NLSCY). This Canadian study tracks the same children from infancy to adulthood over many years collecting data that will help researchers better understand the factors that influence children's life outcomes. This review provides a selected look at children's families, healthy pregnancies, problems in lone-mother families, stepfamilies and two-parent biological families.
58. Chibnall, S., Dutch, N. M., Jones-Harden, B., Brown, A., Gourdine, R., Smith, J. et al. (2003). *Children of Color in the Child Welfare System: Perspectives From The Child Welfare Community*. United States Department of Health & Human Services [On-line]. Available: <http://nccanch.acf.hhs.gov/pubs/otherpubs/children/children.pdf>
Keywords: Children
Reprint: In File
Abstract: This American study's findings are presented in two sections. The first section presents the findings related to the issue of over-representation. Specifically, this section is focused on the participants' perception of over-representation, including how Federal policies have influenced their ability to work effectively with children and families of color. The second section is focused on examining the types of strategies child welfare agencies have used to meet the needs of children and families of color. It includes information regarding participants' perceptions about what resources would assist agencies to better serve children and families of color, and the types of practices and programs they feel are necessary to reduce over-representation. Finally, it presents information regarding the programs, practices, and strategies that agencies are implementing currently to improve the delivery of services to minority children and families.
59. Child and Family Consultants of San Antonio (1997). *The Birth Family Continuum Model: Uses and Applications for Children in Out of Home Care*. San Antonio, TX: Child and Family Consultants of San Antonio.
Keywords: Children/Out-Of-Home Care/Residential Care/United States

Reprint: In File

Abstract: Report highlighting residential care model being implemented in San Antonio.

60. Child Welfare League of Canada (1995). *The Young Offenders Act, Its Implementation and Related Services: A Child Welfare Perspective. Brief Presented to the Standing Committee on Justice and Legal Affairs*. Ottawa, ON: Child Welfare League of Canada.
Keywords: Child Welfare/Welfare
Reprint: In File
Abstract: This brief was prepared by the Child Welfare League of Canada in response to a review of and changes suggested to the then *Young Offenders Act* proposed by the federal government.
61. Child Welfare League of America (2001). *The Child Welfare Workforce Challenge: Results from a Preliminary Study*. Washington, DC: Child Welfare League of America.
Keywords: Child Welfare/Welfare/Workforce
Reprint: In File
Abstract: This article detailed the findings from a 2000 workforce study conducted by the Alliance for Children and Families, the American Public Human Services Association and the Child Welfare League of America. The study focused on gathering data on the workforce challenge in Child Welfare; about effective recruiting and retention practices; preparing findings to share with the administration and Congress in 2001; and to lay the groundwork for future studies.
62. Child Welfare League of America (2003). *Child Welfare Workforce - Annotated Bibliography*. Child Welfare League of America.
Keywords: Child Welfare/Welfare/Workforce
Reprint: In File
Abstract: This is a bibliography of 71 sources regarding the issue of workforce requirements in child welfare in the United States. This is an ongoing publication of the Child Welfare League of America regarding a number of child welfare matters.
63. Child Welfare League of Canada (2003). *Children in Care in Canada: A Summary of Current Issues and Trends with Recommendations for Future Research*. Ottawa, ON: Child Welfare League of Canada.
Keywords: Child Welfare/Welfare/Children/Children-in-care/Canada/Statistics/Aboriginal children/Special Needs
Reprint: In File
Abstract: This paper was commissioned by the National Children's Alliance of Canada which desired to become more knowledgeable about the status of children in care in Canada. The Child Welfare League of Canada was commissioned to develop an informative position paper for dissemination to the Canadian people, organizations involved in child welfare and governmental representatives interested in moving forward in research and policy development. In addressing the subject of children in care in Canada, the paper looks to answer broad questions; highlight current statistics and gaps in data; highlight key issues and current trends; and identify recommendations for future research. Adherence to, and relevance of, the UN Convention on the Rights of the Child was also addressed. The document highlights that although the number of "children in care" in Canada is increasing every year, legislation, policies and standards of care vary between provinces, territories, and First Nations. Aboriginal children are over-represented as a population within children in care, and many children in care have special needs requiring specific attention. Canada does not yet have a national strategy to address issues of permanency, leaving many children in care in a state of "limbo" (Portions of Abstract adapted from the Introduction and Executive Summary).
64. Chiodo, D., Leschied, A. W., Whitehead, P. C., & Hurley, D. (2003). *The Impact of Violence on Child Outcomes in a Child Protection Sample: Implications for Intervention*. The University of Western Ontario.
Keywords: Child Maltreatment/Child Welfare/Children/Children-in-care/Family Violence/Violence/Welfare
Reprint: In File
Abstract: The impact of family violence is investigated on outcomes involving the adjustment of children related to attachment and behavioural disorders, school-related problems, delinquency, and overall risk. This study examined the rates of child maltreatment in families served by a child protection agency at two time periods (1995 and 2001). Three distinct groups of maltreated children were investigated: children exposed to woman abuse, physically abused children, and children experiencing both physical abuse and exposure to child woman abuse. The results indicate increasing proportions of maltreated children in the care of a child protection agency in the 2001 sample compared to the children in care in 1995. The hypothesis that the effects of children who are exposed to woman abuse compared to children who are physically abused is supported. Children

experiencing both forms of maltreatment experienced poorer adjustment on outcomes of attachment disorder and on a measure of overall risk compared to either form of maltreatment alone. The findings are discussed in terms of child welfare policy and community-based models of service that reflect the outcomes from these forms of maltreatment.

65. Choca, M. J., Minoff, J., Angene, L., Byrnes, M., Kenneally, L., Norris, D. et al. (2004). Can't Do It Alone: Housing Collaborations to Improve Foster Youth Outcomes. *Child Welfare*, 83, 469.
Keywords: Child Welfare/Education/Foster Care/Homelessness/Housing/Welfare/Youth
Reprint: In File
Abstract: Research documents that youth transitioning out of the foster care system experience a variety of negative outcomes, including homelessness. Housing collaborations, which aim to comprehensively address resource and service needs for transitioning youth, including permanent connections, education, and employment, have resulted in innovative programming and forged new relationships among child welfare, social service and housing developers, and providers. This article describes the partners, models, and resources several collaborations used and their progress and outcomes; shares insights gained; and explores productive directions for future work (Child Welfare Journal abstracts: <http://www.cwla.org/articles/cwjabstracts.htm>).
66. Conner, D. F., Doerfler, L. A., Toscano, P. F., Volungis, A. M., & Steingard, R. J. (2004). Characteristics of Children and Adolescents Admitted to a Residential Treatment Centre. *Journal of Child and Family Studies*, 13, 497-510.
Keywords: Adolescents/Children
Reprint: In File
67. Corak, M. (1998). *Labour Markets, Social Institutions, and the Future of Canada's Children* (Rep. No. Catalogue No. 89-553-XIB). Ottawa: Statistics Canada.
Keywords: Canada/Children/Youth
Reprint: In File
Abstract: The contributors to this book examine two broad themes related to the well-being of Canadian youth. First, they document the nature of the labour market facing young adults and how it has changed since the early 1970s. Second, the authors examine how families, communities, and the public sector influence some of the ways in which children become successful and self-reliant adults. The motivation for bringing these essays together has to do with the increasing importance of child well-being in public discourse and the development of public policy. The major message to emerge is that the future of Canada's children is both a good news, and a bad news story. Labour markets have changed dramatically, and on average it is now more difficult to obtain a strong foothold that will lead to increasing prosperity. Many young Canadians, however, are well prepared by their family and community backgrounds to deal with these new challenges and as young parents are in a position to pass this heritage on to their children. However, this has not been the case for an increasingly larger minority, a group whose children in turn may face greater than average challenges in getting ahead in life. A companion volume published in February of 1998 by Statistics Canada called *Government finances and generational equity* examines the operation of government taxes and transfers from a generational perspective, focusing on the conduct of fiscal policy and the relative status of individuals in successive generations.
68. Cote, C., Morrisette, V., McDougall, M., Patchinose, W., Hutomoni, D., Nepetayp, K. et al. (1996). *Risk and Resiliency within the Urban Aboriginal / First Nations Youth Context*. Authors.
Keywords: Aboriginal Youth/Education/Youth
Reprint: In File
69. Courtney, M. E., McMurtry, S. L., & Zinn, A. (2004). Housing Problems Experienced by Recipients of Child Welfare Services. *Child Welfare*, 83, 389-392.
Keywords: Child Welfare/Children/Housing/Out-Of-Home Care/Welfare
Reprint: In File
Abstract: This study uses data on the experiences of families involved with child welfare services to examine the nature of housing problems and needs among these families and whether housing status affects case outcomes. First, the article describes the housing difficulties faced by two distinct child welfare service populations: families receiving voluntary in-home services and families with children in court-ordered out-of-home care. Second, the study demonstrates the relationship between housing problems and the likelihood of family reunification for children in out-of-home care. The findings have implications for the delivery of child welfare services and the provision of housing assistance to low-income families with children (Child Welfare Journal abstracts: <http://www.cwla.org/articles/cwjabstracts.htm>).

70. Crey, E. & Fournier, S. (1998). *Stolen from Our Embrace*. Vancouver, BC: Douglas & McIntyre.
 Keywords: Aboriginal children/Children/Canada/Education
 Reprint: In File
 Abstract: *Stolen from Our Embrace* is the story about the treatment of Aboriginal children in Canada, surveying experiences at early residential schools, the 'Sixties Scoop' and the current recovery of many First Nations' communities. It includes engaging anecdotes and interviews, along with detailed information on government policies that led to the muffling of a vibrant culture. Suzanne Fournier and Ernie Crey also look at the current state of affairs, noting the hope and renewed spirit in a return to traditional healing methods and initiatives in education and social services.
71. Cunningham, A. & Baker, L. (2003). *Waiting for Mommy: Giving a Voice to the Hidden Victims of Imprisonment*. London, ON: Centre for Children and Families in the Justice System.
 Keywords: Adolescents/Children/Hidden Victims/Incarceration/Women
 Reprint: In File
 Abstract: This study is based on an exploratory study of the impact of maternal incarceration on children and adolescents. Little is known about the number of characteristics of Canadian children who are affected by parental incarceration. The goal of the study was to review the available literature, undergo preliminary data collection, to inform the next steps in research and program development. The study used several methodologies: Literature review, survey of incarcerated mothers, survey of mothers after release, interviews of children and adolescents, and a review of program models. Forty-five women were surveyed to learn about their 90 children and adolescents. Using the information collected from these sources, the authors made the following observations: parental separation triggered by incarceration is different than separation for other reasons; separation because of maternal incarceration is more destabilizing for children than paternal incarceration; the stresses and changes associated with maternal incarceration often act on an already challenged family system; children of incarcerated mothers (and fathers) have an elevated vulnerability to criminal behaviour themselves; and, impacts - both emotional and practical - will vary depending on many factors including the age of the child. Finally, certain features of the current system exacerbate the negative impact on children but there are ways to minimize the damage: assure children have safe placements and stable caregivers, find ways for meaningful contact between children and mothers, providing parenting programs, train key professional groups to understand the unique contingencies of parental incarceration, foster meaningful release planning, and help women avoid recidivism (Adapted from the Study's Executive Summary).
72. Cunningham, A. & Baker, L. (2004). *Invisible Victims: The Children of Women in Prison*. Toronto, ON: Voices for Children.
 Keywords: Canada/Children/Incarcerations/Women
 Reprint: In File
 Abstract: Each year, at least 25,000 children across Canada have a mother in prison. Allison Cunningham and Linda Baker of London's Centre for Children and Families in the Justice System present compelling evidence about why these children are among the most vulnerable in our communities. Their groundbreaking study paints a stark portrait of the lives of children who are at higher risk for a troubled adolescence and may increasingly turn to crime as they get older. By understanding the factors that affect how children deal with the experience of having a mother in prison, we can reduce the chance that they will follow the same path. The authors provide thoughtful recommendations for the smaller and larger changes needed to minimize harm and proactively support children whose mothers are in conflict with the law (Article abstract).
73. Cunningham, M. (2003). Impact of Trauma Work on Social Work Clinicians: Empirical Findings. *Social Work*, 48, 451-460.
 Keywords: Social Work
 Reprint: In File
 Abstract: Over the past two decades, social workers have treated trauma survivors in a variety of settings. Interest has increased in the effect of this work on clinicians. Vicarious traumatization is a concept used to understand the impact of trauma work on clinicians. This article describes a study of social work clinicians working with two types of trauma: (1) the human induced trauma, sexual abuse, and (2) the natural caused trauma, cancer. The effect on clinician's cognitive schemas and the confounding variables of personal history of abuse and years' experience are described. Clinicians who worked primarily with clients who were sexually abused reported more disruptions in cognitive schemas than clinicians who worked with clients who had cancer (Journal Abstract).
74. Curtis, P. A., Alexander, G., & Lunghofer, L. A. (2001). A Literature Review Comparing the Outcomes of Residential Group Care and Therapeutic Foster Care. *Child and Adolescent Social Work Journal*, 18, 377-392.

Keywords: Foster Care/Children/Youth

Reprint: In File

Abstract: Both advocates of residential group care and therapeutic foster care claim that their programs serve the most troubled children and youth. Prior research, often limited to single sites and small numbers of subjects, have not confirmed such claims. The authors describe the evidence regarding these claims, the research literature pertaining to program effectiveness, and a means for empirically evaluating the impact of residential group care and therapeutic foster care.

75. Daane, M. (2003). Child and adolescent violence. *Orthopedic Nursing, 22, 23.*

Keywords: Violence

Reprint: Not in File

Abstract: Although the juvenile violent crime rate has decreased steadily during the past 5 years, the problem of violence and violence-related behaviors in the lives of our children and adolescents remains. The incidence of violent victimization against children and violence and violence-related behavior by today's youth is related to a variety of factors. Exposure to violence in the home, school, community, or video games and other entertainment significantly influences aggressive behaviors among children and adolescents. Other childhood violence predictors include alcohol and drug use, gender, and low self-esteem. The childhood violence risk indicators have implications for child and adolescent violence prevention and intervention programs. Nurses who recognize dangerous and potentially dangerous behavior in children and adolescents are better able to provide violence prevention and intervention services and referrals to children at risk or in danger. Because orthopedic nurses often see adolescents who have already sustained injury from violence, identification of those at risk is particularly important.

76. Dane, B. (2000). Child Welfare Workers: An Innovative Approach for Interacting with Secondary Trauma. *Journal of Social Work Education, 36, 27-38.*

Keywords: Child Welfare/Child Welfare Workers/Children/Welfare

Reprint: In File

Abstract: Although child welfare workers are assigned a critical role to protection children, little focus has been placed on helping them cope with stress and secondary trauma that can occur when they observe and hear the affect-laden experiences described by clients. This article summaries two focus groups which provided data to develop a two day training module for child welfare workers to gain knowledge and skills through didactic and experiential learning. The model offers coping strategies to respond to job stress and vicarious traumatization. Benefits and implications for agency and school collaborations are discussed (Journal Abstract).

77. Decker, J. T., Bailey, T. L., & Westergaard, N. (2002). Burnout among Childcare Workers. *Residential Treatment for Children & Youth, 19, 61-77.*

Reprint: In File

Abstract: This article included background information on theories related to burnout and alienation and described a study that investigated burnout among child care workers in a residential child care centre in a rural state.

78. Dell, C. A. & Boe, R. (1998). *Male Young Offenders in Canada: Recent Trends.* Ottawa, ON: Correctional Services Canada.

Keywords: Canada/Youth/Statistics

Reprint: In File

Abstract: The focus of this report is a summary and presentation of recent trends involving female young offenders in Canada. The researchers relied upon three key data sources in compiling the report: The Uniform Crime Report Survey, the Youth Court Survey, and the Correction Key Indicator Report. The Canadian Centre for Justice Statistics publishes all three sources. The analysis for this report examined female young offender trends over the past five years looking at 7 questions: (1) has there been an increase in female youth charged by police, 1992-1996? (2) has there been an increase in female youth processed through the court system, 1992/93-1996/97? (3) are female youth getting involved with crime at a younger age? (4) are female youth getting more violent? (5) are female youth getting more serious dispositions? (6) has there been an increase in the frequency of female youth remanded into custody pending disposition of a charge? and (7) has there been an increase in the number of female youth transferred to adult court?

79. Derr, M. K. & Taylor, M. J. (2004). The Link Between Childhood and Adult Abuse Among Long-Term Welfare Recipients. *Children and Youth Services Review, 26, 173-184.*

Keywords: Adult Abuse/Childhood Maltreatment/Family Violence/Long-term Welfare Recipients/Violence/Welfare/Women

Reprint: In File

Abstract: This article examined the links between childhood and adult abuse among long-term welfare recipients. In-depth interviews were conducted with 280 women who had been on public financial assistance for at least 3 years. High rates of childhood and exposure to abuse and violence were reported among the long-term welfare recipients.

80. Dickinson, N. S. & Perry, R. E. (2002). Factors Influencing the Retention of Specially Educated Public Child Welfare Workers. *Journal of Health & Social Policy*, 15, 89-103.
Keywords: Child Welfare/Child Welfare Workers/Welfare/Social Work/Education/Retention
Reprint: In File
Abstract: The authors conducted this study to determine which factors distinguished MSW graduates of a specialized social work education program who remained employed in public child welfare from those who did not. The research was conducted in California with a sample of students who had completed Title IV-E funded MSW programs designed to prepare them for employment in public child welfare. The study examined factors that might contribute to the retention of such graduates beyond the two-year payback period they incurred as a condition of their educational stipends.
81. Downey, D. B. (1994). The School Performance of Children from Single-Mother and Single-Father Families: Economic or Interpersonal Deprivation. *Journal of Family Issues*, 15, 129-147.
Keywords: Children/School Performance/Single-Parent Families
Reprint: In File
82. Dunn, A., Jareg, E., & Webb, D. (2003). *A Last Resort the Growing Concern about Children in Residential Care* London, UK: International Save The Children Alliance.
Keywords: Children/Residential Care
Reprint: Not in File
Abstract: This paper sets out the International Save the Children Alliance's position on the residential care of children and highlights concerns about its growing use. Its aim is to draw attention to an area that has largely been ignored as a rights issue for international attention and action.
83. EKOS Research Associates Inc. (2002). *Public Attitudes towards Family Violence: A Syndicated Study*. Ottawa, ON: EKOS Research Associates Inc.
Keywords: Family Violence/Perceptions/Violence/Canada
Reprint: In File
Abstract: This document reflect research into "public attitudes towards family violence" in Canada. This is the first syndicated study of its kind which set out to collect baseline information on public attitudes towards family violence in Canada. The initial picture is based on a national telephone survey of over 2,000 Canadians, supplemented by a series of 10 focus group discussions held across the country. The key objectives of this baseline study was to examine issues related to public understanding and awareness of family violence; test levels of tolerance for family violence; explore behavioural intentions with respect to intervening in a situation of family violence; and examine support for various ways to deal with family violence, including institutional/professional responsibilities and effectiveness of judicial interventions (Adapted from the Executive Summary, p.v).
84. Elias, B. & Dumas, D. (2001). *A Profile of Manitoba First Nations People with a Disability*. Winnipeg: Centre of Aboriginal Health Research, University of Manitoba and Assembly of Manitoba Chiefs.
Keywords: Manitoba
Reprint: In File
85. Elliott Hyman, V., MacIsaac, S., & Richardson, K. (2004). *HungerCount 2004* Toronto, ON: Canadian Association of Food Banks.
Keywords: Canada/Emergency Food Programs/Poverty
Reprint: On Request 02/12/05
Abstract: Initiated in 1989, *HungerCount* is the only national survey of emergency food programs in Canada. This annual survey documents the struggle of food banks to keep up with ever increasing demand. Released on World Food Day (October 16th) each year, the information the survey provides is invaluable, forming the basis of many CAFB activities throughout the year. Among many benefits, *HungerCount* allows CAFB to operate the National Food Sharing System on a "fair share" basis, present accurate, timely information to donors and media,

and represent members' key concerns at a variety of public forums. *HungerCount* in 1989, increasing from 378,000 people in March of 1989 to almost 850,000 in March of 2004 (Web Abstract).

86. Emond, R. (2004). Rethinking Our Understanding of the Resident Group in Group Care. *Child & Youth Care Forum*, 33, 193-207.
Reprint: In File
Abstract: In order to get an understanding of the group care context and get an understanding of a model of the resident's social group, the author lived in two residential homes for a period of time. By understanding the way in which the group grants power to its members and the beliefs and actions it values, residential staff have the opportunity to identify and support 'positive' individual and group behaviours. It is a model which starts from the group rather than from being imposed by 'adult' notions of how young people should behave. The author suggests that the way in which the 'everyday' activities of young people serves to maintain group expectations, organizations and relationships should not be overlooked but rather identified, understood and encouraged.
87. Fallon, B., MacLaurin, B., Trocme, N., & Felstiner, C. (2003). A National Profile of Child Protection Workers. In B.McKenzie & K. Kufeldt (Eds.), *Child Welfare: Connecting Research, Policy, and Practice* (pp. 41-52). Waterloo, ON: Wilfrid Laurier University Press.
Keywords: Canada/Child Welfare/Education/Profiles/Social Work/Welfare
Reprint: In File
Abstract: In this chapter, the authors present a profile of child welfare investigation workers in Canada using data from the 1998 Canadian Incident Study (CIS). The profiles include descriptions of the age, gender, language, education, years of experience in child protection, and training of workers. The authors also examined the distribution of social work qualifications and child protection experience based on the population density of the child welfare service area. Finally, preliminary analyses are presented about the relationship between decision making and worker education and child welfare experience.
88. Farand, L., Chagnon, F., Renaud, J., & Rivard, M. (2004). Completed Suicides among Quebec Adolescents Involved with Juvenile Justice and Child Welfare Services. *Suicide & Life-Threatening Behavior*, 34, 24.
Keywords: Adolescents/Child Welfare/Welfare/Canada
Reprint: Not in File
Abstract: In the Province of Quebec (Canada), adolescents involved with the child welfare and juvenile justice systems committed at least one-third of all completed suicides in their age group in 1995 and 1996. Their risk of suicide, standardized for age and sex, was five times that of the general adolescent population and female juvenile delinquents had the highest relative risk of suicide (36.1). Cumulated risk factors may explain those results. Since 40% of those suicides did occur when subjects were still actively involved with the child welfare and juvenile justice systems, those agencies should revise their suicide prevention strategies.
89. Farrington, P. (2000). Young children who commit crime: epidemiology, developmental origins, risk factors, early interventions, and policy implications. *Development and Psychopathology*, 12, 737.
Keywords: Children/Delinquency/Child Welfare/Welfare/Health
Reprint: Not in File
Abstract: An early onset of delinquency prior to age 13 years increases the risk of later serious, violent, and chronic offending by a factor of 2-3. Also child delinquents, compared to juveniles who start offending at a later age, tend to have longer delinquent careers. This article summarizes the report of the Office of Juvenile Justice and Delinquency Prevention's Study Group on Very Young Offenders, chaired by Rolf Loeber and David P. Farrington. The Study Group, consisting of 16 scholars and 23 coauthors, worked for 2 years on preparing a report, undertaking extensive secondary data analyses, and writing chapters in different specialty areas. The report consists of a state of the art review of the developmental background of child delinquents. The report also summarizes risk and protective factors in the individual, family, peer group, school, and neighborhood that affect that development. Lastly, the report renews relevant preventive and remedial interventions in the juvenile justice system, families, peer groups, schools and neighborhoods, and makes a case for improvement in the integration of services for child delinquents. Policy recommendations are presented to improve methods of dealing with child delinquents by juvenile justice, child welfare, and mental health agencies.
90. FAS/FAE Technical Working Group (2001). *It Takes a Community: Framework for the First Nations and Inuit Fetal Alcohol Syndrome and Fetal Alcohol Effects Initiative. A Resource Manual for Community-based Prevention of Fetal Alcohol Syndrome and Fetal Alcohol Effects*. Ottawa, ON: First Nations and Inuit Health Branch, Health Canada.
Keywords: Aboriginal Child Welfare/Aboriginal Peoples/Fetal Alcohol Spectrum Disorder
Reprint: In File

91. Fast, D., Conry, J., & Looock, C. (1999). Identifying Fetal Alcohol Syndrome among Youth in the Criminal Justice System. *Developmental and Behavioural Pediatrics, 20*.
Keywords: Fetal Alcohol Spectrum Disorder/Youth/Criminal Justice/Education
Reprint: In File
Abstract: A disproportionately large number of youth and adults with fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE) seem to be coming into conflict with the legal system. Learning and behavioral difficulties associated with FAS/FAE may make them more susceptible to criminal behaviour. This study determined the prevalence of FAS/FAE among youth who were remanded for a forensic psychiatric/psychological assessment. All youth remanded to a forensic psychiatric inpatient assessment unit over a 1 year period were evaluated for FAS/FAE. Of the 287 youth, 67 (23.3%) had an alcohol-related diagnosis: 3 (1.0%) had a diagnosis of FAS and 64 had a diagnosis of FAE. Thus, this group is disproportionately represented in the criminal justice system, indicating the need for increased education and awareness among those in the criminal justice system involved with these youth.
92. Finkelstein, M., Wamsley, M., & Miranda, D. (2002). *What Keeps Children in Foster Care from Succeeding in School? Views of Early Adolescents and the Adults in their Lives*. New York, NY: Vera Institute of Justice.
Keywords: Adolescents/Children/Education/Foster Care
Reprint: In File
Abstract: A large portion of the half million children in foster care nationwide perform poorly in school. They lag behind their non-foster peers academically and are more likely to have behaviour and discipline problems. This study draws on interviews with foster children and adults to better understand how being in foster care affects a child's education on a day-to-day basis and how adults around these children can help them perform more successfully in school. Twenty-five children in foster care participated in an experimental program designed to improve their academic achievement. Extensive narratives were recorded from each child about the educational obstacles they faced at four schools they attended. The researchers also interviewed 54 key adults in these children's lives (school staff, foster parents, and caseworkers) to learn what they regard as obstacles to the children's educational success.
93. Flynn, R. J. & Biro, C. (1993). Comparing Developmental Outcomes for Children in Care with those for other Children in Canada. *Children & Society, 12*, 228-233.
Keywords: Canada/Child Welfare/Children/Children-in-care/Education/Welfare/Youth/Statistics
Reprint: In File
Abstract: This study compared developmental outcomes for 43 children cared for by a Canadian child welfare agency with a comparison group of 1600 children from the National Longitudinal Survey of Children and Youth (Statistics Canada, 1995). Overall, the children in care had worse outcomes than the comparison children on indicators of educational success and negative behaviour but not on measures of identity, social and family relationships or pro-social behaviour (Adapted from Journal abstract).
94. Foltz, R. (2004). The Efficacy of Residential Treatment: An Overview of the Evidence. *Residential Treatment for Children & Youth, 22*, 1-19.
Keywords: Adolescents/Children/Residential Care
Reprint: In File
Abstract: Residential Treatment Centers provide intensive, multidisciplinary treatment for severe emotionally and behaviorally disordered young persons. While Residential Treatment Centers are referred children and adolescents with increasingly more complex difficulties to manage and treat, there is a continuing need for increased data demonstrating that the treatments being used are effective. With the somewhat limited amount of available information, clinicians are more often required to utilize treatment methods that have demonstrated efficacy with adult populations. Therefore, treatment providers commonly make presumptions of etiology and "best treatment" based on data that may not accurately represent the severely disturbed young persons in their care. This paper provides an overview of the limitations in our understanding of care for this population and advocates for the implementation of more research efforts in residential care (Journal Abstract).
95. Foot, D. K., Loreto, R. A., & McCormack, T. W. (1998). *Demographic Trends in Canada, 1996-2006: Implications for the Public and Private Sectors* Ottawa: Industry Canada.
Keywords: Canada/Demographic Characteristics
Reprint: In File
Abstract: The purpose of this paper is to describe and analyze demographic trends in Canada and to discuss their implications for public and private sector activities for the next ten years. The paper is organized into four sections. The first one positions the paper in terms of its purpose, approach, and organization. The second one

examines key demographic trends at the national, provincial, and urban levels, both on a retrospective and prospective basis.

96. Frei, R. (2003). *Strategies and Models for the Retention of Staff*. M.A. Thesis - Swiss Tropical Institute (University of Basel).
Keywords: Education/Perceptions/Recruitment/Retention
Reprint: In File
Abstract: This study explored staff retention strategies by looking at the differences between commercial companies, humanitarian organizations and organizations active in international cooperation. Data was obtained from a review of the literature and replies to a questionnaire dispatched worldwide to 300 commercial companies and 300 humanitarian organizations active in international cooperation and with 20 interviews with persons currently working for companies or organizations. The findings of this international study suggest that there are major differences in the perceptions of employers and staff concerning problems in the recruitment of staff, difficulties in the retention of staff, reasons why employees are leaving, and in suggestions for improvements in the retention of staff. From the employer point of view, factors like salary or career options are very important for the retention of staff. In contrast, the staff point of view indicates that an interesting and satisfying work is one of the most important points. From the employers point of view the main reasons for leaving are other challenges, personal, care and salary reasons. This does not correspond with the staff point of view, where problems at the workplace, stress career and salary reasons, work conditions and Human Resource Management (HRM) issues were mentioned. To influence the retention of qualified and experienced staff, employers suggested improvements in HRM, salary, career options, training and education, development institution, work conditions and in the evaluation system. From a staff point of view improvements are needed in HRM, work conditions, salary and bonus system, education, career and to have new challenges (Adapted from the Summary).
97. Fensch, K., Cameron, G., & Adams, G. (2001). Treatment of Choice or A Last Resort? A Review of Residential Mental Health Placements for Children and Adolescents. Partnerships for Children and Families Project [On-line]. Available: http://info.wlu.ca/pcfproject/pdf/theme_papers/residential.pdf
Keywords: Adolescents/Children/Residential Care/Health
Reprint: In File
Abstract: This publication explores residential issues and the continuum of care for children and adolescents involved in the mental health system. The paper focuses primarily on a review of residential treatment options that emphasize the treatment of children and adolescents in a group milieu and which supports the re-entry of children and adolescents back into their natural environment. The residential treatment programs reviewed in this paper are generally identified as the author as containing the following characteristics: the possession of a formal treatment program or philosophy; employment of agency personnel as treatment staff and the provision of on-site schooling for at least some of the residents. It also captures the residential continuum marked by residential treatment centers and group homes of four or more children.
98. Fensch, K. & Cameron, G. (2002). Treatment of Choice or Last Resort? A Review of Residential Mental Health Placements for Children and Youth. *Child & Youth Care Forum*, 31, 307-339.
Keywords: Children/Health/Youth
Reprint: In File
Abstract: Residential treatment programs serve troubled youth who tend to first fail in other treatment programs. Residential treatment is often regarded as a treatment of 'last resorts.' A review of available studies of the effectiveness of residential treatment delivered in group home settings and residential treatment centers concludes that, despite methodological shortcomings and variability in programming, residential services do improve functioning for some, but not all, youth. However, gains made during treatment are not easily maintained and tend to dissipate over time. The level of family involvement in treatment is generally regarded as predictive of prostrate patterns of adjustment. Successful post-treatment patterns of adjustment also depend on post-treatment environmental factors such as available support and residential stability. Continued long-term follow-up of youth in residential treatment is critical to our understanding of the types of individuals for whom residential settings are a particular good match (Journal Abstract).
99. Freymond, N. (2001). Getting Over the Magical Hump: Placement Decisions and Emotional Survival for Child Welfare Workers." Partnerships for Children and Families Project [On-line]. Available: http://info.wlu.ca/pcfproject/pdf/theme_papers/GOtMH.pdf
Keywords: Child Welfare Workers/Placement Decisions/Recruitment and Retention
Reprint: In File
Abstract: This resource is based on the child welfare worker's experience in the process of permanent placement

decisions and how, through the construction of particular identities, they are able to survive the emotional strains of this work.

100. Garasky, S. & Meyer, D. R. (1996). Reconsidering the Increase in Father-only Families. *Human Development and Family Studies*, 33, 385-393.
Keywords: Single-Parent Families/Children
Reprint: In File
Abstract: Previously reported estimates of rapid growth rates among father-only families did not account for cohabitation. An explicit treatment of cohabitation removes about half of the presumed growth. Nevertheless, we find that the number of father-only families grew at more than double the rate of mother-only families during the 1980s. Decomposition analyses show that the largest factor associated with the increase is that fathers now head a greater proportion of all formerly married single-parent families with children. Although the share of single-parent families headed by fathers is larger in 1990 than in 1980 even after controlling for cohabitation, it is smaller than in 1970.
101. Geurts, S. A., Schaufeli, W. B., & Rutte, C. G. (1999). Absenteeism, Turnover Intention and Inequity in the Employment Relationship. *Work & Stress*, 13, 253-267.
Keywords: Health
Reprint: In File
Abstract: In this field study a preliminary social exchange model was proposed that related perceived inequity in the employment relationship to subsequent absenteeism and turnover intention. From an equity perspective, it was hypothesized that absenteeism and turnover intention are indirectly related to perceived inequity in the exchange relationship with the organization, mediated by feelings of resentment and poor organizational commitment. By employing covariance structure modeling, the model was tested among mental health care professionals (n=90). The results demonstrated that the relationship between perceived inequity and turnover intention was fully mediated by poor organizational commitment, which was, in turn, partially triggered by feelings of resentment that were associated with perceived inequity. In contrast, there was a strong direct link between inequity in the employment relationship and absenteeism, not mediated by resentment and poor organizational commitment. It was concluded that absenteeism and turnover intention can both be considered to be withdrawal reactions to perceived inequity, but that the two reactions differ in their underlying dynamics. The implications of these findings were discussed (Journal Abstract).
102. Gibbs, J. A. (2001). Maintaining Front-Line Workers in Child Protection: A Case for Refocusing Supervision. *Child Abuse Review*, 10, 323-335.
Keywords: Australia
Reprint: In File
Abstract: This paper suggests that a refocusing of supervision be seen as one possible strategy for lowering high attribution rates among child protection workers. Research findings from a qualitative study undertaken in two rural regions in the State of Victoria, Australia illustrate that the current model of supervision gives insufficient attention to the emotional intrusiveness of the work, to building resilience in workers and the implications of adult learning theory. An argument is made for a refocusing of supervision which moves beyond task, encompassing much of what is already known from the supervision literature. The supervisor can be thought of as a messenger who must send and receive messages to and from workers. What message is sent and how supervisors respond to what they receive are critical if the objective is to retain front line staff. Critically, the supervisor must affirm both the merit and necessity of exploring the impact of feelings and thoughts on action and perception. A key message for supervisors to delivery is the self-esteem and self-efficacy. The paper also argues for adult learning via reflective supervision. This change to supervision involves a fundamental shift in organizational priorities and an acceptance throughout of the impact of anxiety on all those working in this field (Journal Abstract).
103. Gilbertson, R., Richardson, D., & Barber, J. (2005). The Special Youth Carer Program: An Innovative Program for At-Risk Adolescents in Foster Care. *Child & Youth Care Forum*, 34, 75-89.
Keywords: Adolescents/At Risk/Australia/Foster Care/Youth
Reprint: In File
Abstract: Placement instability is a pervasive and long-standing problem which adversely affects outcomes for many young people in foster care. The Special Youth Carer (SYC) program, developed in South Australia in response to the needs of at-risk adolescents, is an innovative model aimed at reducing placement instability and promoting positive behaviour change. Based primarily upon the Treatment Foster Care (TFC) model, SYC incorporates an additional defining feature: in the event of a placement breakdown, it is the carer and not the young person who lives the home. This article includes a description of the program, an overview of outcomes

for eight of the first program participants who were monitored over a 12 month period, and interviews with two carers who experienced the breakdown of a SYC placement. Positive behavioral change was reported for most participants, and there were some noteworthy improvements in placement stability.

104. Gilroy, J. (2002). The Changing Face of Child Welfare: Perspectives from the Field. *Canada's Children / Les enfants du Canada*, 7-14.
Keywords: Canada/Child Welfare/Recruitment/Recruitment and Retention/Retention/Social Work/Welfare
Reprint: In File
Abstract: This is one of two articles on the participation of the Maritime School of Social Work at Dalhousie University in an international project entitled "Child Abuse, Protection and Welfare." This three-year project compares child welfare policies and practices in Canada, Sweden, the United Kingdom and the Netherlands. This article focuses on the responses respecting interviews conducted with front-line workers, supervisors and administrative staff at agencies serving small towns and rural areas in Nova Scotia. The questions asked focused on identifying the most critical issues facing child protection and child welfare; how financial cutbacks affect the ability of child welfare agencies to provide services; and what would be useful to agencies in improving the quality of child welfare services.
105. Goldson, B. (2000). 'Children in Need' or Young Offenders'? Hardening Ideology, Organizational Change and New Challenges for Social Work with Children in Trouble/. *Child & Family Social Work*, 5, 255.
Keywords: Children/Social Work/Youth
Reprint: Not in File
Abstract: Throughout the 1990s, youth crime has comprised a major site of state policy formation. Policy and practice responses have essentially been predicated upon a particular construction of the 'young offender' and have been underpinned by punitive and retributive priorities. Within this context the Crime and Disorder Act 1998 provides for the most radical restructuring of the youth justice system in England and Wales for 50 years. This paper critically analyzes the burgeoning punitive drift of policy and practice. By drawing upon recently completed research in Merseyside and by situating the findings alongside a wider research literature, the discussion re-engages with the concept of the 'child in need'. The paper considers key issues relating to children, and professional social work practice with children and families, within the 'new' approach to 'youth offending'.
106. Gomes, J. T., Bertrand, L. D., Paetsch, J. J., & Hornick, J. P. (2003). Self-Reported Delinquency among Alberta's Youth: Findings From a Survey of 2,001 Junior and Senior High School Students. *Adolescence*, 38, 75-91.
Keywords: Canada/Juvenile Delinquency/Youth/Delinquency
Reprint: In File
Abstract: This article draws on data from a 1999 survey on youth victimization, crime and delinquency in Alberta conducted by the Canadian Research Institute for Law and the Family in collaboration with researchers from the University of Alberta. The survey included 2,0001 youth attending Grades 7 to 12 in public and Catholic schools in selected urban and rural areas to the province. Analyses focus on self-reported past-year delinquency. Statistically significant results were found for relationships between extent of delinquency and gender, grade level, psychosocial programs (as measured by conducted, hyperactivity, and emotional problems), and extent of past-year victimization. For low/moderate delinquency, females were comparable to males, and even reported slightly higher rates for low/moderate violence-related delinquency. Younger students were more likely to indicate engaging in violence-related delinquent acts. Overall, Grade 9 students had the highest rates of delinquency. For personal characteristics, a high score on conduct problems was most strongly correlated with moderate/high delinquency. The relationship between high levels of delinquency and victimization was stronger for violence-related delinquency than for property-related delinquency.
107. Graef, M. L. & Hill, E. L. (2000). Costing Child Protective Services Staff Turnover. *Child Welfare*, 79, 517-533.
Keywords: Child Welfare/Welfare
Reprint: In File
Abstract: The purpose of the article was to demonstrate agency costs due to staff turnover using 1995 data. The article provided some of the cost centers needed to calculate this cost for any agency. This article details the process used in one state to determine the financial costs to the child welfare agency accrued over the course of one year that were directly attributable to CPS staff turnover. The formulas and process for calculating specific cost elements due to separation, replacement and training are provided. The practical considerations inherent in this type of analysis are highlighted, as well as the use of this type of data to inform agency human resource strategies.
108. Green, M. Y. (2002). Minorities as Majority: Disproportionality in Child Welfare and Juvenile Justice: First of Two Articles. *Children's Voice*, 11, 8.

Keywords: Child Welfare/Welfare/Delinquency/Statistics/Children/Jurisdiction

Reprint: Not in File

Abstract: In 1992, Congress amended the Juvenile Justice and Delinquency Prevention Act making it a "core requirement" for states to demonstrate efforts they're taking to reduce disproportionate minority confinement. A decade of data gathering, many lament, has produced considerable head scratching, shoulder shrugging, and finger pointing, but little in the way of reversing this phenomenon. Statistics confirmed what child welfare professionals suspected all along: Far too many children of color pass from protection to punishment. With no such mandate to collect data in child welfare, disproportionality--its causes and cures--is just now coming to light. In this two-part series, Children's Voice examines this seemingly intractable problem. The first article tries to define the scope and nature of the problem, looks at emerging research, and explores a variety of perspectives from all sides of the table. The second article, which will appear in the next issue, will focus on several local jurisdictions that are meeting these challenges head-on with promising programs and practices.

109. Green, R., Waters Boots, S., & Tumlin, K. C. (1999). *The Cost of Protecting Vulnerable Children: Understanding Federal, State, and Local Child Welfare Spending*. Washington, DC: The Urban Institute.
Keywords: Child Welfare/Children/Welfare
Reprint: In File
Abstract: This American source states that child welfare services are designed to ensure the safety of children. As such, they span a broad range of activities, including supporting and preserving families, investigating reports of abuse or neglect, protecting victimized children, and assisting children temporarily or permanently removed from their parents' homes. Primary responsibility for delivering child welfare services rests with the states or local governments which use funds from federal, state, and local sources. Federal funding accounts for a substantial proportion of the total available funds, but state officials and child welfare researchers charge that these funds come with spending restrictions that are major barriers to effective service delivery. Recent legislation to devolve more financial and operational responsibility for social service delivery to the states will probably increase states' flexibility in financing social services, including child welfare services and other programs such as child care and Temporary Assistance for Needy Families. Unfortunately, because there is little systematic information on either the amount of funding available for child welfare services generally or the allocation of that funding across specific services, it is difficult to track changes that take place as devolution proceeds. To begin to fill this data gap and to provide a baseline from which to assess changes in the way states finance child welfare services, the Urban Institute conducted a survey of all 50 states and the District of Columbia on child welfare funding sources and expenditures. All but two states provided some data, and 33 were able to identify nearly all requested spending on child welfare services. This paper presents the results of that American survey. State-specific data are provided in the Supplemental Report for this paper.
110. Grupper, E. (2003). Economic Considerations Related to the Child and Youth Care Professionalization Process: The Risks and the Challenges. *Child & Youth Care Forum*, 32, 271-280.
Keywords: Youth
Reprint: In File
111. Guthrie, J. (2002). Girls in the Juvenile Justice System: Leave no Girl's Health Un-Addressed. *Journal of Pediatric Nursing*, 17, 414.
Keywords: Girls/Health
Reprint: Not in File
Abstract: Despite an increase in middle to older aged adolescent females' early contact with the juvenile justice system, inadequate health care remains a concern. This descriptive study surveyed the physical and mental health needs of 130 self-selected, non-randomized girls aged 12 to 18 years, with a mean age of 15.42 years (SD, 1.24), who were involved with a juvenile justice diversion program located in a southeastern region of the United States. Findings revealed early initiation of sexual-related activities (mean age, 13.9 years; SD, 1.49) and substance use (mean age, 12.9 years; SD, 1.53). The data suggest an increasing need for pediatric nurses, and in particular advanced practice nurses, to provide gender-responsive health care and health promotion services to early middle-childhood females in the juvenile justice system. Copyright 2002, Elsevier Science (USA).
112. Gyamfi, P. (2004). Children With Serious Emotional Disturbance: The impact of Poverty and Receipt of Public Assistance on Behavior, Functioning, and Service Use. *Children and Youth Services Review*, 26, 1129.
Keywords: Children/Poverty/Health/Education
Reprint: Not in File
Abstract: The present study examines the associations between poverty status, receipt of public assistance, service use, and children's mental health. Using a sample of children with serious emotional disturbances,

findings from logistic regressions indicated that although no significant associations were found between poverty status and emotional or behavioral problems, families living below the poverty threshold were more likely to receive fewer services, even after controlling for receipt of Medicaid or SSI. Significant associations were also found for child's age, race/ethnicity, caregiver education, Medicaid and TANF receipt, child and family mental-health-risk factors. Poor families were more likely to have older children, be non-white, have fewer years of education, receive public assistance, and have more family mental-health-risk factors, but less child mental-health-risk factors. While a higher percentage of non-poor families received medication management and residential treatment services, more poor families received support services such as transportation and flexible funds. Implications for the findings are discussed (PsycINFO Database Record (c) 2004 APA, all rights reserved)

113. Hallet, B., Nemeth, M., Stevens, H., & Stewart, D. (2000). *Aboriginal People in Manitoba 2000*. Winnipeg: Aboriginal Single Window, Human Resources Development Canada.
Keywords: Aboriginal Peoples/Manitoba
Reprint: In File
114. Hampton, R. L., Senatore, V., & Gullotta, T. P. (1998). *Substance Abuse, Family Violence and Child Welfare*. Sage Publications, Inc.
Keywords: Child Welfare/Family Violence/Violence/Welfare/Children/Health
Reprint: In File
Abstract: It is difficult to understand how society could have failed to recognize that children in abusive situations often live in families in which alcohol and other drugs are abused. Aimed at fostering more discussion between practitioners and scholars, this book explores unified approaches for prevention of and treatment for children and their parents who find themselves in these circumstances. The multidisciplinary cast of contributors probes such topics as the history of abusive behavior and intoxication using literary examples to illustrate key points; the research literature on drug-exposed children in the child welfare system and the interventions that facilitate their optimum development; the legislative and policy contexts in which potential collaborations between the fields of substance abuse and child welfare are being developed or abandoned; the damaging effects that parental and family substance abuse add to a host of child welfare problems; the need for clinicians to develop a sound therapeutic foundation to enhance their effectiveness with clients and the search for solutions within drug-abuse treatment systems to develop services that improve the quality of life for children living with a drug-dependent parent. The book concludes with a provocative chapter that reminds us that not all substance abusers are child abusers. This book will help readers identify promising approaches to improving health as well as gaps that need to be bridged in order for meaningful improvement to occur.
115. Hanselmann, C. (2001). *Urban Aboriginal People in Western Canada*. Calgary, AB: Canada West Foundation.
Keywords: Canada/Urban Aboriginal People/Winnipeg
Reprint: In File
Abstract: This report generated for the Canada West Foundation examines the realities and policy landscapes for urban Aboriginal people in six major western Canadian cities: Calgary, Edmonton, Regina, Saskatoon, Vancouver, and Winnipeg. It focuses on public government policy in these six western cities but does not include urban policies of Aboriginal governments.
116. Hanselmann, C. & Gibbins, R. (2002). *Another Voice is Needed: Intergovernmentalism in the Urban Aboriginal Context*. Kingston, ON: Institute of Intergovernmental Relations, Queen's University.
Keywords: Canada/Urban Aboriginal People/Winnipeg
Reprint: In File
Abstract: The Aboriginal population of Canada is increasingly urban. Whereas in 1951 only 7% of Aboriginal lived in cities, by 1996 almost one-half of the Aboriginal identity population resided in urban areas. Aboriginal people today are a visible presence in every city in Canada, with some major cities reporting upwards of 20 percent of their population being Aboriginal. Indeed, the urban Aboriginal reality, particularly in western Canada, will become more obvious; projects suggest, for example, that by 2016 one-sixth of the labour force in Winnipeg, Saskatoon, and Regina will be Aboriginal. One critical piece of the policy environment is missing. This is a policy environment where inter-governmentalism must be a part of the solution for federal, provincial and municipal governments are unavoidably engaged and entangled. The federal government cannot escape at least residual responsibility for the off-reserve Aboriginal population, provincial governments have social service obligations that must cover all provincial residents living off-reserve and municipal governments confront social problems and inner city decay that challenge both their quality of life and international competitiveness. No one can afford to withdraw from the policy arena. Yet, and as the authors conclude, inter-governmentalism will ultimately be unsuccessful unless urban Aboriginal people are brought to the inter-

governmental table. Another voice is needed - this, unfortunately, presents a huge political and even conceptual problem.

117. Harburger, D. S. & White, R. A. (2004). Reunifying Families, Cutting Costs: Housing-Child Welfare Partnerships for Permanent Supportive Housing. *Child Welfare*, 83, 493.
Keywords: Child Welfare/Children/Homelessness/Housing/Welfare
Reprint: In File
Abstract: In the absence of an adequate supply of affordable, quality housing, child welfare agencies are placed in the unenviable position of separating families to protect children from the debilitating effects of homelessness. This article presents recommendations for cost-effective housing-child welfare partnerships that will shift the burden of providing adequate housing back to housing agencies. These partnerships have the potential to move child welfare agencies closer to achieving permanence and well-being for all children (Child Welfare Journal abstracts: <http://www.cwla.org/articles/cwjabstracts.htm>).
118. Harper, C. C. & McLanahan, S. S. (2004). Father Absence and Youth Incarceration. *Journal of Research on Adolescence*, 14, 369-397.
Keywords: Single-Parent Families/Youth/Incarceration/Adolescents/Education/Poverty/Children
Reprint: In File
Abstract: This study measured the likelihood of youth incarceration among adolescent males from father-absent households, using data from the National Longitudinal Survey of Youth ($N=34,031$ person-years). At baseline, the adolescents ranged from 14 to 17 years and the incarceration outcome measure spanned ages 15 to 30 years. This study tested whether risk factors concentrated in father-absent households explained the apparent effects of father absence. Results from longitudinal event-history analysis showed that although a sizable portion of the risk that appeared to be due to father absence could actually be attributed to other factors, such as teen motherhood, low parent education, racial inequalities, and poverty, adolescents in father-absent households still faced elevated incarceration risks. The adolescents who faced the highest incarceration risks, however, were those in stepparent families, including father-stepmother families. Co-residential grandparents may help attenuate this risk, although remarriage and residential instability increased it. Social policies to support children should broaden beyond an emphasis on marriage to address the risks faced by adolescents living in stepfamilies as well (Journal Abstract).
119. Harris, P., Weagant, B., Cole, D., & Weinper, F. (2005). Working "In the Trenches" with the YCJA. *Canadian Journal of Criminology and Criminal Justice*, 46, 367-389.
Keywords: Juvenile Delinquency/Youth/Youth Criminal Justice Act
Reprint: In File
Abstract: Four Toronto area youth court judges describe aspects of working "in the trenches" with the YCJA in the first six months following 1 April 2003. All agree that the philosophical premises animating the YCJA hold out considerable promise to reduce the mostly futile "turnover of bodies," which regrettably characterizes so much of criminal justice processing in Canada. Each judge presides in a different courthouse, with different local practices and organizational priorities so their experiences and expectations vary considerably. Providing examples from their four courthouses, the judges attempt to demonstrate the mindset of many criminal justice professionals - and government funders - continues to be based on the assumption that it is still mostly "business as usual" in youth court (Journal abstract).
120. Harvey, C. & Stalker, C. (2003). Understanding and Preventing Employee Turnover. Partnerships for Children and Families Project [On-line]. Available: http://info.wlu.ca/pcfproject/pdf/theme_papers/UaPET.pdf
Keywords: Recruitment and Retention
Reprint: In File
Abstract: This resource discusses the issue of employee turnover in the social work field, how to prevent it and recruitment and retention issues.
121. Hazen, L. (2004). Use of Mental Health Services by Youths in Public Sectors of Care. *Mental health services research*, 6, 213.
Keywords: Health/Mental Health Services/Youth/Child Welfare/Welfare/Education
Reprint: Not in File
Abstract: The present paper examined the lifetime rates of mental health service use in a representative sample of youths identified as receiving services in at least one sector of care in a publicly funded service system of a large, metropolitan area. Service use was examined in relation to age, gender, mental health diagnostic status, and service sector involvement. Participants were 1706 youths ages 6-17 years who were active in at least one of the following service sectors: alcohol and drug services, child welfare, juvenile justice, mental health, and

special education services for serious emotional disturbance. Structured service use and diagnostic interviews were administered to youths and their caregivers. High lifetime rates of mental health service use were found. Eighty-seven percent of the sample used at least one outpatient service, 45% used at least one inpatient service, and 71% reported use of a school-based service. Youths involved with the mental health and special education sectors had the highest rates of service use. In contrast, youths enumerated from the juvenile justice system tended to have the lowest rates of use. Additional research is needed to refine our understanding of the factors associated with the observed patterns of service use.

122. Heimann, C. (2003). *Perceptions of a Problem. Report on Hunger: Trending Update*. Totum Research Inc.
Keywords: Hunger/Perceptions/Poverty
Reprint: On Request 12/10/04
123. Henteleff, Y. (2002). The Human Rights of Individuals with FAS/FAE: Still Largely Unmet. In Winnipeg, Manitoba: The Author.
Keywords: Criminal Justice/Canada/Children/Youth/Aboriginal children
Reprint: In File
Abstract: The author reviews some of the initiatives being undertaken to address the prevention of FAS/FAE within Canada. This presentation focused primarily on Aboriginal children and youth with FAS/FAE in pre-schools, the school system, in the juvenile justice system and in the community. Henteleff notes that there is nothing in the near horizon being made to alleviate the negative consequences of in addition to meeting the needs of individuals afflicted by FAS/FAE. Henteleff urges federal, provincial and territorial governments to provide more money and fund concrete programs rather than talk.
124. Hillian, D. & Reitsma-Street, M. (2003). Parents and Youth Justice. *Canadian Journal of Criminology and Criminal Justice*, 45, 19-41.
Keywords: Youth/Canada
Reprint: In File
Abstract: This article examines parents in the youth justice system based on a conceptual analysis and a phenomenological inquiry of parents with a son convicted of crimes in the youth justice system of a district in Western Canada. The difficult task of parenting a young offender is made more onerous by the societal tendency to blame parents or ignore their need for support; yet policies and practices expect parents to be the primary sources of supervision, care and rehabilitation of youth in difficulty. The findings chronicle parental experiences of stress and loss and hard work parents do to respond to the difficult and contradictory expectations of the youth justice system. Even when they did "all the right things" parents encountered systemic injustices and exclusion from meaningful participation in important decisions that affect their sons and themselves. The discussion explores the implications, taking parental experiences into account, and proposes systematic changes, based on a community change approach to youth justice, to facilitate enhanced parental support and empowerment (Journal abstract).
125. Hotton, T. (2003). *Childhood Aggression and Exposure to Violence in the Home*. (Rep. No. 002). Ottawa, ON: Statistics Canada, Canadian Centre for Justice Statistics.
Keywords: Violence
Reprint: In File
Abstract: This report explores the effect of witnessing violence in the home on aggressive behaviour among children controlling for other important influences such as parenting practices, community and social support available to the parent and child, child emotional problems, and other socio-demographic factors. The analysis is based on random samples of children and their primary caregivers interviewed for the National Longitudinal Survey of Children and Youth. Children were 6 to 11 years of age in the third cycle of the study. Given that early child conduct problems are found to be important predictors of crime and delinquency later in life, children in this age range are a critical target group for early prevention programs (p.6).
126. Howe, P., Leslie, B., & Regehr, C. (1999). Stressors in Child Welfare Practice. *Ontario Association of Children's Aid Societies Journal*, 43, 22-24.
Keywords: Child Welfare/Welfare
Reprint: In File
127. Howe, P. & McDonald, C. (2001). Traumatic Stress, Turnover and Peer Support in Child Welfare. Children's Aid Society of Toronto [On-line]. Available: http://www.casmt.on.ca/Publications/Research/R_transt.htm
Keywords: Child Welfare/Welfare/Children

Reprint: Not in File

Abstract: The issue of staff turnover is perhaps the most important problem facing front-line service delivery of child welfare. Among the contributing factors to worker turnover are stresses, including traumatic stress, feelings of job dissatisfaction due to overwhelming accountability requirements and concern over liability. The Children's Aid Society of Toronto, with approximately 700 staff, is one of the largest board operated child welfare organizations in North America. The Society has been involved in three recent initiatives to better understand the ongoing stressors encountered by child welfare staff and to develop responses to mitigate the impact of stress and retain staff.

128. Howe, P. & McDonald, C. (2001). Traumatic Stress, Turnover and Peer Support in Child Welfare. In *Child Welfare League of America Walker Trieschman Centre Finding Better Ways Conference, Dallas, Texas, May 8, 2001*.
Keywords: Child Welfare/Children/Welfare
Reprint: In File
Abstract: The issue of staff turnover is perhaps the most important problem facing front-line service delivery in child welfare. Among the contributing factors to worker turnover are stress, including traumatic stress, feelings of job dissatisfaction due to overwhelming accountability requirements, and concerns over liability. The Children's Aid Society of Toronto, with approximately 700 staff, is one of the largest board operated child welfare organization in North America. The Society undertook to three initiatives to better understand the ongoing stressors encountered by child welfare staff and to develop responses to mitigate the impact of stress and retain staff.
129. Howell, C. (2004). Integrating Child Welfare, Juvenile Justice, and Other Agencies in a Continuum of Services. *Child Welfare*, 83, 143.
Keywords: Child Welfare/Welfare/Health/Education
Reprint: Not in File
Abstract: This article presents a comprehensive strategy framework for integrating mental health, child welfare, education, substance abuse, and juvenile justice system services. It proposes an infrastructure of information exchange, cross-agency client referrals, a networking protocol, interagency councils, and service integration models. This infrastructure facilitates integrated service delivery.
130. Hull, J. (1996). *Aboriginal Single Mothers in Canada, 1996: A Statistical Profile*. Winnipeg, MB: Minister of Indian Affairs and Northern Development.
Keywords: Canada
Reprint: In File
Abstract: This document focusing on Aboriginal single mothers and their families was commissioned by the Department of Indian and Northern Developed based on custom tabulations from the 1996 Census.
131. Human Rights and Equal Opportunity Commission (2005). Bringing Them Home -The Report Aboriginal Child Placement Principle: State and Territory Review. Reconciliation and Social Justice Library [On-line]. Available: <http://www.austlii.edu.au/au/special/rsjproject/rsjlibrary/hreoc/stolen/stolen48.html#Heading187>
Keywords: Jurisdiction/Children/Child Placement Principle
Reprint: Not in File
Abstract: All Australian jurisdictions now recognize, either in legislation or policy, that when Aboriginal or Torres Strait Islander children are to be placed in substitute care, they should be placed within their own culture and community where possible. Each jurisdiction also recognizes that Indigenous people should be consulted about placements. In four of the eight jurisdictions the Aboriginal Child Placement Principle (ACPP) is established in legislation. In two jurisdictions the involvement of Indigenous organizations, notably Aboriginal and Islander child care agencies (AICCA's), is also defined by legislation.
132. Indian and Northern Affairs Canada (2003). *Registered Indian Population by Sex and Residence 2003*. Indian and Northern Affairs Canada.
Keywords: First Nations Communities/Population Statistics
Reprint: In File
133. Indian and Northern Affairs Canada (2004). *First Nation Community Profiles: Manitoba Region - 2004-05* Ottawa, ON: Indian and Northern Affairs Canada.
Keywords: First Nations Communities
Reprint: In File
Abstract: This resource provides profiles on the 62 First Nation communities in Manitoba for the fiscal year

2004-05. The resource combines information from a number of databases at the Department of Indian Affairs and Northern Development (DIAND). Profiles include information of general interest about the First Nation, the First Nation's government, Tribal Councils, Representative First Nation and reserves. Contains description of the First Nations agencies within the province that provide child and family services to community members on reserve.

134. Indian and Northern Affairs Canada (2004). Registered Indian Population Projections for Canada and Regions: 2000-2021. Indian and Northern Affairs Canada [On-line]. Available: http://www.ainc-inac.gc.ca/pr/sts/ipp_e.pdf
Keywords: First Nations Communities/Population Projections
Reprint: In File
135. Jinnett, K. & Alexander, J. A. (1999). The Influence of Organizational Context on Quitting Intention: An Examination of Treatment Staff in Long-Term Mental Health Care Settings. *Research on Aging, 21*, 176-204.
Keywords: Health
Reprint: Not in File
Abstract: This study uses multilevel methods to investigate the effects of organizational context on job satisfaction and quitting intention among staff working in long-term mental health care settings. Two types of organizational features are examined: group job satisfaction and structural features of the work unit (unit size, workload, and level of client functioning on the unit). A review of the organizational literature reveals that most empirical research has investigated job satisfaction at the individual level of analysis rather than the group level. The authors argue that the affective context of a group has real and measurable consequences for individual attitudes and behavior, independent of individual attitudes toward the job. Using multilevel modeling, study findings support the premise that group job satisfaction exercises effects on intention to quit independent of individuals' dispositions toward their jobs. These effects are both direct and interactive. The findings underscore the importance of affective context in shaping individual attitudes and behavioral intentions (Journal Abstract).
136. Johnston, J. C. (1997). *Aboriginal Offender Survey: Case Files and Interview Sample*. (Rep. No. Research Report R-61). Ottawa, ON: Correctional Services Canada.
Keywords: Poverty/Education
Reprint: In File
Abstract: The present study drew nationwide samples (approximately 50%) of Aboriginal offenders in federal custody for file review and face-to-face interviews. Criminal history data was also obtained from the Canadian Police Information Centre (CPIC). The samples represented all levels of security. Aboriginal offenders' criminal histories were characterized by a prevalence of violent offences, most common of which was assault. Property crime such as break and enter and theft were the most numerous and failure during community supervision made a strong showing.
From Aboriginal offenders' case files, information was collected regarding their childhood backgrounds. It was found that early drug (60.4 %) and alcohol abuse (57.9%) were commonplace, as were behavioral problems (57.1%). Other frequently-noted occurrences were both physical (45.2%) and sexual abuse (21.2%), as well as severe poverty (35.3%), and parental absence or neglect (41.1%). Suicide was attempted by 20.5 percent of these offenders. Identified case needs were also found in the Aboriginal offenders' case files. Although Aboriginal offenders' needs were across the board, the highest (i.e., the most problematic) areas were that of substance abuse and emotional/personal needs. In addition, over half this population had high employment and education needs identified by their case managers. In terms of a Risk/Needs analysis, this Aboriginal group studied tended to be a higher risk/higher needs population. Over 40 percent of those surveyed fell into the high risk/high needs cell, according to their case files. The balance of the others tended to group around the high risk/medium needs or the medium risk/high needs cells (Portions adapted from Executive Summary).
137. Jones, K. E. (2003). *Maintaining a Long-term Commitment to Children in Care: Factors that Influence the Continued Capacity of Foster Parents Who are Raising First Nations Children with FAS/FAE in Rural and Reserve Communities*. Faculty of Education, University of Manitoba.
Keywords: Adolescents/Child Welfare/Children/Children-in-care/Disability/Welfare
Reprint: In File
Abstract: Children with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE) present unique challenges to the families and individuals who raise them. Challenges presented by the disability often are compounded by a tenuous relationship with the family of origin, a potential for a high level of physical and emotional abuse early in life, and the subsequent involvement of child welfare authorities. The problem of sustaining a child with FAS/FAE can be more difficult on First Nations reserves where there may be a number of children with FAS/FAE and relatively few resources to support their needs. A recent landmark study by Streissguth, Barr, Kogan, and Bookstein (1997) found that the best outcomes for children with FAS/FAE are

achieved when they are maintained in stable, nurturing homes for the longest possible time. The ability of parents or alternative caregivers to provide long-term nurturing care to vulnerable children with FAS/FAE is jeopardized by the multiple challenges presented by the disability itself. The purpose of this study was to explore all of the personal, relational, and situational factors that influence the capacity of foster parents to be able to maintain a stable and nurturing environment for their foster children with FAS/FAE. This study employed a qualitative, multiple case study methodology to look at the experiences of eight foster families living in rural or 'on reserve' environments. Within this unique social-cultural context, each participating foster family had lived with the same First Nations children with FAS/FAE for more than five years. Results from the study suggest the need for a higher level of collaboration between foster parents and community supports. Further, the study found that a lack of specialized supports for children with FAS/FAE in rural or reserve environments created excess stress for foster families and their children with FAS/FAE. Excessive stress was especially noted among families raising adolescents. This study offers direction for concerned child welfare authorities who are aiming to support long-term placements of children with FAS/FAE (Dissertation Abstract).

138. Jonson-Reid, M. (2001). Adolescent Sexual Offenders: Incidence of Childhood Maltreatment, Serious Emotional Disturbance, and Prior Offenses. *American Journal of Orthopsychiatry*, 71, 120.
 Keywords: Childhood Maltreatment/Adolescents/Child Abuse/Child Welfare/Welfare/Education
 Reprint: Not in File
 Abstract: Adolescents incarcerated for sexual offenses were compared to those incarcerated for other crimes on measures of prior child abuse and neglect, serious emotional disturbance, and involvement in child welfare and the juvenile justice system. Sexual or physical abuse was more common than neglect among sexual offenders with fewer than three prior maltreatment reports. Sexual offenders were twice as likely to be receiving special education services for severe emotional disturbance, and were usually incarcerated later than other offenders. Implications for research and practice are discussed.
139. Jonson-Reid, M. & Barth, R. P. (2003). Probation Foster Care as an Outcome for Children Exiting Child Welfare Foster Care. *Social Work*, 48, 348.
 Keywords: Child Welfare/Children/Foster Care/Welfare/Health/Social Work
 Reprint: Not in File
 Abstract: Little research has been done to help us understand what happens to children who exit child welfare foster care for reasons other than emancipation. Almost no research exists to help us understand out-of-home placement supervised by other providers of children's social services such as juvenile probation or mental health. This study examined school-age children who entered out-of-home placement supervised by probation departments after they left child welfare foster or group care. Instability in child welfare placements significantly increased the risk of a transition to probation foster care. Among the children exiting child welfare placements, those who had entered their first spell in care at ages 12 through 14 or were first removed because of sexual abuse or neglect were at greater risk of probation out-of-home placement. Implications for social work policy and services are discussed.
140. Jonson-Reid, M. (2004). Child Welfare Services and Delinquency: The Need to Know More. *Child Welfare*, 83, 157.
 Keywords: Child Welfare/Welfare/Delinquency/Juvenile Delinquency/Children
 Reprint: Not in File
 Abstract: This article describes the need for a better understanding of the moderating effects of child welfare services on delinquency. Although juvenile delinquency is a commonly studied issue, researchers have paid little attention to the degree to which child welfare services may be associated with changes in subsequent delinquency rates. Emerging evidence suggests that for certain groups of maltreated children such as children of color and females, certain child welfare services are associated with variations in risk of delinquent outcomes. The article discusses key methodological, theoretical, and policy implications that help guide further research in this area.
141. Kahan, B. (1999). "Residential Child Care: After Waterhouse." Swings & Roundabouts in Child Care Policy & Practice. Fifty Years 1948-1998. Conference of the Association of Child Abuse Lawyers [On-line]. Available: www.abny.demon.co.uk/aca/RESIDENTIALCHILDCareBKahan.htm
 Keywords: Child Abuse/Foster Care/Residential Care/Children
 Reprint: In File
 Abstract: Based on a presentation made by the author at a conference in Cambridge, England, this resource reviews the two major kinds of substitute care for children in England - residential care and foster care. The paper also scans a very wide field touching also on the issue of sexual abuse of children and the perspectives of victims.

142. Kahn, J. (1991). Assessing Re-offense Risk with Juvenile Sexual Offenders. *Child Welfare*, 70, 333.
 Reprint: Not in File
 Abstract: This article summarizes a two-year study of juvenile sexual offenders in Washington. Both community-based and institution-based treatment programs were evaluated. A typical profile of the juvenile sexual offender is offered, as well as recidivism data from a mean 20-month follow-up period.
143. Kaufman, J. & Zigler, E. (1987). Do abused children become abusive parents? *American Journal of Orthopsychiatry*, 57, 186-192.
 Keywords: Aggression/Children/Family Violence
 Reprint: In File
 Abstract: The belief that abused children are likely to become abusive parents is widely accepted. The authors review the literature cited to support this hypothesis and demonstrate that its unqualified acceptance is unfounded. Mediating factors that affect transmission are outlined and the findings of several investigations are integrated to estimate the true rate of transmission (Journal Abstract).
144. Kawachi, I. (1999). Social Capital and Community Effects on Population and Individual Health. *Annals of the New York Academy of Sciences*, 896, 120-130.
 Keywords: Delinquency/Education/Health/Juvenile Delinquency/Youth
 Reprint: In File
 Abstract: Social capital refers to those features of social relationships--such as levels of interpersonal trust and norms of reciprocity and mutual aid--that facilitate collective action for mutual benefit. Social capital is believed to play an important role in the functioning of community life across a variety of domains, ranging from the prevention of juvenile delinquency and crime, the promotion of successful youth development, and the enhancement of schooling and education to the encouragement of political participation. More recently, researchers have begun to apply the concept to explain variations in health status across geographic localities. In preliminary analyses, the higher the stocks of social capital (as indicated by measures of trust and reciprocity in social surveys), the higher appear to be the health achievement of a given area. Strengthening the social capital within communities may provide an important avenue for reducing socioeconomic disparities in health.
145. Kendrick, A. (1999). Education and Residential Care: A Brief Review. Department of Social Work, University of Dundee [On-line]. Available: <http://www.strath.ac.uk/research/kendrick2printer.html>
 Keywords: Education/Residential Care
 Reprint: In File
 Abstract: This source provides a brief overview of the poor educational achievement of young people who enter residential care in the United Kingdom.
146. Kierkus, C. & Baer, D. (2002). A Social Control Explanation of the Relationship between Family Structure and Delinquent Behaviour. *Canadian Journal of Criminology*, 44, 425-458.
 Keywords: Children/Delinquency/Family Structure/Youth
 Reprint: In File
 Abstract: Despite the copious amount of literature that has been published regarding the influence of family structure on delinquent behaviour, a clear understanding of this phenomenon is yet to emerge. The majority of previous studies have only investigated if family structure is related to misbehavior. They have failed to establish why this relationship exists. Some authors who have addressed this issue have attempted to use social control theory to explain their findings. Their conclusions were frequently contradictory. The purpose of this study was to determine if the parental attachment component of social control theory could explain why family structure is related to delinquency. A representative sample of school children from the Province of Ontario was analyzed (n=1,891). The findings suggest that family structure is a significant predictor of most self-reported delinquent behaviour at the zero order level and when age, sex, and SES are controlled. When parental attachment is entered into the equation, the magnitudes of the relationships between family structure and delinquency are substantially reduced. This suggests that the parental attachment component of social control theory may provide a plausible explanation for why certain family structures are linked to delinquency (Journal abstract).
147. Korhonen, M. (2004). *Alcohol Problems and Approaches: Theories, Evidence and Northern Practices*. Ottawa, ON: Ajunniqiniq Centre, National Aboriginal Health Organization.
 Keywords: Fetal Alcohol Spectrum Disorder/Northern
 Reprint: In File
 Abstract: The purpose of this paper was to provide essential information about alcohol problems, theories about causes evidenced based best practices in alcohol problem treatment and prevention. Treatment practices in Inuit

communities is also examined so gaps in services can be identified. The paper is also intended to be of some practical use by providing basic information about the process and content of effective alcohol services. A glossary of relevant terms is included.

148. Kovach, M. (2002). A story of innovation and collaboration: The Aboriginal social work training program in British Columbia. *Canada's Children, 2002*, 28-32.
Keywords: Social Work
Reprint: In File
Abstract: This article details the innovative beginnings and successful collaborations on the Aboriginal Social Work Training Program in British Columbia.
149. Kowlessar, D. L. (1997). *An Examination of the Effects of Prenatal Alcohol Exposure on School Age Children in a Manitoba First Nations Community*. Master of Science, University of Manitoba.
Keywords: Children/First Nations Communities/Manitoba
Reprint: In File
Abstract: A cross-sectional survey was conducted in one First Nation Community in Manitoba to determine the prevalence of Fetal Alcohol Syndrome (FAS) among 178 school-aged children (ages 5 years to 15 years). The study consisted of four parts: a maternal interview, where mothers were questioned about family dynamics, pregnancy and family histories, as well as alcohol use during pregnancy using the TWEAK screening questionnaire; review of the child's birth records to confirm alcohol exposures reported by the mother; Dysmorphology assessment by a clinical geneticist; and psycho-educational testing by a trained retired teacher. The geneticist and teacher were blind to the alcohol exposure status of each child at the time of assessment. The dysmorphology parameters which differ significantly between the alcohol exposed and unexposed groups are: decreased height, weight, head circumference and palpebral fissure lengths, and midface hypoplasia. Growth parameter data of the "Normal" category of school-aged children were used to generate standard Native growth curves for school-aged children from this community. These curves were compared to the pre-existing curves in the literature, primarily derived using Caucasian data, and showed significant differences between the two populations. With respect to postnatal growth, Native children from this community tend to be heavier, taller, have larger head circumferences, longer fingers, and more widely spaced eyes than their Caucasian counterparts. Comparison of the FAS and Partial FAS children with the Native curves increased the number of children that would be considered "classic" FAS cases, as opposed to comparisons against Caucasian standards. (Abstract shortened by UMI.)
150. Kroll, B. & Taylor, A. (2003). *Parental Substance Misuse and Child Welfare*. London: Jessica Kingsley Publishers.
Keywords: Child Welfare/Substance Misuse/Welfare
Reprint: In File
Abstract: Kroll and Taylor cover a wide range of issues considering, first, research into substance abuse and its impact on parenting, second, the effects on children of being cared for by substance misusing parents and, finally, how policy and practice can best be developed to work with children and families in these situations. How individual children will react is not particularly easy to predict and the authors advise that "listening to what children have to say and being prepared to hear about their particular reality is the only reliable way of gaining any insight into what they are coping with and how they managing" (p.191).
151. Kroll, B. (2004). Living with an Elephant: Growing up with Parental Substance Misuse. *Child and Family Social Work, 9*, 129-140.
Keywords: Substance Misuse
Reprint: In File
Abstract: Although parental substance misuse is now a focus of concern in child welfare practice, we know little about what it is really like for children who grow up in families where adult drug and/or alcohol use is an issue. Set against a backdrop of research links between parental substance misuse and child maltreatment, this article examines a number of studies that focus on the experience of children and young people in this context. Emerging themes are identified which provide insight into the world of children for whom a substance is, effectively, a family member - "the elephant in the living room" - and the implications for practice, particularly in relation to children's visibility, disclosure and confidentiality, are considered. It is argued that the focus on the 'elephant' often leads to children remaining 'invisible' to those whose role it is to ensure their welfare (Journal abstract).
152. Kruzich, J. M., Friesen, B. J., Williams-Murphy, T., & Longley, M. J. (2002). Voices of African American Families: Perspectives on Residential Treatment. *Social Work, 47*, 461-470.
Keywords: American Families/Children/Perceptions

Reprint: In File

Abstract: Families' perceptions about involvement in residential treatment from the viewpoint of African American and non-African American family members were the focus of discussion in a focus group. They found that all family members shared some common positive and negative experiences. However, unique issues remained for African American caregivers. The costs to children of being separated from their families and communities, fears regarding use of medications, cultural dissimilarities of staff and clients, staff stereotyping, and a commitment to advocating for children other than their own were themes frequently expressed by African American family members. Implications for social services professionals serving African American families are highlighted (Journal Abstract).

153. Lakin, B. L., Brambila, A. D., & Sigda, K. B. (2004). Parental Involvement as a Factor in the Readmission to a Residential Treatment Center. *Residential Treatment for Children & Youth, 22*, 37-52.
Keywords: Adolescents/Children/Family Functioning
Reprint: In File
Abstract: Parental involvement during treatment is examined as a factor in the recidivism to a children's residential treatment center. Data was collected on 89 children and adolescents from 5 to 17 years old from the University of New Mexico's Children's Psychiatric Center. Patients with greater parental involvement (attendance in family therapy, number of weekly parent visits, telephone calls, and arranged therapeutic absences) showed a lower recidivism rate than those patients with lower levels of parental involvement. Patients with higher levels of parental involvement were also found to have better family functioning and less severe impairments in their own functioning at discharge (Journal Abstract).
154. Laporte, A., McKee, T., Lisakowski, Z., Chudley, A. E., & Conry, J. (2003). *Fetal Alcohol Spectrum Disorder: FASD Guidebook for Police Officers*. Ottawa, ON: Royal Canadian Mounted Police.
Keywords: Collateral Services/Fetal Alcohol Spectrum Disorder/Investigations/Police Response/Disability/Special Needs
Reprint: In File
Abstract: This guidebook was created as part of a program to increase RCMP police officers with awareness of disabilities caused by pre-natal exposure to alcohol and to help them become more effective in their investigations when dealing with individuals with FASD. It stresses that police cannot diagnose alone as it is a medical, social, educational and judicial issue that requires community response. It also stresses that police have a key role in networking to this effect because they are front-line workers who will come into contact with a high number of victims, witnesses and suspects who have been affected by alcohol prenatally. Police officers also must always remember that people with FASD have "diminished capacity" and thus require consideration of their special needs and a compassionate response. The guidebook provides information about FASD, how to recognize it and approaches to investigations involving individuals with FASD and when police can turn to for helping in conducting their investigations.
155. Latimer, J. (2004). *A One-Day Snapshot of Aboriginal Youth in Custody Across Canada: Phase II*. Ottawa, ON: Department of Justice Canada.
Keywords: Aboriginal Youth/Youth/Canada/Jurisdiction/Incarceration
Reprint: In File
Abstract: There is limited empirical research that documents the over-representation of Aboriginal youth in the youth justice system. The central goal of this study was to determine the precise incarceration rates for Aboriginal and non-Aboriginal youth in Canada using a "snapshot" method. This snapshot data comes from a standardized Youth Information Form that was completed by all youth in custody in each province and territory on the Snapshot Day. The jurisdiction agreed to collect the data using a combination of manual file reviews, extractions from automated systems and interviews with youth. In addition, all custody facilities in each province and territory completed a standardized Facility Information Form, which provided details of the custody instructions. Eleven of the twelve jurisdictions collected Snapshot Data on June 4, 2003. For logistical reasons, Ontario collected the data on June 25, 2003 for Phase II youth (aged 16 and 17 years) and July 25, 2003 for Phase I youth (aged 12 to 15 years).
156. Law Commission of Canada (2000). *Restoring Dignity: Responding to Child Abuse in Canadian Institutions*. Ottawa, ON: Law Commission of Canada.
Keywords: Canada/Children/Health/Poverty/Welfare/Child Abuse/Aboriginal children/Disability
Reprint: In File
Abstract: In November 1997, Justice Minister Anne McLellan asked the Law Commission of Canada to prepare a report on the means for addressing the harm caused by physical and sexual abuse of children in institutions operated, funded or sponsored by government. These institutions included residential schools for Aboriginal

children, schools for the Deaf and blind, training schools, long-term mental health care facilities and sanatoriums. From the outset, the Commission was confronted with three key facts. First, the majority of children placed in institutions came from the most underprivileged or marginalized groups in society. These included children with disabilities, children from racial and ethnic minorities, Aboriginal children, and children living in poverty, among others. Second, a significant power imbalance existed between the children and those in charge of these institutions, one that went beyond the obvious power imbalance between a child and an adult in a position of authority. Many teachers, counselors, supervisors and guards, for example, had the added weight of institutional authority behind them - the moral weight of a respected religious order or the official power of a government. Third, there was little independent monitoring of what went on inside these institutions. This lack of effective protection of children cannot be attributed to a single, simple cause. In some cases however, the desire to preserve the good name of an institution took precedence over a concern for the welfare of children. Children who lived in residential institutions suffered some measure of disconnection, degradation and powerlessness, due to the very nature of institutional life. In determining the scope of its research, the Commission therefore felt it was important to look not only at physical and sexual abuse but at other types of maltreatment as well such as neglect and emotional, spiritual, psychological, racial and cultural abuse, all of which also have profound and long-lasting effects. Furthermore, it examined the impact of abuse on children who were not abused themselves but who witnessed the abuse of others. The experience of Aboriginal children in residential schools must be singled out for particular study because their presence in residential schools was the result of a policy of assimilation sustained for several decades by the federal government, with the cooperation of many religious organizations. Deprived of their native languages, cultural traditions and religion, many Aboriginal children in residential schools were cut off from their heritage and made to feel ashamed of it. As a result, the residential school system inflicted terrible damage not just on individuals but on families, entire communities and peoples. Central to the Commission's approach to assessing responses is the perspective of survivors. They have by far the weakest voice of all parties involved in allegations of institutional child abuse. Too often, their needs have been considered incidental to other priorities such as the punishment of perpetrators. It is the Commission's hope that by focusing on survivors it will help make all processes of redress more responsive to their needs (Portions taken from the Executive Summary).

157. Lee, K. K. (2000). *Urban Poverty in Canada: A Statistical Profile*. Canadian Council on Social Development.
 Keywords: Aboriginal Peoples/Canada/Poverty/Urban Poverty
 Reprint: In File
 Abstract: Published in April 2000 by the Canadian Council on Social Development, this study uses the 1996 statistics to compare poverty rates among Canadian cities and provide a profile of Canada's urban poor. Special attention is given to poverty rates among visible minorities, immigrants, and Aboriginal peoples living in urban areas.
158. Leschied, A. W., Rodger, S., Cummings, A., Hurley, R., MacGregor, T., & Nash, J. (2004). *The Challenge of Fostering: An Investigation of Factors Related to the Recruitment and Retention of Foster Families in Nine Child Protection Agencies in Southwestern Ontario*. London, ON: University of Western Ontario, Faculty of Education.
 Keywords: Recruitment/Recruitment and Retention/Retention/Foster Care/Child Welfare/Welfare/Children/At Risk
 Reprint: In File
 Abstract: Foster care is a critical part of the child welfare residential system. It provides for the safety and programming for children who are at risk if allowed to remain within their primary families. Over the past decade, the number of children and families referred to children's aid societies in Ontario has increased dramatically, placing increasing pressure on the limited resources of children's aid societies (CAS) generally and the foster care system in particular. The purpose of this study was to solicit the views of foster parents in nine child protection agencies in Southwestern Ontario on issues related to the retention and recruitment of foster parents including the motivation to foster, relationship to CAS and their workers, types of training provided and the need for external support. Six hundred fifty-two foster parents participated in a survey of 140 questions. Fifty-four foster parents participated in focus groups to discuss their experiences, what they need and what works in terms of recruitment and retention of foster families.
159. Leschied, W. (1989). Examining the Needs of Youth in Secure Custody: Why We Need to "Recreate the Wheel" in Canadian Juvenile Justice. *Canadian Journal of Psychiatry*, 34, 675.
 Keywords: Youth/Admission/Jurisdiction
 Reprint: Not in File
 Abstract: The current study reviews the personal characteristics of 32 consecutive admissions to a secure custody centre in one southwest Ontario jurisdiction under the Young Offenders Act. Results indicated that there was considerable variability amongst the group regarding court history and the seriousness of the charge

on which committal was made. Background history data suggested that the problems of youths committed to secure custody reflect considerable difficulties within families and school. The discussion questions whether the youths in this group are better served through the dispositions emphasizing custody-deterrence or rehabilitation-treatment. Implications for young offender policy are also presented.

160. Lietz, C. A. (2004). Resiliency Based Social Learning: A Strengths Based Approach to Residential Treatment. *Residential Treatment for Children & Youth*, 22, 21-36.
Reprint: In File
Abstract: This article discusses a new theoretical framework that combines social learning theory with research on resilience to create a strengths based model for residential treatment that seeks short and long term changes in its residents.
161. Lindsey, D. & Regehr, C. (1993). Protecting Severely Abused Children: Clarifying the Roles of Criminal Justice and Child Welfare. *American Journal of Orthopsychiatry*, 63, 509-517.
Keywords: Children/Criminal Justice/Child Welfare/Welfare/Child Abuse
Reprint: Not in File
Abstract: Child abuse legislation and increased public scrutiny have made child abuse the main focus of child welfare agencies. As a criminal act, severe child abuse should be dealt with by the criminal justice system to protect both endangered children and the rights of accused parents. Thus relieved of excessive demands, child welfare agencies could refocus on treatment and services to economically disadvantaged clients. A framework for intervention in allegations of child abuse is proposed.
162. Little, M., Axford, N., & Morpet, L. (2004). Research Review: Risk and Protection in the Context of Services for Children in Need. *Child & Family Social Work*, 9, 105.
Keywords: Children
Reprint: Not in File
Abstract: The paper summarizes the evidence and provides definitions of risk, protective factors, resilience, coping strategies and need in the context of children in need. Definitions are offered for children in need and children's services. The way in which individual interpretation can alter objective assessment of risk is explored. A method for recording evidence relevant to clinical practice on behalf of children in need is offered. Implications for policy and practice are discussed.
163. Ma, S. J. (2004). *Just Listen to Me: Youth Voices on Violence* Toronto, ON: Office of Child and Family Service Advocacy; Voices for Children.
Keywords: Children/Foster Care/Violence/Youth
Reprint: In File
Abstract: Just Listen to Me presents a stark picture of the pervasive nature of violence in many children and youth's lives, their views as to its causes and their recommendations for prevention. What is unique about this report is that up until now children and youth voices have not been heard, and if they have been heard at all, they have not been respected or acted upon. The youth who participated in these discussions believe that youth violence can be reduced or stopped only when their opinions and experiences are given credence and value. The children and youth in these discussions feel they must be a part of the solution: just by listening to youth, society as a whole can come much closer to solving a complex problem that affects everyone, regardless of age. As a society we need to create sustainable changes at the very heart of our communities to ensure a future that is marked less by violence, and more by respect. Just Listen to Me reflects the voices of Ontario youth from a variety of different backgrounds. Some have been exposed to "the system" through children's aid, group homes, foster care, and detention centres. Some of the children and youth live with their families in small towns or urban centres. Some attend school, while others work. Some are single and a few are parents of young children.
164. MacDonald, M. (1997). Perceptions of Racism in Youth Corrections: The British Columbia Experience. *The Canadian Journal of Native Studies*, 17, 329-350.
Keywords: Perceptions/Youth/Aboriginal Youth
Reprint: In File
Abstract: Michael MacDonald's article *Perceptions of Racism in Youth Corrections: The British Columbia Experience*, published in the Canadian Journal of Native Studies in 1997, is one of few academic sources of information that speak directly about the intersection of racism with respect to Aboriginal youth incarcerated in youth correctional facilities. MacDonald's research discovered that, for the most part, both Native youth and the correctional senior management in British Columbia felt racist attitudes and behaviours were not overtly present in youth corrections. Data for this research was collected from three primary sources: Native youth resident in British Columbia correctional facilities, senior management and by reviewing the participating Native youth's

correctional files. The discriminatory behaviour from staff and other residents within the correctional facility acknowledged that there were some occurrences of racism but that it was, at best, minimal. Such behaviour was qualified as being minor, covert and usual non-damaging. MacDonald expressed particular concern over the responses provided by the Native youth in terms of how they have perceived racist treatment. He noted that some Native youth have been so subjected to a lifetime of racist behaviour in the social/communal context that the racist behaviour becomes internalized as "normal" treatment. Thus, when experiencing obvious forms of racist behaviour within corrections, these youth will frame and interpret such behaviour as non-racist or even "normal." MacDonald felt that determining the root of this was beyond his study's framework and that further research was critically necessary.

165. Malmgren, K. W. & Meisel, S. M. (2004). Examining the Link between Child Maltreatment and Delinquency for Youth with Emotional and Behavioral Disorders. *Child Welfare, LXXXIII*, 175-188.
Keywords: Child Maltreatment/Youth
Reprint: In File
Abstract: This study examined service delivery and risk factors for 93 youth with emotional and behavioral disorders who were served by one jurisdiction's child welfare, juvenile justice, and special education agencies. The researchers collected data through an archival review of agency records. The article discusses findings as they relate to the link between maltreatment and delinquency for youth with emotional and behavioural disorders and includes recommendations for integrating early intervention efforts.
166. Maluccio, A. N. & Ainsworth, F. (2004). Drug Use by Parents: A Challenge for Family Reunification Practice. *Children and Youth Services Review, 25*, 511-533.
Keywords: Substance Misuse/Child Welfare/Welfare/Children/Out-Of-Home Care/Children-in-care
Reprint: In File
Abstract: Family reunification practice has been a cornerstone of child welfare services for the last decade or more. This practice is now challenged by a significant rise in the number of children entering out-of-home care due to abuse and neglect associated with drug use. These parents present a special problem for agencies in relation to reunification. Is it possible to ensure a child's safety and future development if reunification is pursued where parental drug use is ongoing? This article does three things. First, it cites the evidence about the incidence of drug use by parents and children in care. Second, it reviews the recent family reunification research and in so doing confirms the importance of family reunification efforts. Third, it proposes a three-stage model of enhanced reunification practice for use with parents to test the viability of reunification in situations where drug use remains an issue.
167. Mandell, D., Carlson, J. C., Blackstock, C., & Fine, M. (2003). Aboriginal Child Welfare. Partnerships for Children and Families Project [On-line]. Available: <http://info.wlu.ca/pcfproject/>
Keywords: Aboriginal Child Welfare/Culturally Appropriate Practices/Jurisdiction
Reprint: In File
Abstract: This resource explores major issues in Canadian Aboriginal child welfare, drawing upon an extensive review and synthesis of current theory and practice. By using a wide variety of sources outside mainstream academic child welfare literature, the authors attempt to present a coherent understanding of Aboriginal child welfare issues that encompass history, theoretical analysis, politics, visions, realities, education, evaluation and aspirations.
168. Manitoba (2003). *Manitoba Family Services and Housing Annual Report 2002-2003*. Winnipeg, MB: Manitoba.
Keywords: Child and family services/Housing/Manitoba
Reprint: In File
Abstract: Annual report highlighting departmental programs and financial expenditures for the fiscal year 2002-2003.
169. Manitoba (2004). *Health Child Manitoba Office: Annual Report 2003-2004*. Winnipeg, MB: Province of Manitoba, Health Child Manitoba.
Keywords: Health/Manitoba
Reprint: On Request 01/20/05
Abstract: This is an annual report prepared by Healthy Child Manitoba. It provides an overview of its mandate, objectives and its major activities and accomplishments followed by a review of its financial expenditures.
170. Manitoba (2004). *Investing in Early Childhood Development: 2003 Progress Report to Manitobans*. Winnipeg, MB: Manitoba, Healthy Child Manitoba.

Keywords: Manitoba/Education/Health

Reprint: In File

Abstract: This government publication provides an overview on the progress of Healthy Child Manitoba programs and initiatives by looking at early learning and child care; BabyFirst and Early Start Home Visiting in Manitoba; the Department of Education's Early Childhood Development Initiative; the Early Development Instrument, and Improving the health of Manitobans through early childhood development.

171. Manitoba Bureau of Statistics (1997). Manitoba's Aboriginal Populations Projected 1991-2016. Government of Manitoba [On-line]. Available: http://www.gov.mb.ca/ana/pdf/population_projections.pdf
Keywords: Aboriginal Peoples/Population Projections/Manitoba/Canada/Statistics/Winnipeg
Reprint: In File
Abstract: This report contains a set of projections for Manitoba's Aboriginal populations. Registered Indians and Inuit have been grouped together as Status Indians for the projections in this report due to the relatively low number of Inuit persons in Manitoba. In the 1991 Census, 900 persons identified themselves as Inuit (either single or multiple ethnic origin). Projections of Canada's Aboriginal persons were done by Statistics Canada's Employment Equity Data Program by Province and Territory for the period 1991-2016. The base population for these projections was the 1991 Census, adjusted for net Census under coverage and un-enumerated Indian Reserves. The Appendix contains the age distributions of the 3 Aboriginal groups over the 25 year projection periods for Manitoba, On Reserve, Winnipeg and Other Off Reserve.
172. Mann-Feder, V. & Savicki, V. (2003). Burnout in Anglophone and Francophone Child and Youth Workers in Canada: A Cross-Cultural Comparison. *Child & Youth Care Forum*, 32, 337-354.
Keywords: Burnout/Youth/Canada
Reprint: In File
Abstract: This article presents Canadian-specific findings from a study that compared child and youth care workers in thirteen cultures on four research scales (Savicki, 2002). The purpose of the overall study was to identify the ways in which individuals from different cultures responded to working with youth, and ways in which they coped with the threat of burnout. As part of a larger study (Savicki, 2002), data was collected among 68 Francophone and 48 Anglophone Canadian youth workers from a variety of settings. While there were no differences in burnout between the Francophone and Anglophone cultures, large differences appeared in cultural dimensions in the manner of child and youth care practice, and in the contributors to burnout in each culture. With three out of four cultural dimensions significantly different, dramatic differences in culture exist side-by-side in Quebec (Journal Abstract).
173. Martens, P., Fransoo, R., McKeen, N., and the Need to Know Team (Funded through CIHR), Burland, E., Jebamani, L. et al. (2004). Patterns of Regional Mental Illness Disorder Diagnoses and Service Use in Manitoba: A Population-Based Study. Manitoba Centre for Health Policy [On-line]. Available: http://www.umanitoba.ca/centres/mchp/reports/pdfs/mental_health.pdf
Keywords: Health/Manitoba/Mental Health Services/Mental Illness/Winnipeg
Reprint: In File
Abstract: This study looks at males and females (aged 10 or more) over a five-year period (1997/98-2001/02). The use of health care services are examined from a population-based perspective-meaning where patients live, not where they receive the care. Some of the key findings include:
- Of all Manitobans aged 10 and older, 24% are in the cumulative disorders group, 13% in the other disorders group, leaving 63% with no diagnoses for a mental illness.
 - In Brandon (the district of Brandon East in particular), Winnipeg and the North, treatment prevalence for cumulative disorders is high - in the Rural South it's low.
 - People with mental illness visit physicians, are hospitalized and use home care more than twice as often as people with no mental illness but only about 1 in 5 of their physician visits and 1 in 10 of their hospitalizations are for mental illness.
 - People with mental illness are roughly twice as likely to be hospitalized for physical complaints-respiratory, circulatory, digestive, and most other illnesses
 - While only 19% of males are in the cumulative disorders group, they account for 37% of all hospitalizations for males. They use 41% of all short-stay days, and 52% of all long-stay days. For females, 29% have cumulative disorders, yet account for 44% of female hospitalizations, 47% of short-stay days, and 52% of long-stay days.
 - In Winnipeg and Brandon there is a strong tie between mental illness and income levels; poorer areas have the highest treatment prevalence. We don't see the same pattern in rural areas.
 - People with cumulative disorders from the highest income areas, both urban and rural have the highest psychiatrist visit rate.
 - People (cumulative disorders and no disorders) from the lowest income areas, both urban and rural, have the

highest all-cause (for mental or physical illness) hospitalization rate.

- About 83% of nursing home residents have at least one mental illness diagnosis and about 75% of those admitted in 2002/03 were diagnosed with a mental illness in the previous five years.
- The most frequent users of psychiatrists are people aged 35-55. Rates for young adults are low and extremely low for people 60 or older.
- Male Manitobans commit suicide at three times the rate that females do but female Manitobans attempt suicide twice as often as males. The highest rates for attempted suicide are in the north. Across all RHAs, the rate of attempted suicide is highest among the young, those 15-25 years old.

This is not a traditional child welfare focused article but it does provide some insight into the functioning of caregivers as well as an understanding of the issues and functioning issues of some children who come to the attention of child welfare authorities.

174. Martin, P. & Fontana, J. (1990). *[Chapter 3] Housing: The Cause of and... a Potential Solution to Poverty*. Ottawa, ON: National Liberal Caucus Task Force on Housing, National Liberal Caucus, Parliament of Canada.
Keywords: Canada/Housing/Poverty
Reprint: In File
Abstract: This report is from Finding Room: Housing Solutions for the Future. Report of the National Liberal Caucus Task Force on Housing, which was co-chaired by Paul Martin M.P. and Joe Fontana M.P. May 14, 1990.
175. Masotti, P., Szala-Meneok, K., Selby, P., Ranford, J., & Van Koughnett, A. (2003). Urban FASD Interventions: Bridging the Cultural Gap between Aboriginal Women and Primary Care Physicians. *Journal of FAS International, 1*, 1-8.
Keywords: Fetal Alcohol Spectrum Disorder/Women
Reprint: In File
Abstract: *Introduction:* There is a cultural gap between urban-based primary care physicians and Aboriginal women. Bridging this gap will improve the physician-patient relationship and facilitate effective FASD intervention. The authors proposed the development of culturally appropriate interventions. *Background:* Primary care offices are ideal venues for FASD interventions. However, due to cultural differences, they may be less than ideal for the growing population of Aboriginal women. FASD is permanent, preventable and under diagnosed. Research indicates that rates are higher in Aboriginal populations. There is evidence that binge drinking, possibly the most important risk factor for FASD, is more common among Aboriginal women. There is a need to develop interventions for Aboriginal women. *Methods:* Authors proposed development of brief alcohol interventions that consider the characteristics/needs of physicians and Aboriginal mothers. Research would develop the qualitative methods used to introduce information to and learn from stakeholders. The intervention would have six core operational characteristics where the intervention would: i) identify 'at-risk' women; ii) assess drinking behaviours; iii) provide information on the harmful effects of drinking above recommended limits; iv) facilitate the decision of women to adopt healthier drinking behaviours; v) monitor changes or progress; and vi) be acceptable to clinicians and easily implemented (Journal abstract).
176. Mata, F. & Valentine, J. (1999). *Selected Ethnic Profiles of Canada's Young Age Cohorts*. Strategic Research and Analysis, Multiculturalism Program; Citizen's Participation and Multiculturalism, Department of Canadian Heritage.
Keywords: Ethnic Profiles/Profiles/Young Age Cohorts
Reprint: In File
177. Matherne, M. M. & Thomas, A. (2001). Family Environment as a Predictor of Adolescent Delinquency. *Adolescence, 36*, 655-664.
Keywords: Delinquency/Youth
Reprint: In File
Abstract: Efforts to decrease delinquency have led many researchers to study the underlying factors that lead youth to engage in delinquent acts. Webber (1997) has suggested that studies of delinquency can be categorized into those positing societal, individual, and/or family etiologies. The current research investigated the latter by assessing the relationship between family environment and delinquency. One hundred twenty-seven 9th grade students completed the Family Adaptability and Cohesion Evaluation Scales (FACES III: Olason, Portner, & Lavee, 1985) and a modified version of Elliot and Ageton's (1980) Self-Report Delinquency Scale. Results indicated that the relationship between the two scales was moderated by family status (traditional versus non-traditional). The cohesiveness of the family successfully predicted the frequency of delinquent acts for non-traditional families, but failed to predict delinquency for traditional families. Implications for counselors, educators, and parents are discussed.

178. McDaniel, M. & Slack, K. S. (2005). Major Life Events and the Risk of a Child Maltreatment Investigation. *Children and Youth Services Review*, 27, 171-195.
 Keywords: Child Maltreatment/Child Protection System/Investigations/Low-Income Parents/Welfare
 Reprint: In File
 Abstract: The authors examined whether moving to a new home, having a baby, being arrested or having a child who is suspended or expelled from school increases low-income parents' risk of being investigated for child maltreatment. These events posed a significant risk for investigations that was not explained by parenting stress or material hardship. The authors hypothesized that caregivers on welfare and those who experience major life events are investigated more often because they are more visible to those placing reports to the child protection system (Journal abstract).
179. McLanahan, S. S. & Booth, K. (1989). Mother-only families: problems, prospects and politics. *Journal of Marriage and the Family*, 51, 557-580.
 Keywords: Single-Parent Families
 Reprint: In File
180. McMillen, C., Auslander, W., Elze, D., White, T., & Thompson, R. (2003). Educational Experiences and Aspirations of Older Youth in Foster Care. *Child Welfare*, LXXXII, 475-495.
 Keywords: Children-in-care/Education/Foster Care/Youth/Youth in Foster Care
 Reprint: In File
 Abstract: This study documents the school experience of youth referred for independent-living preparation from the foster care system of a midwestern US county. Of the youth who participated in the study, 73% have been suspended at least once since the seventh grade, and 16% had been expelled. In the past year, 58% had failed a class, and 29% had physical fights with students. Yet the youth had high educational aspirations: 70% wanted to attend college. Those in congregate care and family settings often had school behaviour problems. The results support the need for a system of education advocates who work to maintain proper education placements for youth in foster care and to help them receive the academic resources they need to graduate from high school and proceed to college.
181. McQuillan, K. & Belle, M. (1999). Lone-Father Families in Canada, 1971-1996. Population Studies Centre, University of Western Ontario [On-line]. Available: <http://www.ssc.uwo.ca/sociology/popstudies/dp/dp99-8.pdf>
 Keywords: Canada/Children/Family Functioning/Poverty/School Performance/Single-Parent Families
 Reprint: In File
 Abstract: This article looks primarily at the experiences of lone father families as there is a renewed acknowledgement that fathers play an important role in the lives of their children and that their role extends beyond supplying a regular paycheque. The paper indicates that single father families are beginning to face the same problems that single mother families are and that poverty is on the rise for lone father families and may even be actually higher than in two-parent families. The article includes a number of charts which incorporate statistics from the 1996 Census which focus on the differences between two-parent families, and single mother, single father families.
182. Menanteau, H. & Yigzaw, M. (2002). Indicators of Social Well-Being and Elements of Child Welfare in Minnesota Rural Counties. *Child Welfare*, 81, 709.
 Keywords: Child Welfare/Welfare
 Reprint: Not in File
 Abstract: Organizational and structural conditions of rural communities and counties are significant factors in determining child welfare levels and general quality of life in rural areas. This article analyzes the relationship between elements of child welfare and an index of social well-being estimated for the state of Minnesota. The study suggests that social workers may enhance their services by considering county data that depict the viability of rural communities (Journal Abstract).
183. Mitic, W. & Rimer, M. (2002). The Educational Attainment of Children in Care in British Columbia. *Child & Youth Care Forum*, 31, 397-414.
 Keywords: Canadian Aboriginal Families/Children/Children-in-care/Education
 Reprint: In File
 Abstract: The purpose of this study was to determine if there was a difference in academic performance between children in care, referred to in British Columbia as children in continuing custody (CCC), and the general population of students in Grades 4, 7 and 10 in the areas of writing, reading, and numeracy. Data for the study consisted of merging information on children in continuing custody with the Foundation Skills Assessment (FSA) scores on all students in the public school system in British Columbia. Academic

performance among CCC was found to be significantly lower than in the general population of students. This finding occurs across all grades studied and across all subject categories. Implications of the findings are discussed and a comprehensive strategic model is presented (Journal abstract).

184. Mor Barak, M. E., Nissly, J. A., & Levin, A. (2001). Antecedents to Retention and Turnover Among Child Welfare, Social, Work, and Other Human Service Employees: What Can We Learn from Past Research? A Review and Metanalysis. *Social Service Review*, 625-661.
Keywords: Burnout/Child Welfare/Perceptions/Retention/Welfare
Reprint: In File
Abstract: This study involved a metanalysis of 25 articles concerning the relationship between demographic variables, personal perceptions, and organizational conditions and either turnover or intention to leave. It finds that burnout, job dissatisfaction, availability of employment alternatives, low organizational and professional commitment, stress, and lack of social support are the strongest predictors of turnover or intention to leave. Since the major predictors of leaving are not personal or related to the balance between work and family but are organizational or job-based, there might be a great deal that both managers and policy makers can do to prevent turnover (Journal Abstract).
185. Morrow, E. & Ontario Association of Interval and Transition Houses (OAITH) (2003). *In the Best Interests of Children and Mothers: A Proposed Child Welfare Response to Violence against Women*. Toronto, ON: Ontario Association of Interval and Transition Houses.
Keywords: Child Welfare/Children/Violence/Women/Welfare/Child and family services
Reprint: In File
Abstract: This document outlines a differential response within child welfare to situations where woman abuse is identified. In particular, this Response Model proposes a specific approach by child welfare in response to reports of child witness of woman abuse under the "emotion harm" section of the Child and Family Services Act of Ontario. The authors indicate that though there are some particular suggested practices highlighted in the model, much of the detailed development of practice, coordination and tools for implementation will require further development between the violence against women and child welfare sectors, in cooperation with local community partners who have expertise in specific responses to women from marginalized communities (p.1).
186. Moses, T. (2000). Why People Choose to Be Residential Child Care Workers. *Child & Youth Care Forum*, 29, 113-126.
Keywords: Motivation for working in Child Welfare
Reprint: In File
Abstract: This qualitative study examines residential child care workers' subjective reasons for seeking this form of employment. It is suggested that motivation for work is a neglected area that may have bearing on treatment effectiveness in residential treatment for SED youth. The data show that the majority of workers in this study have personal and ideological reasons for seeking and maintaining childcare work. However, despite internally driven motivations, many workers feel that the conditions of their work are not conducive to long term employment and tend to view their positions as temporary. Suggestions are made to further research as well as for the examination of ways to promote and maintain workers' motivation (Journal abstract).
187. Moss, K. (2003). *Witnessing Violence - Aggression and Anxiety in Young Children*. (Rep. No. Catalogue 82-003). Ottawa, ON: Statistics Canada.
Keywords: Assaultive Behaviour/Canada/Child Development/Children/Family Relations/Family Violence/Violence/Witnessing/Youth/Aggression/Statistics/Girls
Reprint: In File
Abstract: This article provides estimates of the percentage of children aged 4 to 7 who witnessed violence at home. Concurrent, short-term (2 years later) and longer-term (4 years later) associations between witnessing violence and overt aggression, indirect aggression, and anxiety are examined. The data used in this paper come from a cross-sectional and longitudinal components of the first three cycles of Statistics Canada's National Longitudinal Survey of Children and Youth. In 1998/99, an estimated 8% of children aged 4 to 7 were reported to have seen violent behaviour at home. Witnessing violence was concurrently associated with overt aggression for both sexes, indirect aggression among boys, and anxiety among girls. Witnessing violence was predictive of overt aggression two and four years later for both sexes. Girls also had high odds of exhibiting indirect aggression in 1996/97 and anxiety in 1998/99; for boys, elevated anxiety was observed in 1996/97.
188. Mulvey, P. (1993). A Comparison of Perceptions Regarding the Process of Institutional Placement. *Journal of Mental Health Administration*, 20, 254.
Keywords: Perceptions/Health/Child Welfare/Welfare/Adolescents/Youth
Reprint: Not in File

Abstract: The use of institutional placement in juvenile justice, mental health, and child welfare continues to be widespread. Yet there is little information about the decision-making processes connected with the choice of this alternative for adolescents. Focus groups were held with administrators, staff, and youth in a variety of institutional placements. The discussions of these groups were qualitatively analyzed for content regarding the factors that motivated reliance on placement in institutional care and the effects of policies to regulate this practice. Agreement about the diversity of adolescents in institutions, the difficulties of (but necessity for) preventive interventions with families and possible causes for reliance on institutional care emerged. Differences about the risks and benefits of institutional placement were noted.

189. Munroe, E. (1996). Avoidable and Unavoidable Mistakes in Child Protection Work. *British Journal of Social Work*, 26, 793-808.
Reprint: Not in File
Abstract: This article argues that social workers and the general public need a clear understanding of the distinction between avoidable and unavoidable mistakes in child protection work. The public is understandably distressed when a child dies and is right to demand an inquiry to check the quality of help provided. But a child's death is not proof that any professional was incompetent. Our limited knowledge and the complexity of assessing risk mean that professionals can only make the best judgment on the available evidence. Analysis of forty-five inquiry reports shows that inquiries appreciate this; in 42 per cent of them social workers were not criticized. The analysis however also reveals one persistent error: social workers are slow to revise their judgments. Psychology research indicates that this error is widespread and by no means peculiar to social workers but it means that misjudgments about clients that may have been unavoidable on the limited knowledge available when they were made continue to be accepted despite a growing body of evidence against them. Social workers need a greater acceptance of their fallibility and a willingness to consider that their judgments and decisions are wrong. To change your mind in the light of new information is a sign of good practice, a sign of strength and not weakness (Journal Abstract).
190. National Child Welfare Resource Centre for Family-Centered Practice (2004). Childhood Abuse History, Secondary Traumatic Stress, and Child Welfare Workers. *Best Practice, Next Practice: Family-Centered Child Welfare*.
Keywords: Child Welfare/Child Welfare Workers/Welfare/Burnout
Reprint: In File
Abstract: This article provides an overview of the stresses experienced by front-line child welfare workers with an emphasis on explaining traumatic stress and how it is different from burnout.
191. National Coalition for the Homeless (2004). Breaking the Foster Care - Homelessness Connection. Safety Network: The Newsletter of NCH [On-line]. Available: <http://www.nationalhomeless.org/sn/1998/sept/foster.html>
Keywords: Foster Care/Youth/Health/Children/Poverty/Out-Of-Home Care/Homelessness/Runaway and Homeless Youth
Reprint: On Request 12/06/04
Abstract: The intersection of foster care and homelessness is clear - and disturbing according to this US electronic source. A combination of social science research and observations from homeless service providers and community groups reveals a number of connections at various life stages. In particular, this source states that individuals who were participants in a foster care arrangement during childhood are more likely to experience homelessness than individuals who have not been part of a foster care program. Foster care utilization within homeless families has an intergenerational component. Premature exit from a foster care living arrangement is not an uncommon choice among runaway youth utilizing federally-funded youth shelters, wherein 18,444 of them (58 percent) had been in foster care either once or twice, as reported in a 1997 national study of runaway and homeless youth. While this is an American source, it does have some applicability to understanding the Canadian experience of children living in care and points to a notable gap in our understanding of outcomes for Canadian children who have grown up in government care and/or exit from the system prematurely.
192. National Institute of Justice (2004). *When Violence Hits Home: How Economics and Neighborhood Play a Role*. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
Keywords: Children/Violence/Welfare/Women/Children-in-care/Child Welfare
Reprint: In File
Abstract: This is a research brief which focuses primarily on an American study looking at intimate violence. The study sheds light on the connections between intimate violence and personal and economic well-being and on how the type of neighborhood in which women live may influence them to stay or leave abusive relationships. Understanding the links between these factors should help policy makers and practitioners create more targeted prevention and intervention programs and better anticipate when demand for these programs

might grow. The findings suggest that service providers who help victims of violence should give priority to women in the most disadvantaged neighbourhoods and address their economic circumstances. While this study does not look at the experiences of children exposed to domestic violence, it does have relevance to the literature review on children in care as this is one of the contributing factors at play when children are brought to the attention of child welfare authorities.

193. McNown Johnson, M. (1999). Managing Perceptions: A New Paradigm for Residential Group Care. *Child & Youth Care Forum*, 28, 165-179.
Keywords: Children/Children-in-care/Perceptions/Youth
Reprint: In File
Abstract: The literature on residential group care includes many critiques of the point and level systems that pervade those settings. Loosely based on reinforcement theory, these interventions ostensibly employ behaviour modification techniques. These approaches have been attacked for their concern with control, their insensitivity to development and emotional needs and the way they promote adversarial relationships and power struggles between residents and staff. This article suggests that what is needed is not only a multitude of alternative approaches but also a new unifying theme. A paradigm that emphasizes the importance of the perceptions of youth and children in care incorporates contemporary theories of human behavior as well as offering many empirically tested interventions derived from them (Journal Abstract).
194. Nelson-Gardell, D. & Harris, D. (2003). Childhood Abuse History, Secondary Traumatic Stress, and Child Welfare Workers. *Child Welfare*, 82, 5-26.
Keywords: Child Welfare/Welfare/Child Welfare Workers/Social Work
Reprint: Not in File
Abstract: Social workers are exposed to trauma vicariously through the trauma of their clients. This phenomenon, called secondary traumatic stress, vicarious traumatization or compassion fatigue presents a risk of negative personal psychological consequences. Based on a sample of 166 child welfare workers and using standardized measures, the study findings document the link between a personal history of primary trauma, childhood abuse or neglect, and the heightened risk for secondary traumatic stress in child welfare workers.
195. Nickerson, A. B., Salamone, F. J., Brooks, J. L., & Colby, S. A. (2004). Promising Approaches to Engaging Families and Building Strengths in Residential Treatment. *Residential Treatment for Children & Youth*, 22.
Keywords: Children/Youth
Reprint: In File
Abstract: In order to improve post-discharge outcomes for children, it has been proposed that residential treatment centers place a greater emphasis on engaging families and building on strengths of the youths in treatment. This review presents the theoretical and empirical support for several promising strategies for engaging families, such as behavioral parent training, parent support groups and systems approaches. Approaches to building on strengths such as strength-based assessment, supporting social network relationships, adventure-based learning and service learning are also reviewed. Suggestions are provided for integrating these approaches to construct a model residential treatment program (Journal Abstract).
196. Norvell, N., Walden, K., Gettelman, L., & Murrin, M. (199). Understanding the Occupational Stress in Child-Welfare Supervisors. *Journal of Applied Social Psychology*, 23, 2043-2054.
Keywords: Child Welfare
Reprint: Not in File
197. NSW Office of the Children's Guardian (2001). Education of Children in Out-of-Home Care. NSW Office of the Children's Advocate [On-line]. Available: <http://www.kids.nsw.gov.au/files/ocgsub.pdf>
Keywords: Children/Children-in-care/Education/Out-Of-Home Care
Reprint: In File
Abstract: This Australian online source discusses recommendations, the role of the NSW Office of the Children's Advocate and the importance of education for children and young persons in out-of-home care. It includes major issues and barriers related to the education and training of children and young persons living in out-of-home care and advises on ways to monitor the education progress and outcomes of children and young persons living in out-of-home care arrangements. The paper also identifies and discusses effective strategies for enhancing the education performance and outcomes of children and young persons in out-of-home care.
198. Nybell, L. M. & Gray, S. S. (2004). Race, Place, Space: Meanings of Cultural Competence in Three Child Welfare Agencies. *Social Work*, 49, 17-27.

Keywords: Child Welfare/Welfare/Workforce

Reprint: In File

Abstract: Despite a consensus on the need to take culture into account in social services delivery, remarkably little data is available on the process of culturally competent organizational development. This article addresses how workers, supervisors and managers involved in culturally competent organizational change perceive the goals and dilemmas of these efforts during the initial stages. Data are drawn from three non-profit child and family agencies in one metropolitan area. The data demonstrate that cultural competence means disparate and conflicting things to differently positioned members of each organization. The authors argue that conflicts may be inherent in the process of culturally competent organizational development, particularly to the extent that such efforts attempt to redistribute power in the workforce. Efforts to develop cultural competence must identify, surface, and renegotiate these conflicts.

199. O'Malley, K. D. & Nanson, J. (2002). Clinical Implications of a Link Between Fetal Alcohol Spectrum Disorder and Attention-Deficit Hyperactivity Disorder . *Can Journal of Psychiatry*, 47, 349-354.

Keywords: Attention-Deficit Hyperactivity Disorder/Fetal Alcohol Spectrum Disorder

Reprint: In File

Abstract: Objective: To provide an overview of the animal and human research literature on the link between fetal alcohol spectrum disorder (FASD) and attention-deficit hyperactivity disorder (ADHD). Method: We conducted a comprehensive literature review that addressed the history of, and current research on, fetal alcohol syndrome (FAS) and FASD, as well as that on ADHD in children. Results: In animal and human research, there is emerging clinical, neuropsychological, and neurochemical evidence of a link between FASD and ADHD. Conclusions: The evidence of the link between these 2 conditions has implications for clinical management. The clinical quality of ADHD in children with FASD often differs from that of children without FASD. For children with FASD, ADHD is more likely to be the earlier-onset, inattention subtype, with co-morbid developmental, psychiatric, and medical conditions. Children with FASD are commonly not mentally retarded but present complex learning disabilities, especially a mixed receptive-expressive language disorder with deficits in social cognition and communication (reminiscent of sensory aphasia and apraxia), working memory problems, and frequently, a mathematics disorder. Co-morbid psychiatric conditions include anxiety, mood, conduct, or explosive disorders. As well, cardiac, renal or skeletal problems are more likely to be present. Because these children have a disturbance in brain neurochemistry or even brain structure (that is, in the corpus callosum), their response to standard psycho-stimulant medication can be quite unpredictable (Journal abstract).

200. Office of Child and Family Service Advocacy & Voices for Children (2004). Just Listen to Me: Youth Voices on Violence. Office of Child and Family Service Advocacy [On-line]. Available:

http://www.voices4children.org/documents/Voices_Report-Listen_To_Me--EN.pdf

Keywords: Aggression/Children/Systemic Violence/Violence/Youth/Youth Violence

Reprint: In File

Abstract: *Just Listen to Me* is a look at the pervasive nature of violence in the lives of Ontario's young people as told in their own voices. This report was prepared by an individual who took part in the Ontario Youth Roundtable Discussion on Violence, organized by the Ontario government's Office of Child and Family Service Advocacy and Voices for Children. The discussions brought together 80 young people, ages 13 to 24, from six regions across the province, including Kenora, London, Manitoulin Island, Ottawa, Thunder Bay and Toronto. These discussions explored the nature of violence in the lives of young people through their own first-hand experiences. Through wide-ranging, youth-directed roundtable discussions, the youth extrapolated a series of recurring themes and one pervasive question echoed throughout the discussion and that was "How are we supposed to not be violent when it's all we see? Violence was identified by these young people as being everywhere, not just limited to single physical acts of aggression - which almost all members had experienced or witnessed - but systemic throughout society. Key factors contributing to violent behaviour, general mistrust of authority figures, the culture of systems and institutions, media representation and exclusion as well as stigmatization of youth were identified by the youth as contributing to violent behaviour. The youth felt strongly that certain groups, such as First Nations and street youth are stereotyped as inherently violent. Broken parenting and substance abuse were also discussed.

201. Office of the Auditor General of Canada (2003). *Report of the Auditor General to the House of Commons - Chapter 6: Federal Government Support to First Nations Housing On Reserve* Ottawa, ON: Office of the Auditor General of Canada.

Keywords: Canada/First Nations Communities/Housing

Reprint: In File

Abstract: This is chapter 6 of a 7 chapter report prepared by the Auditor General to the House of Commons regarding the housing crisis on-reserve in First Nations communities across Canada.

202. Park, J. M., Metraux, S., Brodbar, G., & Culhane, D. P. (2004). Child Welfare Involvement Among Children in Homeless Families. *Child Welfare*, 83, 423-436.
Keywords: Admission/Child Welfare/Children/Homelessness/Violence/Welfare
Reprint: In File
Abstract: An analysis of 8,251 homeless children in New York City found that 18% of them received child welfare services over the five-year period following their first shelter admission, and an additional 6% had a history of having received such services before their first shelter admission. Recurrent use of public shelters, exposure to domestic violence, older age at first episode of homelessness, and larger number of children in a household were associated with an increased risk of child welfare involvement. The high rate of crossover between homelessness and the child welfare system suggests the need for service coordination for children in homeless families (Child Welfare Journal abstracts: <http://www.cwla.org/articles/cwjabstracts.htm>).
203. Parton, N. & Small, N. (1989). Violence, Social Work and the Emergence of Dangerousness. In P.Lee (Ed.), *Radical Social Work Today* (pp. 120-139). London, UK: Unwin Hyman.
Keywords: Social Work/Violence/Health/Children/Child Abuse
Reprint: Not in File
Abstract: This paper reports the findings from a recent research project which investigated the occurrence and impact on health, work and well-being, of violence, threats and intimidation in the lives of professionals engaged in the protection of children who have been abused or where abuse/neglect are suspected. The study was prompted by a similar study undertaken by the British Association for the Prevention of Child Abuse and Neglect (BAPCAN). The rationale for the British study was the growing international concern that professionals engaged in child protection were being subjected to increasing levels of violence, threats and intimidation (Journal Abstract).
204. Pasztor, E., Saint-Germain, & DeCrescenzo, T. (2002). *Demand for Social Workers in California*. Sacramento, California: Unpublished report commission by the California Assembly through the California State University Faculty Research Fellows Program.
Reprint: In File
Abstract: This study was commissioned in response to growing concern about the critical shortage of persons available to fill public sector social services positions in California. Researchers were charged with clarifying the need for social workers and social service positions in order to provide information and recommendations to the state legislature for ways to meaningfully address the growing shortage of staff.
205. Pelton, L. (1989). Child Welfare Through the Twentieth Century: Policy and Reality. In *For Reasons of Poverty: A Critical Analysis of the Public Child Welfare System in the United States*. (pp. ix-xvii). New York: Praeger Publishers.
Keywords: Child Maltreatment/Child Welfare/Family Functioning/Poverty/Social Assistance/Welfare
Reprint: In File
206. Pelton, L. & Milner, J. S. (1994). Is Poverty a Key Contributor to Child Maltreatment? In E.Gambrill & T. J. Stein (Eds.), *Controversial Issues in Child Welfare* (pp. 16-28). Needham Heights, MA: Allyn and Bacon.
Keywords: Child Maltreatment/Child Welfare/Poverty/Welfare
Reprint: In File
207. Pigott, S. & Monaco, L. (2004). Enabling Families to Succeed:Community Based Supports for Families. In *Making Children Matter*, Voices For Children.
Keywords: Children
Reprint: Not in File
Abstract: How can we improve children's lives? Susan Pigott and Lidia Monaco from St. Christopher House in Toronto argue society must first recognize that children are a part of families. The authors argue that, to improve the lives of children, our policies and actions must consistently work to enable families to succeed. Pigott and Monaco report on the conditions which disable far too many families and outline four prerequisites for family success.
208. Regehr, C., Leslie, B., Howe, P., & Chau, S. (2000). *Stressors in Child Welfare Practice*. [Online] Available: <http://www.cccw-cepb.ca/DocsEng/Stressors.pdf>
Keywords: Child Welfare/Welfare
Reprint: In File
Abstract: The stressful nature of child welfare practice has been well documented in the professional literature

and in the popular press. As a result of ongoing stressors, researchers have cited a 2-year turnover rate of 46 percent to 90 percent in child welfare practice. The alarming loss of staff in this demanding and highly specialized area of practice threatens the safety of children. Concerns are also present for those staff who stay and experience the cumulative effects of stresses in their work and resulting workload pressures. Yet despite the fact that social work practice in general, and child welfare practice in particular have long been recognized as stressful, most reports remain anecdotal and few empirical studies on the subject appear in the professional literature. This report is a synopsis of the exploration on stress and traumatic events in a child welfare setting. This report is based on a study conducted by the Children's Aid Society of Toronto which has 700+ staff. Data collection involved both qualitative and quantitative methods. A total of 175 questionnaires were returned from front line, clerical and management staff (representing a 30% response rate from the total staff population at the time of the study). Twenty workers agreed to participate in a one-hour interview in order to understand more fully their experiences. Consultation group meetings were also held with members of three constituencies, management, front line workers and union representatives regarding the validity of experiences reflected in the preliminary data, ideas for addressing the issues and how to avoid negative outcomes in the reporting process.

209. Regehr, C., Leslie, B., Howe, & Chau, S. (2000). Stress and Trauma in Child Welfare Practice. *Canada's Children / Les enfants du Canada*, -12.
 Keywords: Child Welfare/Child Welfare Workers/Children
 Reprint: In File
 Abstract: This article is an updated version from the one that appeared in the Ontario Association of Children's Aid Societies' Journal. The focus again is on workplace stress and trauma faced by child welfare workers.
210. Regehr, C., Hemsworth, D., Leslie, B., Howe, P., & Chau, S. (2004). Predictors of Post-Traumatic Distress in Child Welfare Workers: A Linear Structural Equation Model. *Ontario Association of Children's Aid Societies Journal*, 48, 25-30.
 Keywords: Child Welfare/Child Welfare Workers/Welfare/Burnout
 Reprint: In File
 Abstract: This article explores the concept of burnout and that of investigating the effects of traumatic events with respect to child welfare workers in a large Canadian child welfare agency.
211. Richman, S. (1992). Struggling to Save Our Kids. *Fortune*, 126, 34.
 Reprint: Not in File
 Abstract: Many more than ever face the crises of childhood: violence, drugs, bad schools, poverty, divorce, or two parents at work. And no one seems to care.
212. Rivard, J. C., McCorkle, D., Duncan, M. E., Pasquale, L. E., Bloom, S. L., & Abramovitz, R. (2004). Implementing a Trauma Recovery Framework for Youths in Residential Treatment. *Child and Adolescent Social Work Journal*, 21, 529-550.
 Keywords: Perceptions/Special Needs/Violence/Youth
 Reprint: In File
 Abstract: The authors describe an intervention technique that was designed to address the special needs of youths with histories of maltreatment and exposure to family and community violence. The primary components of the model include an enhanced therapeutic community environment and a psychoeducation program that is aimed at changing non-adaptive cognitive and behavioural patterns which developed as means of coping with traumatic experiences. The implementation of the model and proximal effects on the therapeutic communities and youths are being examined in comparison to standard residential services. Initial perceptions of staff illustrate the challenges in applying an intervention that calls for changing the organizational culture (Journal Abstract).
213. Roman, N. P. & Wolfe, P. (1995). Web of Failure: The Relationship Between Foster Care and Homelessness. National Alliance to End Homelessness [On-line]. Available: <http://www.endhomelessness.org/pub/fostercare/webrept.htm#12#12>
 Keywords: Child Welfare/Children/Foster Care/Homelessness/Mental Illness/Welfare
 Reprint: On Request //
 Abstract: The principle findings of this study indicate that: There is an over-representation of people with a foster care history in the homeless population; homeless people with a foster care history are more likely than other people to have their own children in foster care; very frequently, people who are homeless had multiple placements as children: some were in foster care, but others were "unofficial" placements in the homes of family or friends; In addition, there were certain demographic factors which were revealed by the research: (i) Those people with a foster care history tend to become homeless at an earlier age than those who do not have a

foster care history; (ii) Homeless people who are white are somewhat more likely to have a foster care history than people who are Hispanic or African American; (iii) Childhood placement in foster care can correlate with a substantial increase in the length of a person's homeless experience. The research did not find (nor did it examine) that foster care directly caused homelessness. To the contrary, most children who experience foster care do not become homeless as adults. Rather, the indication was that foster care has an impact on personal risk factors that may eventually result in homelessness. Among the findings were the following:

- The foster care system often fails to help children deal with the problems that result from circumstances which caused them to be removed from their homes (these circumstances include physical or sexual abuse; parents with alcohol or substance abuse illness; family dissolution; etc.). Foster care can also fail to help children deal with problems that arise from foster care placements in abusive homes or facilities.
- Alcohol and other substance abuse illnesses and mental illness play a significant role in the relationship between foster care and homelessness.
- Youngsters emancipated from foster care often lack the independent living skills that would allow them to establish a household.
- People who have experienced extensive foster care, particularly multiple placements, extended group home placements or foster care in combination with multiple unofficial placements may become better acculturated to institutionalized living than to living on their own.
- Young people who are emancipated from foster care and become homeless tend to lack the support networks that other people can rely upon in times of crisis.
- Children who are moved from home to home over an extended period of time (foster care and/or unofficial placements) learn to deal with problems by leaving them behind.

It is clear from this study that what happens to children has a lifelong impact on them. The authors of this study state that when you see a homeless adult, it is quite possible that they are homeless because of people and systems that failed them as children. Again, while this is another American source, it details the importance of understanding some of the issues being faced by Canadian children and their families when they come into contact with Canadian child welfare systems.

214. Ross, T., Conger, D., & Armstrong, M. (2002). Bridging child welfare and juvenile justice: preventing unnecessary detention of foster children. *Child Welfare, 81*, 471.
Keywords: Child Welfare/Children/Juvenile Delinquency/Perceptions/Welfare/Statistics
Reprint: Not in File
Abstract: Gaps in service coordination between child welfare and other child-serving agencies are well documented. This article examines the gap between the child welfare and juvenile justice systems and discusses a program, Project Confirm, designed to reduce the problems associated with this gap. Project Confirm aims to improve cooperation between juvenile justice and child welfare agencies to prevent the unnecessary detention of arrested foster children in secure facilities. The Program's design is outlined, and implementation statistics and government partner perceptions of the program in its first year of operation are provided. The article also identifies future challenges to implementation and discusses the broader implications of the program (Journal abstract).
215. Roy, P., Rutter, M., & Pickles, A. (2000). Institutional Care: Risk from family background or pattern of rearing? *Journal of Child Psychology and Psychiatry, 41*, 139-149.
Keywords: Children
Reprint: In File
Abstract: Previous research has shown that children receiving substitute parental care tend to have high rates of emotional/behavioural disturbance but uncertainty remains on the extent to which this derives from genetic risk, adverse experiences before receiving substitute care or from risks associated with substitute care experiences. In order to examine the effects of institutional rearing (as a specific form of substitute care), two groups of primary school children reared in substitute care from before the age of 12 months were compared: 19 children in residential group (institutional) care and 19 in continuous stable foster family care (matched for age and gender). The two groups were similar in coming from biological families with high rates of psychopathology and social malfunctioning but differed with respect to pattern of rearing. Both groups were compared with classroom controls, using teacher questionnaires, systematic classroom observations, and standardized cognitive testing. Parental questionnaires were also obtained for the two substitute care groups. As found previously, the combined substitute care groups differed from controls in showing a high level of hyperactivity/inattention. The observational measures showed a similar effect, indicating that the elevated rate was not attributable to rater bias. The teacher questionnaire and observational measures showed, however, that the increased level of hyperactivity/ inattention was substantially higher in the institutional group than the foster family group. Parental questionnaire ratings showed the same contrast between the groups, except that the main difference was on unsociability and emotional disturbance rather than hyperactivity/ inattention. It is concluded that,

against a background of genetic and early environmental risk, institutional rearing predisposes to a pattern of hyperactivity/inattention (Journal Abstract).

216. Royal Commission on Aboriginal Peoples (1996). *For Seven Generations [Electronic Resource]: An Information Legacy of the Royal Commission on Aboriginal Peoples*. Ottawa: Canada.
Keywords: Canada/Aboriginal Peoples
Reprint: In File
Abstract: The Royal Commission on Aboriginal Peoples was established in August 1991 to investigate the relationship among Aboriginal peoples (Indian, Inuit, and Métis), the Canadian government and Canadian society as a whole. It was charged with the task of proposing specific solutions to the problems confronting Aboriginal people. The 5000+ page final written report of the Commission is supplemented by this CD-ROM. The CD-ROM includes the final report, all of the testimony made by thousands of Aboriginal peoples, special research reports commissioned for the investigation and various information-finding aids and educational guides on Aboriginal issues.
217. Rutman, D., Barlow, A., Hubberstey, C., Alusik, D., & Brown, E. (2001). *Supporting Young People's Transition From Government Care Research Project: Stage 1 Report* Victoria, BC: University of Victoria, Child, Family, and Community Research Unit.
Reprint: In File
Abstract: This report presents findings and reflections from Stage 1 of a 27 month project looking at grass-roots and participatory processes to identify and implement ways of improving young people's preparation for and experiences of leaving government care to live on their own.
218. Ryan, J. P., Davis, R. K., & Yang, H. (2001). Reintegration Services and the Likelihood of Adult Imprisonment: A Longitudinal Study of Adjudicated Delinquents. *Research on Social Work Practice, 11*, 321.
Keywords: Residential Care/Incarceration/Youth/Social Work
Reprint: Not in File
Abstract: Objective: This study used longitudinal data to identify the factors associated with adult imprisonment for adjudicated delinquent males following long-term residential care. Method: Logistic regression and survival models were developed to examine the effectiveness of reintegrational services. The sample included 397 adjudicated delinquents released between 1992 and 1993 from a residential treatment facility in Michigan. The Michigan Department of Corrections provided incarceration data approximately 5 years after residential release. Results: At the time of follow-up, 28% had experienced incarceration as an adult. The youths who received reintegration services within a single organization were less likely to experience incarceration as an adult. Ethnicity, number of prior adjudications, and frequency of out-of-home placement were associated with adult imprisonment. Conclusions: In part, it is the plan full reintegration process that enables youths to achieve better long-term outcomes. The implications for social policy and social work practice are discussed.
219. Rycraft, J. (1994). The Party Isn't Over: The Agency Role in the Retention of Public Child Welfare Caseworkers. *Social Work, 39*, 75-80.
Keywords: Retention/Child Welfare/Welfare
Reprint: Not in File
Abstract: Nationwide, social services agencies continue to report difficulties in the retention of public child welfare caseworkers. As service demands placed on the child welfare system continue to increase, the need for an experienced and competent work force becomes imperative. Previous studies have identified the reasons for the high turnover rate among child welfare caseworkers. This article reports the findings of an exploratory study to identify factors that may influence some caseworkers to continue employment in public child welfare when so many others are leaving. From comprehensive focused interviews with 23 caseworkers, the following four factors of retention emerged: (1) mission, (2) goodness of fit, (3) supervision and (4) investment. The importance of the relationship with the agency and the four factors in the retention of public child welfare caseworkers is discussed (Journal Abstract).
220. Savicki, V. (2002). *Burnout Across Thirteen Cultures: Stress and Coping in Child and Youth Care Workers*. Westport, CT: Praeger.
Keywords: Burnout/Youth
Reprint: In File
Abstract: This book explores cross-cultural burnout in child and youth care workers. Part one focused on the conceptual basis behind the field of child and youth care work, burnout and culture. Part two explored the structure of research on process, practice and cultural comparison and provided some descriptive results and characteristics of the sample. Part three on culture and determinants of burnout included a pancultural analysis

of burnout and a configural analysis to consolidate findings. Part four is about cross-cultural comparison including country comparison and in-country comparisons between cultures. Lastly, part five related to themes on burnout and recommendations for burnout prevention, treatment and recovery.

221. Scannapieco, M., & Connell-Corrick, K. (2003). Do Collaborations with schools of social work make a difference for the field of child welfare? Practice, retention, and curriculum. *Journal of Human Behaviour and the Social Environment*, 7, 35-51.
Keywords: Child Welfare/Social Work/Welfare
Reprint: In File
Abstract: This article looked at the evaluation of Title IV-E funding for professional development of child welfare workers based on curriculum, practice, and retention. A review of the literature found job performance preparedness, service delivery, retention, effect of a social work degree, and social work values as areas workforce research has covered. The authors discussed the partnership between the University of Texas at the Arlington School of Social Work and the Texas Department of Protective and Regulatory Services and reviewed three studies regarding the MSW Title IV-E Program.
222. Schissel, B. (1997). *Blaming Children: Youth Crime, Moral Panics, and the Politics of Hate*. Halifax, NS: Fernwood Publishing.
Keywords: Children/Perceptions/Youth/Youth Violence/Aboriginal Youth/Poverty
Reprint: Not in File
Abstract: This publication looks at the way in which youth are portrayed in the media. A prime example of the way youth, especially urban Aboriginal youth, are portrayed by the media was one of the issues at the centre of Schissel's book *Blaming Children: Youth Crime, Moral Panic and the Politics of Hate* (1997). Schissel demonstrates how the media's representation of youth, especially in relation to crime has decontextualized accounts and represented (or *misrepresents*) the "unusual" as "usual." This is done primarily through a variety of public discourse such as newspapers, magazines, television and increasingly, through the Internet. Schissel notes that the groups who dominate the media - white, male, professional, educated, capitalist classes - often hold hateful, stereotypical views of youth misconduct and youth from marginalized sectors (such as Aboriginal youth) are more often the brunt of hateful projection in the media. Further when the elite media moguls present these views, they obliterate other, more favourable images of youth and promote a false belief that youth are out of control. When crimes are committed by youth, especially marginalized youth, the crimes are framed in the context of morality, poor parenting and "poor people." Thus, youth who are victims and poor are blamed for their predicaments for being poor and marginalized - being young, living in poverty and outside mainstream society is in a sense, criminalized by the media. Schissel observes that when we look at typical depictions of youth criminals in the media, it becomes readily apparent that the categories for condemnation are consistently based on: poor families (living in poor communities), racially-based gangs and groups (usually identified as recent immigrants or Aboriginal Canadians) and directed at both single mothers and mothers who work outside the home. This creates moral panic and belief that crimes committed by youths, especially minority youth, are on the increase. For the most part, newspapers in particular, tend to racialize crime and as such it leaves the general public with the view that certain groups are more predisposed than others to commit crime. A prime example of where this is so is the panic created over urban Aboriginal gangs. Much of the discourse in newspapers discusses organized gangs and capitalizes on racialized names such as "Indian Posse" or the "Manitoba Warriors." Schissel notes that most of the images of gang members portrayed in the media are based on stereotypes of class, race and family background that both foster and play into already existing stereotypes of Aboriginal people. In effect, the concept "gang" has become a linguistic referent or code word that fosters powerful visceral reactions against visible minority youth and street kids. Furthermore, when news accounts of gang activity discuss membership, rituals and criminal activity, they either deliberately or inadvertently neglect to discuss: the social and economic reasons why kids congregate in rebellious groups; why affiliation is so important to young people and the ethical implications of branding all youths who are in groups, especially in public settings like "the mall," as potentially dangerous. When one clears away the ideological smoke and mirrors, it is perfectly understandable that membership in gangs for marginalized and disaffiliated kids - or any kids - is a simple, collective way to invest their lives with meaning. The unspecific and unbounded word "gang" in media accounts contributes considerably to public panic about kids out of control. One of the most insidious outcomes of such linguistic reference is the targeting and scapegoating of visible minorities such as Aboriginal youth (p.60-61).
223. Schmidt, G. (2000). *How Long are you Staying? A Report on the Recruitment and Retention of Child Welfare Workers in Northern and Remote Locations*. Ottawa, ON: Human Resources Development Canada, Catalogue No. N52397-2.
Keywords: Child Welfare/Child Welfare Workers/Recruitment/Recruitment and Retention/Retention/Welfare
Reprint: In File

224. Schwartz, M. I. (1994). Is child maltreatment a leading cause of delinquency? *Child Welfare*, 73, 639.
 Keywords: Child Maltreatment/Juvenile Delinquency/Delinquency
 Reprint: Not in File
 Abstract: This article explores the assumption that child maltreatment is a major cause of juvenile delinquency. Although this relationship is widely accepted as fact, the research that exists in the literature so far is inconclusive at best and, at worst, deeply flawed. For too long, juvenile justice resources have been channeled into the apprehension and processing of youthful offenders, while relatively few dollars have gone into the research necessary to formulate a coherent strategy for solving the juvenile crime problem. Without funding for this much-needed research, the money we do spend on the control and prevention of juvenile crime is blindly spent.
225. Secretariat to the Federal/Provincial/Territorial Working Group on Child and Family Services Information (2002). *The Role of Provincial and Territorial Authorities in the Provision of Child Protection Services*. Ottawa, ON: Health Canada, National Clearinghouse on Family Violence, Healthy Communities Division.
 Keywords: Admission/Canada/Child and family services/Child Protection System/Jurisdiction/Provincial/Territorial Authorities
 Reprint: In File
226. Serge, L., Eberle, M., Goldberg, M., Sullivan, S., & Dudding, P. (2002). *Pilot Study: The Child Welfare System and Homelessness among Canadian Youth*. Ottawa, ON: National Homeless Initiative.
 Keywords: Child Welfare/Homelessness/Youth/Welfare/Housing/Education/Canada
 Reprint: On Request //
 Abstract: This Canadian Pilot study was designed to contribute to a more thorough understanding of the relationship between youth who have been in the care of child welfare and youth homelessness in Canada.
227. Sharma, J., McKelvey, J., Hardy, R., Epstein, M., Lomax, R. G., & Hruby, P. J. (1997). Job Satisfaction of Child Welfare Workers in an Urban Setting: Status and Predictors. *Journal of Child and Family Studies*, 6, 209-219.
 Keywords: Child Welfare/Child Welfare Workers/Welfare/Children
 Reprint: In File
 Abstract: Large urban areas present many challenges to those children and adults who reside in those settings. The social service workers in urban areas have clients with complex, multiple needs. Reliable and consistent workers are essential to successfully working with these families. In the current study, the job satisfaction of 29 social service workers in an urban child welfare agency was assessed using the Job Satisfaction Scale (JSS). The JSS measures satisfaction in 7 areas of one's job (i.e., work, supervision, coworkers, pay and promotion, work environment, training, and position). Data indicated that the staff were relatively satisfied, that satisfaction did not vary by staff position (family worker vs. social worker/supervisor), and that neither demographic factors nor prior experiences were predictors of job satisfaction. Implications for agency management and the provision of social services to urban families are discussed (Journal Abstract).
228. Shelton, D. (2004). Experiences of Detained Young Offenders in Need of Mental Health Care. *Journal of Nursing Scholarship*, 36, 129.
 Keywords: Health
 Reprint: Not in File
 Abstract: PURPOSE: To explore the experiences of young people detained in the juvenile justice system and in need of mental health services. METHODS: An ethno-methodological analysis was done using Kleinman's Explanatory Model Interview Guide to explore the perceptions of detained young people in need of mental health treatment. FINDINGS: Five themes were extracted from focus groups indicating lack of control in their lives and lack of family and community support. Although participants expressed feelings of hopelessness and depression, they perceived that it was better to be tough than to be sick. CONCLUSIONS: The findings indicate the need for multimodal treatment interventions to sequentially address the multiple internal and external factors contributing to persistent problem behaviors in children.
229. Shin, S. H. (2003). Building Evidence to Promote Educational Competence of Youth in Foster Care. *Child Welfare*, LXXXII, 615-632.
 Keywords: Children-in-care/Education/Foster Care/Youth/Youth in Foster Care
 Reprint: In File
 Abstract: Although the academic difficulties of students living in foster care are well documented, few studies have examined factors influencing academic achievement of youth in foster care. This article reports the results of a study of educational competence in a sample of 152 foster youth in one Midwestern state. Using five standardized instruments, the study explored predictors of reading ability of youth in foster care. Multiple

regression analyses indicated that four factors - aspiration for higher education, placement in kinship care, participation in extracurricular activities, and drug use - accounted for 39% of the variance in reading ability scores. The article discusses implications of these findings for practice, research, and policy development (Journal abstract).

230. Siggner, A. J. (2003). The Challenge of Measuring the Demographic and Socio-economic Conditions of the Urban Aboriginal Population. In D.Newhouse & E.Peters (Eds.), *Not Strangers in these Parts - Urban Aboriginal Peoples*. Ottawa: Policy Research Initiative.
Keywords: Aboriginal Peoples/Demographic Characteristics/Urban Regions
Reprint: In File
231. Silver, J., Mallett, K., Greene, J., & Simard, F. (2002). *Aboriginal Education in Winnipeg Inner City High Schools*. Winnipeg: Canadian Centre for Policy Alternative - Manitoba.
Keywords: Education/Winnipeg
Reprint: In File
Abstract: This study investigates the educational circumstances of Aboriginal students in Winnipeg inner city high schools. The study is based on interviews with 47 Aboriginal students in Winnipeg inner city high schools, 50 Aboriginal school leavers, 25 adult members of the Aboriginal community, and 10 teachers, 7 of them Aboriginal. In addition, we conducted an extensive review of relevant literature. Responses by Aboriginal people to our questions about their experiences in school reveal the existence of what we have identified as a cultural/class/experiential divide between Aboriginal students and their families on the one hand, and the school system on the other. The life experiences and cultural values of many Aboriginal students and their families differ significantly from what they experience in the schools, which are run largely by non-Aboriginal, middle class people for the purpose of advancing the values of the dominant culture. The educational system marginalizes Aboriginal students, does not adequately reflect their cultural values and their daily realities, and feels alien to many Aboriginal people. The incidence of overt forms of racism, name-calling and stereotyping, for example, is shockingly high. Institutional forms of racism are common throughout the system. The face that schools present to Aboriginal students is decidedly non-Aboriginal: for example, there are few Aboriginal teachers, and little Aboriginal content in the curriculum. These characteristics suggest to us an educational system that continues to be overly Euro-centric and even colonial. The evidence suggests that Aboriginal people want the education that is needed to enable them to participate fully in Canadian society and in their own self-governance, but they do not want to abandon what it is to be Aboriginal in order to do so. What Aboriginal people have said to us about the educational system is not that Aboriginal people should be forced to change in order to fit into and 'succeed' in school- this is what the residential schools attempted, unsuccessfully, to do - but rather that schools and the educational system generally need to change in order to better reflect the rapidly changing demographic and cultural realities of our community. Making such changes- significant changes- will be a challenge but the benefits to all of us in doing so will be significant. The paper is concluded with recommendations that arise directly from what interviewees said. These recommendations are reasonable and achievable and are necessary for beginning the process of change that needs to take place in our educational system (Report Abstract).
232. Sinclair, R. L. & Boe, R. (1998). *Male Young Offenders in Canada: Recent Trends*. Ottawa, ON: Correctional Services Canada.
Keywords: Canada
Reprint: In File
Abstract: The focus of this report is a summary and presentation of recent trends involving male young offenders in Canada. The researchers relied upon three key data sources in compiling the report: The Uniform Crime Report Survey, the Youth Court Survey, and the Correction Key Indicator Report. The Canadian Centre for Justice Statistics publishes all three sources. The analysis for this report examined male young offender trends over the past five years looking at 7 questions: (1) has there been an increase in male youth charged by police, 1992-1996? (2) has there been an increase in male youth processed through the court system, 1992/93-1996/97? (3) are male youth getting involved with crime at a younger age? (4) are male youth getting more violent? (5) are male youth getting more serious dispositions? (6) has there been an increase in the frequency of male youth remanded into custody pending disposition of a charge? and (7) has there been an increase in the number of male youth transferred to adult court?
233. Snell, L. (2000). *Child Welfare Reform and the Role of Privatization* (Rep. No. Policy Report No. 271). Los Angeles, CA: Reason Public Policy Institute.
Keywords: Child Welfare/Child Welfare Reform/Privatization/United States/Foster Care

Reprint: Not in File

Abstract: Discusses the role privatization has in the delivery of foster care services in the United States

234. Social Development Canada (2004). Disability in Canada.
<http://www.sdc.gc.ca/asp/gateway.asp?hr=/en/hip/odi/documents/PALS/PALS004.shtml&hs=pyp> [On-line].
Available: <http://www.sdc.gc.ca>
Keywords: Canada/Child Welfare/Disability/Social Development/Statistics/Children
Reprint: Not in File
Abstract: Developmental delay is the most common type of disability among preschool children. Provides statistical information regarding disability rates among the various types of disability that inflict young children.
235. Social Planning Council of Winnipeg (2004). *15 Years & Counting ... Manitoba Child Poverty Report Card 2004*
Winnipeg, MB: Social Planning Council of Winnipeg.
Keywords: Manitoba/Poverty/Children/Canada
Reprint: In File
Abstract: This document reviews the statistic of child poverty in the Province of Manitoba. According to the producers of this yearly report evaluating Canada commitment to end child poverty, one in six (or 15.6%) Canadian children lived in poverty in 2002 and in Manitoba this increases to one in five (or 20.8%). Overall, 53,000 Manitoba children lived in poverty in 2002 but in 2004, it still remains a problem with little substantial improvement.
236. Sparrow Lake Alliance (1996). *Children in Limbo* Ottawa, ON: Canadian Resource Center for Children & Youth.
Keywords: Child Welfare/Children/Permanency Planning
Reprint: In File
Abstract: This report was designed to assist service providers and concerned professionals in making sense of the complex maze of problems facing children in limbo, and to examine the damaging effects on children who are waiting 'in limbo' without a permanent family or home. The document described and illustrated in detail the number of factors and issues - both clinical and court-related - which contribute to children being in these circumstances.
237. Square, D. (1997). Fetal Alcohol Syndrome Epidemic on Manitoba Reserve. *Canadian Medical Association Journal*, 157, 59-60.
Keywords: Fetal Alcohol Syndrome Disorder/Manitoba/Health/Children
Reprint: In File
Abstract: This short resource discusses the prevalence of FAS/FAE in a First Nations Reserve in Manitoba based on research that was conducted by University of Manitoba geneticist, Dr. Chudley and Dr. Moffat, a pediatrician and head of Community Health Sciences at the University of Manitoba. Their findings suggest that FAS/FAE is epidemic on at least one reserve in Manitoba and may be similar in other First Nation Communities. The community in question has roughly 100 cases of FAS/FAE (per 1000 births) which they feel qualifies as an epidemic. Chudley and Moffat reviewed the medical records of 179 families as well as examined the children for discriminating features related to FAS/FAE. The medical records indicated that about 40% of the children, ranging from 5 to 15 years old, had been exposed to alcohol in utero. The researchers also indicated that the children exhibited many of the central nervous system dysfunctions associated with alcohol teratogenesis, including learning or attention problems, hyperactivity, microcephaly, seizures and below-average scores for intelligence.
238. Stanley, J. & Goddard, C. (2002). *In the Firing Line: Violence and Power in Child Protection Work*. Winchester, England: John Wiley & Sons.
Keywords: Children/Violence
Reprint: Not in File
Abstract: Based on interviews with protective workers and rigorous examination of their cases, this ground breaking book draws links between the traumatized and isolated child protection worker and the traumatized and isolated re-abused child. This book judiciously uses the words of the workers themselves to bring alive the stresses of life In the Firing Line. Case studies highlight the full extent of violence in many children's lives. The authors propose that, in serious cases of abuse, new approaches and understandings are required if children are to be protected from repeated abuse, long-term psychological injury and even death.
239. Statistics Canada, Human Resources Development Canada, & Council of Ministers of Education, C. (2000). Children and Youth at Risk: Symposium Report. In *Pan-Canadian Education Research Agenda on Children and Youth at*

Risk Toronto, ON: Canadian Education Statistics Council.

Keywords: At Risk/Children/Education/Welfare/Youth

Reprint: On Request 12/06/04

Abstract: This report documents the proceedings of a symposium on children and youth at risk and includes summaries of the presentations, discussions, and commissioned research reports. An analysis of the themes and issues as well as policy issues is provided in the section entitled "Children and Youth at Risk: A Synthesis," written by Dr. Robert Crocker of Memorial University. Conference sessions/themes centered around (1) how do we define "at risk"; (2) What do we know about at-risk children and youth? (3) What are specific at-risk populations facing? These themes were summarized in the section written by Dr. Crocker, who also provides a summary for research directions and policy issues. Although this document focuses primarily on at risk issues for children and youth from an educational standpoint, it is a useful document which can provide some understanding of the educational at risk issues for children placed in care of child welfare systems.

240. Statistics Canada (2001). *Youth Court Data Tables*. Ottawa, On: Statistics Canada.

Keywords: Incarcerations/Youth

Reprint: In File

Abstract: The data tables publication is the second in a new series of annual youth court data releases. Data presented in this document is for the fiscal year 1999-2000 with selected data back to 1990-1991 provided for comparison. The paper describes the concepts and methodology used in preparing the youth court data from the Youth Court Survey involved accused who were aged 12 to 17 years (up to the 18th birthday) at the time of the offence.

241. Statistics Canada (2002). *Profile of Canadian Families and Households: Diversification Continues*. (Rep. No. Catalogue No.96F0030XIE2001003).

Keywords: Canada/Children/Manitoba/Health

Reprint: In File

Abstract: This publication reviews some of the findings at the federal, provincial and municipal levels regarding family characteristics:

Canada

- The proportion of "traditional" families continues to decline
- Same-sex common-law couples: Male couples outnumber female couples
- Common-law relationships in Quebec: Proportion reaches similar level as in Sweden
- Canadian household size declining and living alone on the rise
- More seniors living with a spouse, more living alone and fewer living in health care institutions
- More children living with common-law parents
- More young adults living with their parent(s)

Provinces and territories

- Prevalence of one-person households highest in Quebec and in the West
- About half of all young adults in Newfoundland and Labrador and Ontario live with their parent(s)
- Seniors aged 85 and over: More living alone in Manitoba and Saskatchewan, more living in health care institutions in Quebec
- Provincial/territorial highlights

Sub-provincial

- Private households increase in metropolitan areas, even when the population declines
- Couples with children decrease in metropolitan areas whose population is down
- In the majority of metropolitan areas, couples with children are concentrated in areas between the centre and the outskirts
- Municipalities with the highest proportions of couples with children are in metropolitan areas

242. Statistics Canada (2003). *Aboriginal Peoples of Canada: A Demographic Profile*. Ottawa: Statistics Canada.

Keywords: Aboriginal Peoples/Population Demographics

Reprint: In File

243. Statistics Canada (2004). *Aboriginal Peoples Survey 2001 - Initial findings: Well-being of the non-reserve Aboriginal Population*. (Rep. No. Statistics Canada Catalogue No. 89-589-XIE). Ottawa: Statistics Canada.

Keywords: Aboriginal Peoples/Children/Education/Population Characteristics

Reprint: In File

Abstract: The 2001 Aboriginal Peoples Survey (APS) is a post-censal survey of adults and children who reported Aboriginal ancestry, Aboriginal identity, Registered Indian status and/or Band membership on the

2001 Census. Approximately 76,000 adults and 41,000 children living in private households in the provinces and territories were selected to participate in the survey. The data was collected between September 2001 and January 2002. The purpose of this article is to present the initial findings from the 2001 Aboriginal Peoples Survey. Information on health, housing, education, residential schools and language are highlighted for Aboriginal people living off-reserve. While most of the focus is on adults, there is also information provided on children. Data showing change over time are provided as are some comparisons with the non-Aboriginal population.

244. Statistics Canada (2004). 2001 Aboriginal Peoples Survey - Community Profiles: Child Highlights and Themes for Winnipeg, Manitoba. 2001 Aboriginal Peoples Survey [On-line]. Available: http://www12.statcan.ca/english/profil01aps/print.cfm?component=2&community=CMA_004&lang=E
Keywords: Profiles/First Nations Communities/Aboriginal Peoples/Winnipeg/Manitoba
Reprint: In File
Abstract: These profiles contain free information on adult and child Aboriginal identity population for selected communities in Canada where the Aboriginal identity population is 200 or more according to the 2001 Census. These communities include First Nations, Métis settlements, Inuit communities, urban centres and rural areas. Data for Nisga'a communities are aggregated to the Nisga'a Nation level as are data for communities that are part of the Grand Council of the Crees. Not all First Nations communities could be included in the sample due to operational constraints. As well, some communities chose not to participate.
245. Statistics Canada (2004). 2001 Census of Canada. <http://www12.statcan.ca/english/census01/home/Index.cfm> [On-line]. Available: <http://www12.statcan.ca/english/census01/home/Index.cfm>
Keywords: Canada
Reprint: Not in File
246. Stephenson, M., Rondeau, G., Michaud, J. C., & Fiddler, S. (2001). *In Critical Demand: Social Work in Canada*. (Rep. No. Volume 1 - Final Report). Ottawa, ON: Canadian Association of Schools of Social Work; Canadian Committee of Deans and Directors of Schools of Social Work; Canadian Association of Social Workers; Regroupement des Unites de formation universitaires en travail social; Human Resources Development Canada.
Keywords: Canada/Social Work/Administration/Health
Reprint: In File
Abstract: This report was as a result of interest in the social services sector and in ways to develop a long-term human resource strategy by a consortium of academic and professional organizations, who partnered with each other and the sector Partnerships Initiative of Human Resources Development Canada to undertake a multi-sector study process. This research is based on data from a literature review; a labour market analysis of social services sector, including five occupational categories, two primary industries and six sub-industries. Data was drawn from the Census, Labour Force survey, National graduate survey and other sources, including social work association, government program administration records and educational institutions; fax-back survey of 109 employers from across Canada; Supplementary telephone survey of 51 employers drawn from fax-back respondent pool; and 338 in-depth, open-ended interviews (largely in person) with key stakeholders. This included employers/managers from government social service and health ministries, educators at college and university levels, students, employers in the private and not-for-profit domains, employees, and a small number of consumers.
247. Stevens, I. (2004). Cognitive-Behavioural Interventions for Adolescents in Residential Child Care in Scotland: An Examination of Practice and Lessons from Research. *Child and Family Social Work*, 9, 237-246.
Keywords: Adolescents
Reprint: In File
Abstract: Stevens' paper examines the basis and use of cognitive-behavioural interventions with adolescents in residential child care settings. She outlines the results of a survey that looks at the use of cognitive-behavioural interventions in Scotland. The survey indicates that such interventions were widely used in residential schools and secure units in Scotland. The paper reviewed some other studies that related to cognitive-behavioural interventions, which appeared to be relevant to residential child care. The review revealed many of the positive outcomes of cognitive-behavioural interventions. However, she cautions that the meaning of intervention for young people and for the staff cannot be generalized. The paper discusses the importance of other factors in determining the success of cognitive-behavioural interventions. The factors include the importance of accurate assessment, the role of staff training and the need to ensure that interventions are always in the best interests of the child.

248. Stevens, M., Liabo, K., Frost, S., & Roberts, H. (2005). Using Research in Practice: A Research Information Service for Social Care Practitioners. *Child and Family Social Work, 10*, 67-75.
Reprint: In File
Abstract: This article looks at increasing the use of research in social care practice. It arose from a one-year pilot information service project called "What Works for Children." This information service project aimed to support social care practitioners in using research findings in their service planning. As part of that service, an implementation officer worked with service-planners to identify areas where research could be helpful. Research provided responses to practitioners' questions by searching for, critically appraising and summarizing the relevant literature. The authors discussed the practicalities of running such a service as well as its potential for influencing research use at the practitioner level. The pilot underlines the importance of some of the obstacles to using research, some of which was the project was able to overcome. The gap between what practitioners want from research and what research provides is discussed.
249. Stockburger, J. (2003). *Substance Abuse Related Special Needs in Canada: Best Practices for Prevention* Prince George, BC: Health Canada, The Centre of Excellence for Children and Adolescents with Special Needs.
Keywords: Canada/Children/Special Needs/Substance Misuse/Youth/Health/At Risk/Women/Perceptions
Reprint: In File
Abstract: This report provides an overview of the research and findings regarding substance abuse related special needs. It includes a synopsis of the physical and development effects of the prenatal consumption of illicit drugs and alcohol and it discusses three levels of 'best practices' for the prevention of substance abuse related special needs. These are: (1) population health (primary prevention); (2) indicated prevention for at risk individuals (secondary prevention); and (3) high risk, pregnant and not pregnant women (tertiary prevention). The review of research and findings related to these best practices are framed by a critical examination of the cultural and societal factors that can influence perceptions toward women who use substances (abstract taken from report).
250. Stone, D. T. (2001). Countertransference Issues in Adolescent Residential Settings. *Journal of Child and Adolescent Group Therapy, 11*, 147-157.
Reprint: In File
Abstract: This article discusses the counter-transference (CT) issues among clinicians and non-clinicians in adolescent residential settings. The special context of adolescent residential settings related to the intensity of the developmental issues and psychopathology of the residents is described. Discussion follows regarding the CT responses of identification, dis-identification, blunders, competition, repression, displacement, splitting, projective identification, control and authority. Recommendations are made for how to use internal or external consultants to assist multidisciplinary treatment teams in exploring and working through CT responses (Journal Abstract).
251. Streissguth, A. (1997). Primary and Secondary Disabilities in Fetal Alcohol Syndrome. In A. Streissguth & J. Kanter (Eds.), *The Challenge of Fetal Alcohol Syndrome: Overcoming Secondary Disabilities*. Seattle: University of Washington Press.
Keywords: Aboriginal Peoples/Fetal Alcohol Spectrum Disorder
Reprint: In File
Abstract: In the first book of its kind, experts describe how to help people with Fetal Alcohol Syndrome. A summary of recent findings and recommendations is presented by the team who conducted the largest study ever done on people of all ages with Fetal Alcohol Syndrome and Fetal Alcohol Effects. Twenty-two experts, conference presenters from the fields of human services, education, and criminal justice, respond by describing their solutions to this problem of a birth defect that targets the brain and has lifelong consequences.
252. Svenson, K. A. & L. C. (1999). *The Search for Wellness*. Ottawa, On: Canada.
Keywords: Health/Manitoba
Reprint: In File
Abstract: The Final Report of the First Nations and Inuit Regional Health Survey (FNIRHS) was developed from National Core Data derived from the 1997 National Health Survey of First Nation and Labrador Inuit communities. The data presented in this document represents the most current, validated health information on the First Nations in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia, and the Inuit peoples of Labrador. The FNIRHS Report consists of seven thematic volumes and an appendices consisting of a technical report and a description of the development process.
253. Swanson Ernst, J., Meyer Megan, & DePanfilis, D. (2004). Housing Characteristics and Adequacy of the Physical Care of Children: An Exploratory Analysis. *Child Welfare, 83*, 437-452.

Keywords: Child Welfare/Children/Housing/Welfare

Reprint: In File

Abstract: This study explored the relationship between housing conditions and the adequacy of the physical care of children. The sample included 106 caregivers who were participating in a neglect prevention demonstration project in a low-income, inner-city neighborhood. Children who lived with caregivers who had unsafe housing conditions were less likely to receive adequate physical care. Findings confirm the importance of addressing concrete housing conditions as part of an ecological approach to preventing child neglect (Child Welfare Journal abstracts: <http://www.cwla.org/articles/cwjabstracts.htm>).

254. Tai, T. W. h., Bame, S. I., & Robison, C. D. (1998). Review of Nursing Turnover Research, 1977-1996. *Social Science Medicine*, 47, 1905-1924.
Reprint: Not in File
Abstract: Turnover represents a major problem for health care services in terms of cost and quality of care given. As a result, turnover has been the subject of a large number of investigations. However, the variety of study populations, research methodologies, and inconsistent definitions and measurements of turnover lead to difficulties when attempting to compare studies. The purpose of this paper is to present: (1) a summary of turnover study methods and procedures, and (2) a summary of socio-demographic, organizational, and social support factors associated with turnover of nursing staff (Journal Abstract).
255. Tait, C. (2004). *Fetal Alcohol Syndrome among Aboriginal People in Canada: Review and Analysis of the Intergenerational Links to Residential Schools*. Aboriginal Healing Foundation.
Keywords: Aboriginal Peoples/Addiction/Canada/Fetal Alcohol Spectrum Disorder/Health/Children
Reprint: In File
Abstract: Fetal Alcohol Syndrome (FAS) and alcohol-related birth effects (ARBES) have emerged as health concerns for Aboriginal people in Canada. At the heart of this are two issues: first, the devastating effects that substance addition has had on Aboriginal people and their communities; and second, the difficulties faced by those individuals, families and communities affected by FAS and ARBES. Within the research literature concerning FAS/ARBES and Aboriginal people, intergenerational impacts of the residential school experience as a contributing factor to rates of FAS/ARBES are examined. Many Aboriginal authors have examined the intergenerational links between residential school, particularly with regard to sexual and physical abuse experienced by children who attended the schools, mass adoption of Aboriginal children in the 1960s and 1970s and the introduction of alcohol by Europeans into Aboriginal communities, which has collectively contributed to high rates of FAS and other related illnesses among Aboriginal people. This report examines FAS/ARBES in light of current discussions that identify intergenerational effects that are linked to, or are a result of, the residential school.
256. Tang, A., Chisholm, M., Hill, E., Quilty, J., Priivaldi, S., & Karatasas, K. (1996). *The Drift of Children in Care into the Juvenile Justice System: Turning Victims into Criminals*. Community Services Commission.
Keywords: Children/Children-in-care/Juvenile Delinquency/Youth
Reprint: On Request //
Abstract: This resource examined some of the problems around children in state care who come into contact with the juvenile justice system in New Zealand. It drew upon information from relevant and recent research, commission complaints, reviews and community visitor functions, focus groups held with advocacy groups and peak organizations; and a survey of 52 departmental "case files" involving wards who have had contact with the juvenile justice system. Much of the information is qualitative and anecdotal. This discussion paper highlights that issues are complex and quick and easy remedies are unlikely. The authors state that even with the most committed staff and improvements to practices and procedures, the problems that contribute to some children in care moving in and out of the juvenile justice system will not be resolved overnight.
257. Teare, J. F. & Peterson, R. W. (1994). Treatment Implementation in a Short-Term Emergency Shelter Program. *Child Welfare*, 73.
Keywords: Runaway and Homeless Youth/Short-term Emergency Shelter/Youth
Reprint: In File
Abstract: The authors provide evidence of treatment implementation in a short-term emergency shelter program for runaway and homeless youths. They examined data collected from 100 youths consecutively admitted to a federally funding shelter. The findings indicate high frequencies of teaching interactions across a broad range of social skills, high levels of satisfaction with the program, and relatively low frequencies of negative/disruptive behaviours by the youths during their stays in the Shelter.

258. Texas Department of Protective and Regulatory Services (2001). *DASH: Delivering Accountable Services from Home: Regional 6 teleworking pilot final evaluation*. Austin, TX: Texas Department of Protective and Regulatory Services.
 Keywords: Burnout/Recruitment/Retention
 Reprint: In File
 Abstract: This article described an innovative attempt by a public agency in Texas to address the high turnover rate of CPS caseworkers. The theory behind the pilot project was to have workers develop their own work schedules from their homes, allowing them the flexibility needed for meeting clients.
259. The Ad Hoc Coalition on the Rights of Aboriginal Children in Canada (2003). *A Brief to the U.N. Committee on the Rights of the Child on the Occasion of the Examination of the Second Report Submitted by Canada*. Ottawa, ON: The Ad Hoc Coalition on the Rights of Aboriginal Children in Canada.
 Keywords: Aboriginal children/Aboriginal Peoples/Canada/Child Welfare/Children/Housing/Jurisdiction/Manitoba/Poverty/Welfare
 Reprint: In File
 Abstract: The Ad Hoc Coalition acknowledges the many positive steps taken by Canada since it ratified the Convention on the Rights of the Child in 1991 and since it submitted its First Report in 1995. The Ad Hoc Coalition also recognizes, however, as does Canada, that there is still much work to be done, especially in terms of implementing the inherent and treaty rights of Aboriginal children. Under Article 2 of the Convention, States must "ensure that all children within their jurisdiction enjoy their rights." This brief will show that Canada's Aboriginal policy does not uphold this basic principle, or adhere to Aboriginal inherent and treaty rights. In fact, it is the profound concern of many Aboriginal peoples that current federal policies and legislative initiatives will lead to their assimilation. This brief examines the fundamental issue of how federal legislation threatens the inherent rights of Aboriginal peoples. The brief looks specifically at the federal Comprehensive Land Claims Policy, as well as two pieces of federal legislation: Bill C-31 and Bill C-7 also known as the First Nations Governance Act. This brief also outlines concerns in the areas of service funding, child welfare and housing. Service funding and child welfare are two areas where Canada and the provinces have made great strides. The Ad Hoc Coalition recognizes the work that has been done in this area and is confident of continued improvement, as long as a "nation to nation" approach prevails. By working with First Nations, Canada will be able to address deficiencies in funding practices that are too often geared to specific symptoms, rather than to underlying fundamental causes such as poverty. Genuine partnerships with Aboriginal peoples will lead to more policies and programs that are culturally sensitive and take into account the unique history and traditions of Aboriginal peoples. With regard to housing, the Ad Hoc Coalition believes that Canada must act quickly to ensure that all Aboriginal children have safe homes in which to live (Taken from the Report's Executive Summary).
260. The National Centre on Addition and Substance Abuse (1999). *No Safe Haven: Children of Substance-Abusing Parents*. The National Center on Addiction and Substance Abuse at Columbia University.
 Keywords: Addiction/Child Welfare/Children/Substance Misuse/United States/Welfare/Child Abuse/Mental Health Services/Health/Housing/Women
 Reprint: In File
 Abstract: This report is a comprehensive analysis of the deep and complex connection between substance abuse and child maltreatment. It exposes how child welfare agencies and family court systems struggle to handle the critical decision of child custody when a parent is a drug or alcohol abuser, and it recommends substantial changes in practice to safeguard our nation's children. The most significant findings of this two-year analysis were: (a) Substance abuse and addiction severely compromise or destroy the ability of parents to provide a safe and nurturing home for a child; (b) Substance abuse and addiction confound the child welfare system's ability to protect children; (c) Timely and comprehensive treatment can work for substance-abusing parents, and such treatment is cost effective; (d) Only a major overhaul of the child welfare system and dramatic changes in child welfare practice can make real progress against this formidable problem. This CASA report underscores the need for substantial increases in funding for treatment and healthcare for substance-abusing parents and their children. Comprehensive treatment that is timely and appropriate for parents is the linchpin of strategies to prevent further child abuse and neglect by substance-abusing parents. Just as the substance abuse does not occur in isolation, so the treatment cannot be provided in isolation. It must be part of a concentrated course of mental health services and physical healthcare; literacy, job and parenting skills training; socialization, employment and drug-free housing, and it must be attentive to the fact that most of these parents are women. Where the only hope of reconstituting the natural family for the abused child rests in comprehensive treatment for the parent, it is an inexcusable and cruel Catch-22 not to make such treatment available to the parent. Most importantly, this report suggests these guiding principles to help those who devote their lives to the welfare of children: (1) Every child has a right to have his or her substance-abusing parents get a fair shot at recovery with timely and comprehensive treatment; (2) Every child has a right to be free of drug- and alcohol-abusing parents who are abusing or neglecting their children and who refuse to enter treatment or despite treatment are unable to conquer

their abuse and addiction; (3) Every child has a right to have precious and urgent developmental needs take precedence over the timing of parental recovery; (4) The goal of the child welfare systems is to form and support safe, nurturing families for children--where possible within the biological family and where not possible with an adoptive family.

261. Thompson, M. (2001). An assessment of the recidivism rates of substantiated and unsubstantiated maltreatment cases. *Child Abuse & Neglect, 25*, 1207.
Reprint: Not in File
Abstract: OBJECTIVE: This study assembles information about the large number of maltreatment reports that are determined by social services to be unsubstantiated. Specifically, we assess whether the status of a maltreatment case (substantiated vs. unsubstantiated) has implications for recidivism. Recidivism rates for substantiated and unsubstantiated maltreated juveniles were also compared to juvenile offenders. METHOD: Juvenile court records for 15,812 juveniles were assessed over a 3 year period. The data included 2558 maltreatment cases. Fifty-four percent of these cases were unsubstantiated. Logistic regression analysis was employed to assess the probability of recidivism based on time one referral status. RESULTS: Youth whose maltreatment allegations were unsubstantiated had significantly lower odds of recidivating than abused youth. Having a case recorded as unsubstantiated lowered a youth's odds of subsequent offending by 55% relative to being abused. The probability of recidivating was highest for juvenile offenders, followed in order by maltreated youth and youth whose reports were unsubstantiated. DISCUSSION: This is one of the first studies to examine the court histories of substantiated and unsubstantiated maltreatment cases. If the subsequent outcomes following maltreatment investigations are used as an indicator of seriousness, our results suggest that assessment caseworkers are successfully sorting out the serious from the less serious cases.
262. Tomison, A. M. & Stanley, J. (2001). *Strategic Directions in Child Protection: Informing Policy and Practice*. (Rep. No. Brief No. 5: Alternative Care: Comparative analysis of kin versus residential models.). Queensland, AUS: South Australian Department of Human Services.
Keywords: Alternative Care/Australia/Kinship Model/Out-Of-Home Care/Residential Care
Reprint: In File
263. Tracy, E. & Pine, B. (2000). Child Welfare and Training: Future Trends and Influences. *Child Welfare, 64*, 93-113.
Keywords: Child Welfare/Welfare/Social Work
Reprint: In File
Abstract: The authors of this article discussed trends in the social, economic and political environment in relation to their implications for child welfare. Particular emphasis was placed on the need for collaborations between child welfare agencies and schools of social work. Although this article is not research based it does bring together some important social trends influencing the child welfare field and interpreted their implications for education and training of staff.
264. Trevethan, S., Moore, J.-P., Auger, S., MacDonald, M., & Sinclair, J. (2001). *Childhood Experiences Affect Aboriginal Offenders*. Ottawa, ON.
Keywords: Aboriginal Peoples/Child Welfare/Childhood Experiences/Criminal Justice
Reprint: In File
Abstract: The reasons for the over-representation of the Aboriginal people within in the criminal justice system are complex and multi-faceted. Often, a neglected area for examination is the effect that childhood experiences have on criminal behaviour. This publication explores what extent does lack of attachment or stability during childhood have on criminal behaviour and future relationships.
265. Trevethan, S., Auger, S., Moore, J.-P., MacDonald, M., & Sinclair, J. (2001). *The Effect of Family Disruption on Aboriginal and Non-Aboriginal Inmates*. Ottawa, ON: Correctional Service Canada, Department of Justice Canada, Assembly of First Nations.
Keywords: Canada/Child Welfare/Welfare/Children/Criminal Justice/Youth/Aboriginal Youth
Reprint: In File
Abstract: This collaborative study focused on family disruption and attachment issues in relation to Aboriginal and non-Aboriginal inmate populations incarcerated in federal correctional facilities in Canada. The study found that large proportions of Aboriginal than non-Aboriginal inmates were involved in the child welfare system when they were children. Approximately two-thirds of the Aboriginal inmates said they had been adopted or placed into foster or group homes at some point in their childhood, compared to approximately one-third of non-Aboriginal inmates. The report also confirms other research, demonstrating that Aboriginal inmates have a more extensive history in the criminal justice system and experienced less stability in the family while growing up than non-Aboriginal inmates. Most inmates indicated that they were attached to their primary caregiver even

though many reported a great deal of instability in the home. Those who reported an unstable childhood indicated that they were less attached to their primary caregiver than those who reported a stable childhood. This research emphasizes the importance of federal and provincial governments working together to address issues relating to the child welfare system. It indicates that governments and Aboriginal organizations should begin developing integrated approaches between the policy and program silos that compartmentalize the way we deal with issues relative to children, youth and offenders. This study is also a stepping stone to a better understanding of the youth initiatives that can impact the lives of Aboriginal youth. It is the authors' hope that the departments who focus on crime prevention, corrections and youth justice to use the findings from this study to influence the work that they are doing with Aboriginal youth.

266. Trocme, N., Fallon, B., Daciuk, J., Tourigny, M., & Billingsley, D. (2001). Canadian Incidence Study of Reported Child Abuse and Neglect. *Canadian Journal of Public Health, 92*, 259-263.
Keywords: Canadian Aboriginal Families/Child Abuse/Child Maltreatment/Single-Parent Families
Reprint: In File
267. Trocme, N., Fallon, B., MacLaurin, B., & Copp, B. (2002). *The Changing Face of Child Welfare Investigations in Ontario: Ontario Incidence Studies of Reported Child Abuse and Neglect (OIS 1993/1998)*. Toronto, ON: Centre of Excellence for Child Welfare, Faculty of Social Work, University of Toronto.
Keywords: Child Abuse/Child Welfare/Family Violence/Investigations/Welfare
Reprint: In File
Abstract: This document analyzes the changing profile of child welfare investigations in the province of Ontario through a comparison between the OIS 1993 and OIS 1998. These Ontario studies examined the incidence of reported child maltreatment and the characteristics of children and families investigated by the province's children's aid societies. Following a review of some of the recent changes that have been made to child welfare legislation, funding and procedures in Ontario, the OIS 1993/1998 examines changes in the types and severity of investigated maltreatment, as well as the age and gender of investigated children, sources of referrals and outcomes of investigations. Rates of substantiated maltreatment documented by the 1993 and 1998 studies have doubled during this five year span. While increasing public awareness and changes in investigation procedures appear to account for part of this change, the increase also reflects a significant shift in the types of maltreatment being investigated and substantiated. Exposure to domestic violence has increased nine-fold and the proportion of neglect cases has more than doubled, while cases of sexual abuse are decreasing. A differentiated response is required to address the maltreatment-specific challenges underlying the child welfare caseload increases in Canada (Adapted from the Report Abstract).
268. Trocme, N. & Chamberland, C. (2003). Re-involving the Community: The Need for a Differential Response to Rising Child Welfare Caseloads in Canada. In N.Trocme, D. Knoke, & C. Roy (Eds.), *Community Collaboration and Differential Response: Canadian and International Research and Emerging Models of Practice*. Ottawa, ON: Centre of Excellence for Child Welfare.
Keywords: Child Welfare/Welfare/Canada
Reprint: In File
Abstract: These collections of articles in the book *Re-involving the Community: The Need for a Differential Response to Rising Child Welfare Caseloads in Canada* is based on a symposium held in Banff, Alberta, hosted by the Centre of Excellence on Child Welfare. The book grew out of the growing number of referrals involving an increasingly broad array of problems. The increase has been driven primarily by cases involving neglect or exposure to domestic violence, while severe physical harm and sexual abuse represent a declining proportion of cases. There is a growing awareness and need to develop responses that are more effective in meeting the diverse needs of maltreated children through effective collaboration with other community service providers.
269. Trocme, N., Knoke, D., & Blackstock, C. (2004). Pathways to the Overrepresentation of Aboriginal Children in Canada's Child Welfare System. *Social Services Review, 78*, 577-600.
Keywords: Aboriginal children/Children/Canada/Child Welfare/Welfare
Reprint: Not in File
Abstract: This study compares child welfare services provided to Aboriginal (Indian) and Caucasian children in Canada. The findings suggest that child welfare reports involving Aboriginal children are more likely to be classified as suspect or substantiated than reports for Caucasian children. Aboriginal children also are twice as likely to be placed in foster care. This overrepresentation in out-of-home placement is explained statistically by socioeconomic, child, parent, and maltreatment characteristics. In addition, these variables play a significant role in accounting for higher rates of case substantiation among Aboriginal children. These factors may reflect the multiple disadvantages experienced by Aboriginal families (Journal Abstract).

270. Turcotte, M. & Zhao, J. (2004). *A Portrait of Aboriginal Children Living in Non-Reserve Areas: Results from the 2001 Aboriginal Peoples Survey*. (Rep. No. Catalogue No. 89-597-XIE). Ottawa: Statistics Canada.
 Keywords: Children/Aboriginal Peoples
 Reprint: In File
 Abstract: This report examines data from the 2001 Aboriginal Peoples Survey that covers children and young people aged 14 and under who were identified as Aboriginal by a parent and who live in non-reserve areas. This report selects certain indicators to enable readers to grasp the general situation of Aboriginal children living in non-reserve areas. It describes the current well-being of these children, as well as the various facets of their lives that will play significant roles in their long-term well-being.
271. Twigg, R. (1991). The Next Step in Foster Care. *Journal of Child and Youth Care*, 6, 79-86.
 Keywords: Foster Care/Children
 Reprint: Not in File
 Abstract: Foster care agencies are finding it difficult to recruit and retain competent foster families. The author suggests this shortage is the result of the foster care system's inability to recognize the foster family's unique status - to treat foster families as colleagues rather than as holding facilities for children - and a failure to meet families' needs for support and training. Twigg discusses a program that incorporates this collegial model and that meets the needs of foster families as well as those of the professionals who work with them (adapted from journal abstract).
272. U.S. Government Accounting Office (2003). *Child Welfare: HHS Could Play A Greater Role In Helping Child Welfare Agencies Recruit And Retain Staff*. Washington, DC: U.S. Government Accounting Office.
 Keywords: Child Welfare/Welfare/Workforce/Child Welfare Workers/Children/Youth
 Reprint: In File
 Abstract: This government report highlighted gaps in the child welfare workforce. The study showed that to effectively provide child welfare services and meet federal permanence goals, child welfare agencies must meet the challenge of a stable and highly skills workforce. The report is based on an analysis of near 600 exit interviews from former child welfare workers, a review of more than 27 state child welfare reviews, and interviews the U.G. General Accounting Office conducted with public and provide child welfare agencies. This comprehensive study documented the effect workforce deficiencies have on the achievement of federally mandated outcomes for children, youth, and families involved with the child welfare system.
273. Ungar, M., Teram, E., & Picketts, J. (2001). Young Offenders and Their Communities: Reframing the Institution as an Extension of the Community. *Canadian Journal Of Community Mental Health*, 20, 29.
 Keywords: Youth/At Risk/Youth Criminal Justice Act/Criminal Justice
 Reprint: Not in File
 Abstract: This paper makes a case for using the institution as an extension of community resources rather than as a place for the exclusion of young offenders. This argument is built on 2 case studies that highlight the importance of treating young offenders in their own community and the need for permeable boundaries between institutions for young offenders and their communities. It is shown that processing youths as young offenders without helping them to maintain a sense of belonging to the community threatens their identity. Collaboration between institutions and communities to address the root causes of problems presented by at-risk youths and their families is as important for serious offenders as for their less delinquent peers. While the Youth Criminal Justice Act does not preclude movement in this direction, it is ambiguous about the development of community alternatives for serious offenders.
274. University of Minnesota (2001). *Out of Home Placements: Public Policy Brief*. Minneapolis, MN: Children, youth, and Family Consortium.
 Keywords: Children
 Reprint: Not in File
 Abstract: The placement of children outside of their homes is a tremendously complex issue that spans multiple child and family needs, numerous service delivery systems, and a wide array of public policies and family laws. Placing children outside of their homes touches many unsettled public policy issues, while affecting people at many levels. It almost never involves a simple situation. In addition, the issue holds an emotional charge for a lot of people for a variety of reasons. This brief has been written to offer an overview of some of the policies, laws and issues, along with relevant data and research findings to inform decision making.
275. University of Minnesota (2002). How A Universal Access (Non-Targeted) Program Can Assist Families Affected by Welfare Reform. Children, Youth, and Family Consortium [On-line]. Available: <http://www.cyfc.umn.edu/childhood/programs/ecfe3.html>

Keywords: Child and family services/Children/Education/Residential Care/Welfare

Reprint: Not in File

Abstract: Early Childhood Family Education (ECFE) is a voluntary public school program for all Minnesota families with children between the ages of birth and kindergarten enrollment. It recognizes that families provide children's first and most important learning environment and parents are children's first and most significant teachers. It is the largest and oldest statewide family education program for young children and their families in the country. This online report covers some of the reasoning behind the report.

276. Unknown (1996). Out-Of-Home Placement of Children: Realities, Effects, and Policy Considerations. Office of Child Development, University of Pittsburgh [On-line]. Available: <http://www.education.pitt.edu/ocd/publications/sr1996-09.pdf>
Keywords: Children/Out-Of-Home Care/Poverty/Youth
Reprint: In File
Abstract: This American source states that nearly 500,000 American children are in out-of-home care and that several factors suggest the demand for out-of-home placement is not likely to decrease in the near future. Out-of-home care has also emerged in recent political debate as a possible remedy for the poor outcomes many children raised in poverty experience. This report provides an overview of those realities and the potential effects of removing children from their homes by examining the risk factors often found in children who are taken from their parents and the complex roles of the children and youth workers or other caregivers as therapist and surrogate parent as well as public policy implications.
277. Unknown (2001). How Effective is Youth Residential Placement Compared to In-Home Interventions? Green Family and Children First Council [On-line]. Available: www.co.greene.oh.us/fcf/restreatment.htm
Keywords: Residential Care/Children/Adolescents
Reprint: In File
Abstract: This short American commentary focuses on the efficacy of residential placement of children and youth who are having difficulties (ranging from mental health issues to substance abuse to criminal activity) within the context of their families. It makes reference to a number of American reports which discuss the problems around residential treatment of children and adolescents.
278. Unknown (2001). Foster care system struggles under shortage of families. CBC Newsworld [On-line]. Available: http://winnipeg.cbc.ca/regional/servlet/View?filename=mb_foster22101
Keywords: Foster Care/Manitoba/Northern
Reprint: In File
Abstract: Article discusses Foster Home Crisis in Northern Manitoba.
279. Vadas, N. (2002). Attachment in Child Welfare: Implications for Enhancing Children's Relationships. *Envision: The Manitoba Journal of Child Welfare* [On-line]. Available: <http://www.envisionjournal.com/application/Articles/37.pdf>
Keywords: Children
Reprint: In File
280. Valentine, D. P. & Freeman, M. (2002). Film Portrayals of Social Workers Doing Child Welfare Work. *Child and Adolescent Social Work Journal*, 19, 455-471.
Keywords: Child Welfare/Children/Social Work/Welfare
Reprint: In File
Abstract: This article reports on research that investigated the images of social workers engaged in child welfare work as portrayed in movies, a major medium of popular culture. Findings from an analysis of 27 movies spanning from 1938 to 1999 are presented with particular attention to themes about how children are depicted as recipients of child welfare services and how child welfare worker activities and interventions are portrayed. Ways that the results of the research can guide intervention efforts that more accurately and more completely portray the activities, values and knowledge base of the profession of social work are suggested (Journal Abstract).
281. van der Hek, H. & Plomp, H. N. (1997). Occupational Stress Management Programmes: A Practical Overview of Published Effect Studies. *Occupational Medicine*, 47, 133-141.
Reprint: Not in File

282. Van Leeuwen, J. (2004). Reaching the Hard to Reach: Innovative Housing for Homeless Youth through Strategic Partnerships. *Child Welfare*, 83, 453-468.
 Keywords: Child Welfare/Health/Housing/Welfare/Youth
 Reprint: In File
 Abstract: This article features three housing programs designed to target the needs of youth aging out of child welfare. One program combines housing and treatment to move substance-dependent youth off the streets; one combines the resources of Urban Peak, the only licensed homeless and runaway youth shelter in Colorado, with the Denver Department of Human Services to prevent youth in child welfare from discharging to the streets; and one addresses the intense mental health needs of this population. It costs Colorado \$53,655 to place a young person in youth corrections for one year and \$53,527 for residential treatment. It costs Urban Peak \$5,378 to move a young person off of the streets. This article describes how data have driven program development and discusses how policy implications and relationships with the public and private sector can leverage additional resources (Child Welfare Journal abstracts: <http://www.cwla.org/articles/cwjabstracts.htm>).
283. Verbrugge, P. (2003). *Fetal Alcohol Spectrum Disorder and the Youth Criminal Justice System: A Discussion Paper*. Ottawa, ON: Department of Justice Canada, Youth Justice Policy, Research and Statistics Division.
 Keywords: Fetal Alcohol Spectrum Disorder/Youth/Criminal Justice
 Reprint: In File
 Abstract: Legal issues related to Fetal Alcohol Spectrum Disorder (FASD) have been explored by a number of authors. This discussion paper canvasses issues specifically related to FASD and the youth criminal justice system. Where available, court decisions that have addressed these issues are reviewed. Issues are explored under six subject headings (1) the FASD construct; (2) fitness to stand trial; (3) criminal intent; (4) proportionality of youth court outcomes; (5) sentencing; and (6) bridging with social services.
284. Victorian Government Department of Human Services (2002). *Aboriginal Child Placement Principle Guide For Child Protection And Care Workers*. Melbourne, AUS: State of Victoria, Department of Human Services.
 Keywords: Child Placement Principle/Aboriginal children/Children/Welfare
 Reprint: In File
 Abstract: The Aboriginal Child Placement Principle Guide was developed from issues highlighted in consultations undertaken by the Department of Human Services to review the operation of the 1992 Protocol between the Victorian Aboriginal Child Care Agency (VACCA) and the Child Protection Program within the Department of Human Services. The Principle defines the process of ensuring that Aboriginal community representatives are consulted and involved in the decision making regarding the care arrangements for aboriginal children and young people. Specific attention is paid to Aboriginal children and young people, who are separated or removed from their biological family. The Aboriginal Child Placement Principle also supports the importance of increased and ongoing involvement and control by Aboriginal people in Aboriginal child and family welfare and child protection matters. This Guide has been designed to sit alongside the new Protocol between the Department of Human Services' Child Protection Service and the Victorian Aboriginal Child Care Agency 2002, and to assist workers in Child Protection and Placement Services to provide a culturally appropriate and effective response to Aboriginal children and young people who need to be placed out of home.
285. Voices for Children (2004). *Safe Harbour of All of Our Young Citizens: Preventing Child Abuse and Neglect in Ontario. An Interview with Dr. Peter Jaffe*. Voices for Children [On-line]. Available: <http://www.voices4children.org/report-Oct2004-2.htm>
 Keywords: Child Abuse/Welfare/Children/Violence
 Reprint: In File
 Abstract: This article, based on an interview with Dr. Peter Jaffe, focuses on an issue that is fast becoming a focus of Child Welfare and that is the extent to which children are affected by their exposure to domestic violence. Based on a discussion with a principal that Dr. Jaffe worked with years ago, the principal estimated that in the average classroom in Ontario, there were three to five children who came to school everyday dealing with the aftermath of physical or emotional abuse in their home. Dr. Jaffe says that "We have ignored the issue of exposure. When you say the words "child abuse," most people think of a child who's got a bruise somewhere or who has experienced sexual abuse. We visualize something physical. What we don't recognize is that simply growing up in an environment where you are exposed to violence is a form of emotional and psychological abuse." This resource is participate useful in understanding some of the contributing factors and issues that children bring with them when they are placed in out of home care placements.
286. Voices for Children (2005). Fact Sheet #18 Children with Special Needs. [On-line]. Available: http://www.cfc-efc.ca/docs/vocfc/00018_en.htm

Keywords: Children/Special Needs/Statistics/Education

Reprint: Not in File

Abstract: Having a child/children with a disability/ies impacts tremendously on parents. The article outlines some of the areas of everyday living that requires special attention from parents. It also provides some interesting statistics regarding income and education.

287. Vozoris, N. T. & Tarasuk, V. S. (2004). *The Health of Canadians on Welfare*. (Rep. No. Research Bulletin #24). Toronto, ON: Centre for Urban and Community Studies.
Keywords: Health/Housing/Welfare
Reprint: In File
Abstract: The authors undertook a secondary analysis of data from the 1996-97 National Population Health Survey to examine the likelihood that adults in households whose main source of income was welfare would report poor general, mental, and social health, and certain chronic conditions. They found that receipt of welfare is associated with poorer physical health and a lack of social support. Cuts to welfare are likely to further threaten the health of welfare. The authors argue that as welfare programs continue to be reformed, the impact of program changes on recipients' health and well-being needs to be assessed and monitored.
288. Ward, A. (2004). Towards a Theory of the Everyday: The Ordinary and Special in Daily Living in Residential Care. *Child & Youth Care Forum*, 33.
Keywords: Children/Residential Care
Reprint: In File
Abstract: The author looks at the debate about the relative place of 'ordinary' and 'special' approaches to everyday living with young people in residential care and treatment. It argues for a considered approach to this distinction between the ordinary and the special, based on assessments of children's needs and stages of development, and on the purpose of their residential placement. From this beginning it enters into a broader proposal about the need for a comprehensive "theory of the everyday" in residential work. The argument focuses on the need for an underpinning framework for the planning an analysis of daily group care practice with young people. Finally, it explores how different assumptions and theoretical frameworks may operate in support of a programme for everyday practice which differentiated according to the needs of the children and the task of the organization (Journal Abstract).
289. Ward, M. G. K. & Bennett, S. (2003). Studying child abuse and neglect in Canada: We are just at the beginning. *Canadian Medical Association Journal*, 169, 919-920.
Keywords: Canada/Child Abuse
Reprint: In File
Abstract: The study of child maltreatment is in its infancy in Canada. Basic questions about maltreatment are just beginning to be answered: How many children in Canada suffer abuse or neglect? What kind of maltreatment do they suffer? To what extent are they harmed? As physicians, how do we identify and protect children at risk? The Canadian Incidence Study of Reported Child Abuse and Neglect, the first national incidence study of child maltreatment, found that 2.1% of children were the subjects of child welfare investigations in 1998. Maltreatment was substantiated in 45% of these cases. This is likely an underestimate of the true incidence of child maltreatment because it represents only the cases that were reported to and investigated by child welfare authorities.
290. Wasserman, A. (2003). Mental Health Assessments in Juvenile Justice: Report on the Consensus Conference. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42, 752.
Keywords: Health/Youth/Delinquency/Child Welfare/Welfare
Reprint: Not in File
Abstract: OBJECTIVE: At national, state, and local levels, there is increasing recognition of the importance of identifying and responding to the mental health needs of youths in the juvenile justice system, as policymakers and practitioners struggle to find ways to address causes and correlates of juvenile crime and delinquency. The proposed guidelines for mental health assessment provide explicit information about how, why, and when to obtain mental health information on justice youths at each important juncture in processing. METHOD: A national group of expert researchers and practitioners convened in April 2002. Experts derived six recommendations, following the expert consensus method, for conducting mental health assessments in juvenile justice settings. Experts had broad experience creating collaborations between juvenile justice, mental health, and child welfare systems and understood the policy and health implications of conducting such assessments in juvenile justice settings. RESULTS: Consensus Conference recommendations regarding screening for emergent risk, screening and assessment of mental health service needs, comprehensive mental health assessment components, assessment before community re-entry, need for periodic reassessment, and staff training are

presented. CONCLUSION: Deriving specific recommendations that can be implemented systematically is a necessary first step toward policy changes that will optimize the standard of care for this vulnerable population.

291. Werkele, C. & Wall, A.-M. (2002). Introduction: The Overlap Between Relationship Violence and Substance Abuse. In *The Violence and Addiction Equation: Theoretical and Clinical Issues in Substance Abuse and Relationship Abuse*. (pp. 1-21). New York, US: Brunner-Routledge.
Keywords: Addiction/Violence/Child Maltreatment/Child Abuse
Reprint: In File
Abstract: Examines the extent to which alcohol and drug use, abuse, and dependence coexist with violence among intimates. First, the overlap between child abuse and parental substance use and abuse is presented, followed by a discussion of the contribution of child abuse to adult addiction. Next, the role of alcohol and drugs in domestic violence is examined. It is concluded that the prevalence of the overlap between substance abuse and relationship violence is generally high, and that this is most evident in high-risk samples (i.e., those that are positive on either relationship violence or substance abuse). The authors note that the specific estimate of the prevalence of this overlap depends on many factors, including definitional criteria (i.e., diagnostic, legal), sampling procedures (i.e., self-referred, court-ordered), data-gathering method (i.e., interview, questionnaire), and information source (i.e., parent, partner, child, professional). Other conclusions and directions for future work are considered.
292. Whittaker, J. K. & Pfeiffer, S. I. (1994). Research Priorities for Residential Group Child Care. *Child Welfare, 73*.
Keywords: Residential Care
Reprint: In File
Abstract: This paper provides a selective review of the research relevant to developmental psychopathology and its relevance to group care program. The authors provide an overview of major themes in residential care outcome research and suggest area of future research on group care with direct implications for direct practice, service organization and policy.
293. Whittaker, J. K. (2000). The Future of Residential Group Care. *Child Welfare, LXXIX, 59-74*.
Keywords: Social Work/Northern/Child and family services
Reprint: In File
Abstract: Whittaker, a professor with the school of social work at the University of Washington, highlighted some tensions and strains that have affected the development of group care in the Northern American context. Rethinking group care resources within a total continuum of child and family services is advanced.
294. Wilson, B. & Tsoa, E. (2002). *HungerCount 2002* Toronto, ON: Canadian Association of Food Banks.
Keywords: Canada/Canadian Families/Emergency Food Programs/Hunger/Poverty
Reprint: On Request 12/10/04
Abstract: Initiated in 1989, *HungerCount* is the only national survey of emergency food programs in Canada. This annual survey documents the struggle of food banks to keep up with ever increasing demand. Released on World Food Day (October 16th) each year, the information the survey provides is invaluable, forming the basis of many CAFB activities throughout the year. Among many benefits, *HungerCount* allows CAFB to operate the National Food Sharing System on a "fair share" basis, present accurate, timely information to donors and media, and represent members' key concerns at a variety of public forums (Web Abstract).
295. Wilson, S. J., Lipsey, M. W., & Soydan, H. (2003). Are Mainstream Programs for Juvenile Delinquency Less Effective with Minority Youth than Majority Youth? A Meta-Analysis of Outcomes Research. *Research on Social Work Practice, 13, 3*.
Keywords: Youth
Reprint: Not in File
Abstract: Objective: A meta-analysis was undertaken to synthesize research results about the effectiveness of mainstream service programs for minority juvenile delinquents relative to White delinquents. The analysis addresses the question of whether mainstream interventions that are not culturally tailored for minority youth have positive outcomes on their subsequent antisocial behavior, academic performance, peer relations, behavior problems and other outcomes. In addition, outcomes were compared with those for White samples receiving the same interventions to identify any differences in the responsiveness of minority and majority youth. Method: 305 studies were selected from a large meta-analytic database in which the participant samples were either predominantly (60% or more) minority or White youth. Effect sizes and more than 150 study descriptors were coded from these studies and analyzed using standard meta-analytic techniques. Results: The results showed positive overall intervention effects with ethnic minority respondents on their delinquent behavior, school participation, peer relations, academic achievement, behavior problems, psychological adjustment, and

attitudes. Overall, service programs were equally effective for minority and white delinquents. Although there were slight differences in effectiveness for different service types between minority and majority youth, none of these differences was statistically significant. Conclusions: The use of mainstream service programs for ethnic minority juvenile delinquents without cultural tailoring is supported by these findings.

296. Wulczyn, F. H. & Brunner Hislop, K. (2004). Foster Care Dynamics in Urban and Non-Urban Counties. Chapin Hall, Center for Children at the University of Chicago [On-line]. Available: http://www.chapinhall.org/PDFDownload_new.asp?tk=1125396&ar=1320&L2=61&L3=130
Keywords: Foster Care
Reprint: In File
Abstract: This paper describes foster care utilization in the urban and on-urban counties that are part of the Multistate Foster Care Data Archive maintained by the Chapin Hall Center for Children at the University of Chicago.
297. Young, N. K., Gardner, S. L., & Dennis, K. (1998). *Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy*. Washington, DC: CWLA Press.
Keywords: American Families/Child Welfare/Substance Misuse/United States/Welfare
Reprint: In File
Abstract: This is an American source that focuses on the connection between alcohol and other drug problems and child welfare services. Many parents coming into contact with the child welfare system are users and abusers of alcohol and other drugs, the effects of which impair their parenting skills and threaten the safety of their children. This guidebook cites estimates of 40 to 80% of all the families in the child welfare systems in the United States as alcohol and other drug users/abusers. In addition to problems with substance abuse, these parents also face difficulties due to the status as low income earners, the behaviour of their adolescent children, family violence, and mental health issues. As a result, a paradox is driving the future of the child welfare system: decisions and resources outside the child welfare system will determine how well that system can serve some of its most important clients - those who are in the caseloads of other agencies, as well as child welfare.
298. Zetlin, A. G., Weinberg, L. A., & Kimm, C. (2003). Are the Educational Needs of Children in Foster Care Being Addressed? *Children & Schools*, 25, 105-119.
Keywords: Child Maltreatment/Child Welfare/Children/Children-in-care/Education/Foster Care/Welfare
Reprint: In File
Abstract: This article details research into the degree of focus and level of involvement of a large child welfare agency in the educational process of children in foster care. The research results indicate that in terms of knowledge, practices, and the actual maintenance of educational records, little was known of the educational progress or needs of children in the agency's care. Current data on educational progress were mostly unavailable, caregivers lacked basic educational information and caseworkers were poorly informed about their potential role in detecting and dealing with school problems. Given recent state and local initiatives that emphasize the need for child welfare agencies to address educational well-being, along with the provision of safe haven, the article offers suggestions and strategies for improving agency procedures, preparing caseworkers and working collaboratively with schools.
299. Zetlin, A. G. & Weinberg, L. A. (2004). Understanding the Plight of Foster Youth and Improving their Educational Opportunities. *Child Abuse & Neglect*, 28, 917-923.
Keywords: Children/Children-in-care/Education/Foster Care/Youth/School Performance/Special Needs
Reprint: In File
Abstract: This US article discusses the vulnerability of children in care when it comes to education. It provides an excellent overview of the American literature which looks at the educational effects of abuse and neglect on children in care, foster care placement and leaving school, the mobility effects on school performance as well as children and youth with special needs. The authors also review strategies for reducing the risks faced by children in care and a quick overview of some promising programs and agencies that are helping to stabilize and support young people in care educationally by making accessible better services and case advocacy.
300. Zigler, E., Taussig, C., & Black, K. (1992). Early childhood intervention. A promising preventative for juvenile delinquency. *The American Psychologist*, 47, 997.
Keywords: Juvenile Delinquency/Delinquency/Child Development/Children
Reprint: Not in File
Abstract: Programs to reduce or prevent juvenile delinquency have been generally unsuccessful. Apparently the risk factors that make a child prone to delinquency are based in too many systems--including the individual, the family, and community networks--to make isolated treatment methods effective. Surprisingly, longitudinal

studies of some early childhood intervention programs suggest they may help to reduce future delinquency. These programs take an ecological approach to enhancing child development by attempting to promote overall social competence in the many systems impacting on children. Not engaging in criminal acts is one indicator of competence that is related to others, such as being successful in school and in personal relationships. Evaluators must gather more data to confirm this unanticipated benefit of comprehensive interventions.

I. APPENDIX

- 1) CD containing:
 - Literature search re Youth and Residential care from PsycINFO Database
 - Reference Manager Database Records
 - PDF Files