Training Workbook

Foster Family Coalition of the Northwest Territories

For foster parents, staff, and volunteers

Updated: November 12 2022

Contents

Introduction

What is the purpose of this training workbook?

This workbook is a training resource for all new staff and volunteers at the FFCNWT as well as prospective foster parents. It is meant to prepare individuals to begin their journey as part of the foster care community.

The information in this workbook is intended to:

- Introduce the FFCNWT and its services
- Highlight key responsibilities of members of the Child Protection Team
- Present learning opportunities on how to keep yourself safe and keep the children and youth in your care safe
- Offer strategies to identify risks to children and youth, and adults around them, and manage common scenarios which may arise in the household, FFCNWT services, and beyond

The workbook will help you build your knowledge on the variety of ways individuals work as members of a team to help children and youth develop in a safe, healthy, and fun way. It will also offer opportunities for self-reflection, which is a crucial element of being a successful team member.

What will you have to do?

You will need to thoroughly read the material provided on key topics, even if you are already familiar with some of the concepts covered. The workbook contains quizzes and case studies related to the concepts. You will be able to assess your responses with the answer keys provided. You will also be prompted to engage in self-reflection exercises related to the material. After completing the reading and case studies, you may evaluate the training workbook in the form provided.

What will be covered?

The workbook includes a general introduction to the FFCNWT and the programs and services it provides. It also includes a brief introduction to foster care before exploring concepts including attachment, discipline, Fetal Alcohol Spectrum Disorder (FASD), cultural safety, and safeguarding.

Please note:

The material in this workbook includes explicit references to many sensitive topics including, but not limited to: sexual and physical abuse, racism, discrimination, self-harm, and suicide. Please take care while working on it and take breaks when you feel they are necessary. Reach out if you feel that you need support.

The Foster Family Coalition of the NWT

Who are we?

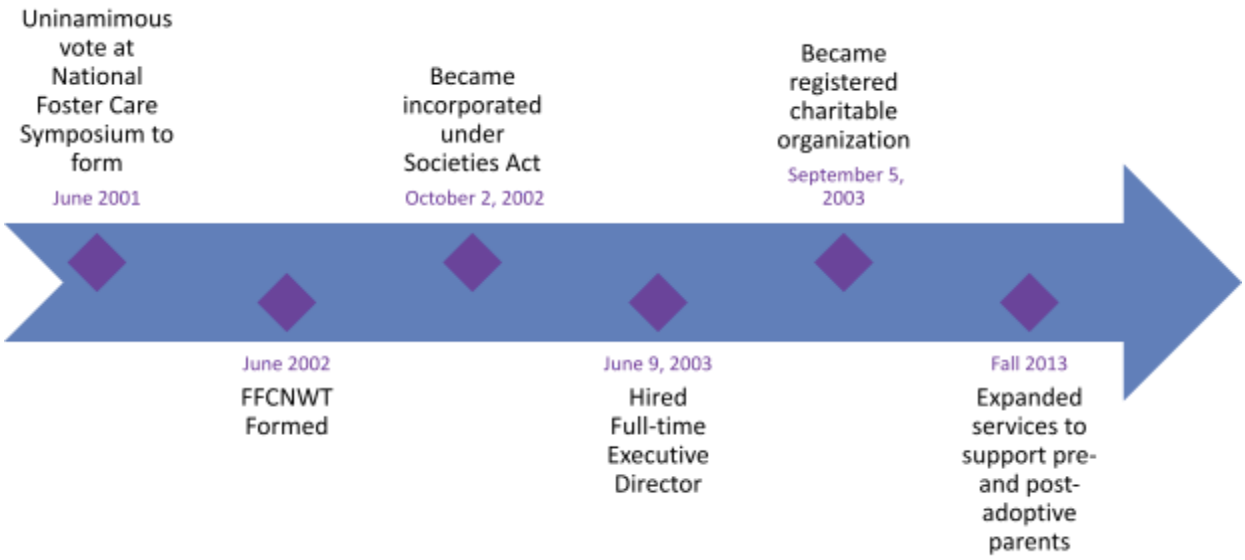
The Foster Family Coalition of the NWT (FFCNWT) is a non-profit organization located in Yellowknife which supports foster and adoptive families across the territory. The FFCNWT promotes and advocates for fostering and adoption by taking an active role in recruiting and retaining foster and adoptive caregivers and raising awareness of the needs of the foster care system across the NWT. By acting as a liaison between foster families and government bodies, the FFCNWT creates opportunities to facilitate conversations between foster caregivers and staff the Northwest Territories Health and Social Services Authority (NTHSSA). Our overarching goal is to 'strengthen communities so that kids can be safe, loved, and heard.'

"The Foster Family Coalition of the NWT is a unified voice, dedicated to improving the quality of life for children and youth in care by supporting foster and adoptive families' well being."

Our specific goals are to:

- Advocate for children receiving services under the Child and Family Services Act (Department of Health and Social Services, Government of the Northwest Territories) to ensure that their physical, mental, emotional, spiritual, and cultural needs are met
- Develop standards, policies, procedures, and protocols that support foster and adoptive children and families, in partnership with local, regional, and Northwest Territorial Boards/Authorities and Departments
- Provide a comprehensive support network for Northwest Territories foster and adoptive families
- Participate in the development and delivery of foster and adoptive family training, territory-wide

History of the FFCNWT



Programs and Services

Camp Connections

Since 2003, the FFCNWT has offered a week-long summer camp for children and youth who have experience with Social Services to gain life skills and knowledge and to engage in artistic and physical activities. Camp Connections offers an opportunity for kids to create positive memories, make lasting friendships with people from other communities, learn new skills, have cultural experiences, be around positive role models, and most importantly – have fun.

Camp connections seeks to:

- Reduce the incidence of cyclical abuse and the likelihood of children and youth becoming involved in risky activities by providing an adventure experience for those whose lives have been impacted by trauma, abuse, and neglect
- Increase cultural awareness by providing opportunities to reclaim and preserve traditional knowledge
- Invigorate the children's and youth's outlook for the future by introducing life skills that cultivate self-respect and self-esteem by encouraging healthy lifestyles
- Support the development of connections to last a lifetime

How it works

Camp Connections is for those who are currently, or have been involved with social services, giving priority to children and youth aged 7-18 who:

- Live in a foster home, or have in the past
- Live in an adoptive home
- Are receiving services from child protective services
- Are interested in having a great time at camp!

Six sessions are run throughout the summer at the camp located 57 km down the Ingraham Trail in Yellowknife. Camp connections is FASD-friendly, with a 4:1 staff to camper ratio.

In 2011, we began raising funds to rebuild the camp. In 2019, the cookhouse was completely rebuilt. We are now working on the sleeping cabins, solar power, and composting toilets!

GLOW Program

The GLOW (Gaining Lifeskills Our Way) Program has been running since July 2020 for youth in Yellowknife aged 12+ who are or who have been involved with social services to learn important life skills that will enable them to transition successfully into independent or semi-independent living. We focus on skill-building and facilitate involvement in healthy activities that cultivate self-respect and self-esteem. Activities and lessons include cooking, shopping, working on healthy relationships, resume skills, and much more. These are designed to provide a safe space for youth to grow, explore, and create positive memories to last a lifetime.

Volunteer Mentorship Program

The FFCNWT offers a Volunteer Mentorship Program which connects community volunteers with a child or youth between the ages of 5 and 29, for a minimum of a one year commitment. These meetings are meant for fun activities and working on important things in the individual's life. This program gives children and youth an opportunity to develop a meaningful and supportive relationship with a caring adult, which has the potential to greatly impact their lives in a positive way. Depending on the interests of the volunteer and the child or youth, there are various activities they can do together including, but not limited to, volunteering at local organizations, going for walks, playing a sport, helping with homework, talking over coffee or tea, or attending a community event together.

Northern Stars Afterschool Program

The FFCNWT offered daycare to caregivers during the pandemic, which was continued for those who need childcare during work hours or on holidays. The Northern Stars Afterschool Program is tailored to meet the unique needs of children that attend, including for those who have experienced trauma. It provides an open environment that supports visits with family and social workers. The program also provides exposure to culture and opportunities for outings.

4Y Program

Beginning in June 2019, the 4Y Program is geared toward supporting youth living in the Yellowknife area who are diagnosed with Fetal Alcohol Spectrum Disorder (FASD) or may have been prenatally exposed to alcohol and could use extra support to transition into adulthood. While addressing the specific needs and challenges participants may be facing, navigators offer access to life skills support vital to youth who may be impacted by FASD. Navigators engage with youth mentees through various means during one-on-one and group sessions including activities that promote healthy lifestyles choices, develop skills of their choice, foster essential life skills, or address major challenges in the individual's life.

The program is focused on working on the following 8 areas of youths' lives:

- Housing
- Work and Education
- People and Support
- Health
- Feelings
- Choices and Behaviour
- Money
- Life Skills

The overarching goals of 4Y are:

- Improve mental and physical health through engaging activities and healthy relationships
- Improve self-confidence and self-determination through building independence and interpersonal skills
- Increase community involvement in the transition planning of youth by engaging and linking them with community members and organizations
- Prevention and reduction of additional challenges such as mental health decline, addictions, justice system involvement, and self-harm by providing outlets and guidance for our youth

4Y Justice – Adolescent & Young Adult Restorative Justice

Since June 2020, the FFCNWT has offered the 4Y Justice program for individuals aged 12-24 who are diagnosed with or suspected to have FASD or Prenatal Alcohol Exposure (PAE). This program supports youth involved with the justice system throughout the territory. Our team is trained to address barriers such as past or present trauma and to ensure the physical, mental, emotional, spiritual, and cultural needs are met. We stand up for all those involved in Restorative Justice as we are dedicated to improving the quality of life for each individual.

Other Resources and Services

The FFCNWT offers many resources and services, including but limited to the following:

Online Communities

- We manage Facebook, Instagram, and Twitter accounts to promote our services and offer support to foster and adoptive families

Support Lines

- We offer a Toll Free and One on One Support line

Training

- Parent Resources for Information, Development, and Education (PRIDE)
    - We promote and deliver PRIDE pre-service training in the region to pre- and post-foster parents, pre- and post-adoptive parents, and social workers
    - Training is offered in-person in communities across the NWT, and online through our own training portal
- Fetal Alcohol Syndrome Disorder (FASD) training
    - We deliver a practical parenting training program for working with children FASD

Newsletters

- We publish a bi-weekly newsletter
- We publish and distribute a hard copy newsletter during National Foster Family Appreciation Month

Financial Supports

- We partner with Children's Aid Foundation to deliver the Health and Wellbeing Fund
- We launched and maintained the Helping Children Soar Scholarship Fund
- We offer the Foster Family Coalition of the NWT Scholarship Fund – launched in July 2011, the Fund is supported by generous donations from BHP Billiton and the Yellowknife Foster Family Association, who is currently administering the fund. Each year two $500 scholarships are made available to NWT residents that grew up in foster care who are furthering their education.

Comfort Kits

- With the support of the Children's Aid Foundation of Canada through contribution of materials and funds, the FFCNWT distributes backpacks filled with goodies for any child or youth in care throughout the NWT annually. Contents include items that will give comfort to children when they are apprehended and moved into an unfamiliar home (pillow, books, hygiene products, etc.).

COVID-19 Guidance

- We have developed and provided guidance during the pandemic including guidelines around visits, and updated information on the Emerging Wisely Plan and how that impacts services

Foster Care

What is foster care?

Foster care is a *temporary placement* provided by child welfare agencies for children who must be separated from their families. The mission is to:

1) Protect and nurture children – Foster care seeks to provide stability to children and youth in transition, ensuring they are cared for by nurturing families who are trained (licensed, certified, or approved) to meet the individual's needs.
2) Strengthen families – This involves working toward empowering families to be able to provide safe, nurturing relationships intended to last a lifetime. When reunification with parents or kin is not possible, opportunities are provided for children and youths to be connected to other families.
3) Provide children and families "at risk" with services and supports – Opportunities for children and families to heal, grow, and develop are prioritized, focusing on the importance of fostering meaningful relationships between adults and children.

One of four outcomes is intended for children – reunification with family, a permanent placement with extended family, adoption, or a planned alternative permanent living arrangement.

What is adoption?

In some situations, child welfare services may need to provide a family that is willing and able to make a permanent commitment to the child if reunification with parents or kin is not possible. Adoption legally connects parents with children who were not born to them; it comes with the same rights and responsibilities that exist between children and their birth parents. There are 4 types of adoption:

- Departmental Adoption – a child who is in the permanent care of the Director of Child and Family Services is adopted
- Private Adoption – arranged between two families themselves
- Step-Parent Adoption – a non-biological parent adopts the children of his or her spouse or common-law partner
- Aboriginal Custom Adoption – an arrangement made between two Aboriginal Families

Most departmental adoptees will be placed in a foster home prior to an adoptive home – some for a large portion of their life – so foster families are extremely important to the process.

From 2011-2021 the average number of adoptions per year was 45 in NWT
2020-2021 NWT fiscal year adoptions by type:

- ***Departmental – 6%***
- ***Step-parent – 6%***
- ***Private – 0%***
- ***Custom – 88%***

Source: Government of NWT 2021

Why is foster care necessary?

Children and families may need child welfare services for a variety of reasons including issues in the household. This can include drug and alcohol abuse, mental health issues, and trauma. Safety issues related to child maltreatment are also key reasons for child welfare services support, where the most common form of abuse is domestic violence followed by neglect. Circumstantial factors such as financial strain, medical circumstances, and a lack of access to culturally appropriate resources can also lead to the involvement of child welfare services.

There was a 51.8% decrease in the amount of children/youth in permanent care over the past 10 years (between 2011-2012 and 2020-2021)

Source: Government of NWT 2021

How does it work?

The territory is responsible for child welfare services through the Department of Health and Social Services (DHSS). Referrals for foster care can come from reports of child abuse and neglect from the community/school, the court system, or the families themselves. Foster homes are categorized as regular or provisional/extended. A regular foster home is a family home approved by the authority or agency for the placement of foster children. A provisional/extended foster home is a home that is providing care for one specific child, which is then closed when the child leaves. Many foster homes in the NWT are provisional homes, often with extended family members. Foster children with special needs that cannot be met in the NWT may receive further services in the south.

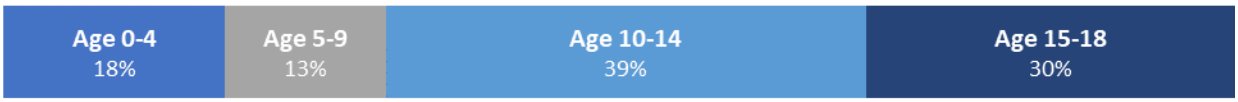
54% of out-of-home placements were extended family members or individuals known to the child/youth

46% of out-of-home placements were regular foster homes

Source: Government of NWT 2021

Youth and risk factors in the NWT

It is important to understand the unique challenges faced by youth in the NWT in order to better understand the needs of those who require child welfare services support. Youth make up over 20% of the population of the NWT and may face several structural issues in the territory. Mental, emotional, and physical health is a challenge for youth, with a lack of health and social supports. As a result, rates of substance abuse, suicide, and teen pregnancy are higher in the NWT than national averages. Housing is also a key issue, with a shortage of supply and prevalent overcrowding. A common cause of homelessness for queer and trans youth is caused by identity-based family conflict resulting from coming out. Another challenge is the high rates of unemployment and limited available jobs, making job experience difficult to come by for youth.



Children/Youth in Permanent Care by Age
Source: Government of NWT 2021

43% of children under a Temporary Custody Order were between 0 and 4 years old - these years are critical in early childhood development and speak to the importance of early efforts to maintain family, community, and cultural connections and in establishing a sense of safety
Source: Government of NWT 2021

Children and Youth Receiving Services by Ethnicity
Source: Government of NWT 2021

98% of children and youth receiving child and family services are Indigenous, while only 57% of children and youth in the NWT are Indigenous
Source: Government of NWT 2021

Transition

"Families Helping Families"

Transition is an important concept for children involved with social services. Children and youth who are in transition may be physically moving to a new place such as returning to their family home, moving to an adoptive home, another foster home, a treatment facility, or a planned alternative living arrangement. They may also be moving into a new phase of their life such as adulthood.

Moving can have a very detrimental effect on children and youth. If abrupt, it can impact negatively on development and academic progress. Risks of instability include:

- Aggression
- Difficulties coping
- Poor adjustment skills
- Low self-concept
- Poor developmental outcomes
- Increased sense of loss
- Mental health issues
- Behavioral issues

Permanency Planning

Children need to feel safe and secure in a placement to limit the negative impacts of transitions. While foster care is a "temporary placement" it is vital to create a sense of permanence for a young person. Connections and continuity are essential to accomplishing this. Permanency planning is a set of activities and tasks directed toward achieving the child's permanent goal.

Teamwork

Supporting children and youth in care requires a team effort, with the involvement of foster parents, child protection workers, and FFCNWT staff and volunteers. These groups make up the *child protection team*. Together, they are responsible for providing comprehensive care to children and youth including physical, medical, emotional and social, spiritual and cultural, and educational. Foster families are valued members of a child protection team. The family reunification process can be positively impacted by effective teamwork by foster parents supporting birth families to best meet the child's needs. Children benefit significantly from these team efforts.

The development of networks between foster parents and other team members is a major benefit to working as part of a child protection team. This network is one of the best sources of support for foster parents. Transition can have a substantial impact on foster families, as they will develop relationships with children in their care. Members of the foster family may be grieving a loss following a transition. While a successful transition can be very rewarding, grieving the loss is normal and can take time.

Planned Transitions

Foster families play an important role in *planned transitions*, where children are prepared for moves. This includes:

- Preparing children emotionally and physically
- Celebrating that they are moving on
- Saying good-bye to their foster family

It is important to recognize the strong bonds that children and youth may have to their birth family, extended family, and other foster families. The loss resulting from transition can have substantial impacts. To lessen these impacts, we can:

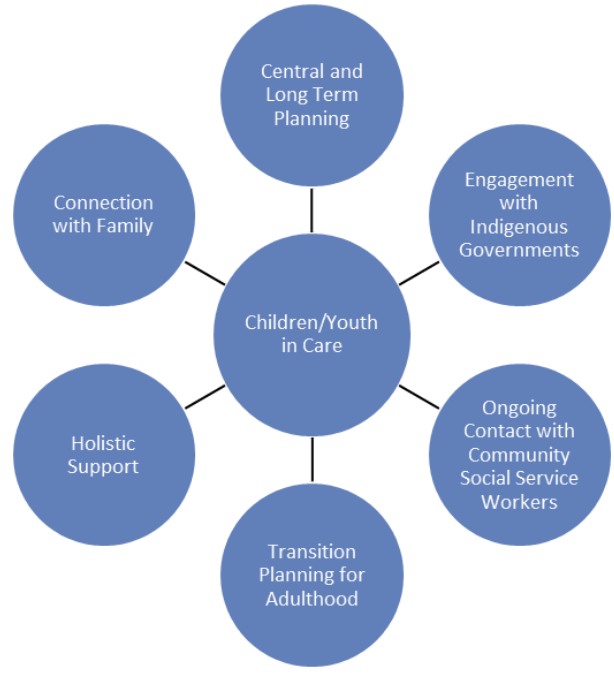
- Gather pictures of their life path
- Keep mementos
- Encourage healthy contact

Teamwork is imperative when planning for family reunification. Foster families play a major supportive role for children returning to their home. Meaningful relationships with birth families can be maintained through effective communication:

- Phone calls, planned and spontaneous home visits
- Listening to their concerns
- Looking for common goals, and keeping focus on the "best interest of the child"
- Offering support, or referring to other professionals who may be more knowledgeable on certain topics

Effective communication on the child's needs is vital. Key information must be shared, including:

- Medical information
- Information on the child's routines, their likes/dislikes
- Emotional and educational needs
- Culture/religion
- Family history



Attachment

Definition

Attachment is the bond that ties the child to their primary caregiver and is developed in the first few years of life. It allows the infant to seek and maintain physical closeness and connection to their primary caregiver. Attachment is *person-specific*, and it is *learned*.

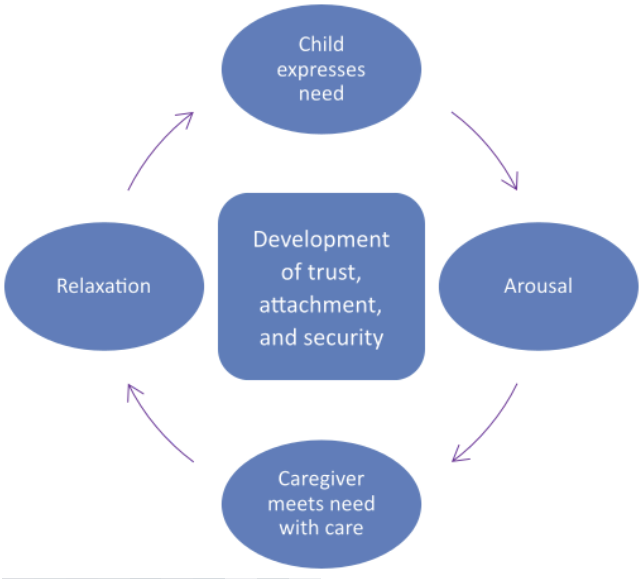
Understanding the distinct characteristics and unique life circumstances of children and youth is vital to providing appropriate care for them. Making sense of the behaviour of children, as it relates to attachment and trauma will equip families and caregivers with the tools to not only survive but thrive.

Impacts

Attachment is extremely influential on how the child relates to others, the nature of their relationships, and how they view themselves, other people, and the world for the rest of their life. It is an important influence of emotional, cognitive, and social outcomes. Attachment shapes individuals' ability to:

- Feel safe
- Develop meaningful relationships with others
- Explore the world
- Deal with stress
- Balance emotions
- Experience comfort and security
- Make sense of their lives
- Create positive memories
- Have expectations of relationships

Formation of attachment



The repetitive completion of the arousal/relaxation cycle is how attachment is formed and reinforced. Through responsive, reliable interactions with the caregiver, the infant learns *self-regulation* and *relaxation*.

If a child's needs are met consistently, a stronger attachment is formed. If needs are met inconsistently (neglect), attachment is weakened. If caregivers change frequently, the formation of healthy attachment is interrupted.

Attachment Styles

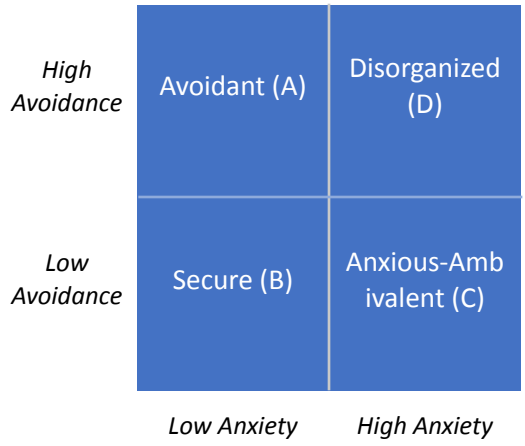
Attachment theory is based on work by John Bowlby and Mary Ainsworth. They identify four attachment styles: **Type A** – Avoidant, **Type B** – Secure, **Type C** – Anxious-ambivalent, **Type D** – Disorganized

Type	Caregiver response to child's distress	What child learns	Possible impacts on child
A	Anger, rejection, unresponsiveness, dismissiveness	• Inhibit distress to keep themselves safe, and keep parent available • Do not seek connection with caregiver	• Compulsive compliance or caretaking • Self-sufficiency and avoiding emotional closeness • Distant, disengaged • Believes their needs probably won't be met
B	Prompt and reliable soothing	• Predict parental availability and sensitivity • Become secure and trusting	• Express genuine feelings and learn easily • Form close relationships, develop empathy, and good-self-esteem • Believes/trusts their needs will be met
C	Insensitive, unpredictable, or inconsistent	• Escalate arousal to ensure response • Child is distressed when caregiver leaves, but is not soothed by their return	• Alternates between positive and negative effects to control parent • Inconsistent – sensitive, neglectful • Struggles communicating needs directly • Can "act out" when triggered • Can't rely on their needs being met
D	Frightening, neglectful, abusive	• Anxiety and confusion; unable to develop coherent strategy; appear disorganized • Dilemma for infant where caregiver who is supposed to protect is source of danger • Does not learn attachment • Confused with no strategy to have their needs met	• Vulnerability – behavioural, emotional, cognitive difficulties • General state of stress and separation anxiety • Hypersensitivity to separation – clinging; overly dependent • Problems falling asleep • Need reassurance and comforting even after short/normal separation • Erratic

			• Low self-esteem • High anxiety in relationships

Working Toward Secure Attachment

Secure attachment is important for children to grow in healthy ways, explore, maintain emotional balance, develop self-esteem, know how to share their feelings, and learn to develop fulfilling relationships with others. It requires that the child, the caregiver, and the environment be well suited to one another. This means that the caregiver needs to tailor their responses to the child's distress in a way that is suited for that individual child. This entails being attuned to the child's temperament, personality style, and attachment signals.



Two-Dimensional Model of Attachment

For infants and toddlers:

- Focus on developing secure attachment by learning their cues and meeting their needs. For example, providing the child with food/drink, attention, holding, rocking, eye contact, a clean diaper, putting them to sleep when they're getting tired
- Engage in attachment as an active process – simply loving an infant is not enough
- It may not always be possible to identify an infant's needs. Perfection is not required, and missing cues will not fracture the attachment process.
- Responding to their needs will not spoil them – instead it creates a bond, trust, and secure attachment that enables the child to grow into an independent adult

For older children and youth:

- Focus on identifying and understanding the individual's attachment style/tendencies
- Understand how their behaviours toward caregivers or in other relationships may be impacted by their attachment style

Challenges and Barriers to Attachment

Not every factor in attachment can be controlled by the caretaker. There are many impediments to infants forming attachments including health issues, separation from the primary caregiver at an early age, and having several changes in caregivers. Caregivers also face challenges to their capacity to form healthy attachments with infants, which can be limited by substance abuse, mental health struggles, high stress levels, unsafe environments, and personal trauma or negative memories from their own childhood experiences.

These challenges can present significant barriers to secure attachment and should not be seen as failures. The sooner these challenges can be identified, the more equipped you will be to take steps in addressing them.

Knowledge Check – Attachment

1. Which of the following statements is **not** true about attachment?
    a) Secure attachment is formed and reinforced through caregivers repeatedly meeting an infant's needs after they are expressed
    b) Caregivers changing frequently is an impediment to forming healthy attachment
    c) Through the response of caregivers to an infant's needs, the infant learns self-regulation and relaxation
    d) Attachment style is related to genetics and so some children cannot form secure attachments

2. Responding to an infant's needs regularly will lead to them becoming spoiled later in life.
    a) True
    b) False

3. If caregivers cannot identify an infant's needs, they will not sufficiently develop a secure attachment with them.
    a) True
    b) False

4. Identify the attachment style that is most likely described in the following scenario: The child tends to cling to their primary caregiver, often acting out when separated and having trouble sleeping, even if the separation is for a short period of time. When their caregiver returns, they sometimes continue to be distressed, running away from them.
    a) Anxious avoidant
    b) Secure
    c) Anxious ambivalent
    d) Disorganized

Answers: Knowledge Check – Attachment

1. d – Attachment is learned, not genetic
2. b – Promptly responding to a child's need builds secure attachment, and does not "spoil" them
3. b – Missing an infant's cues will not stop you from forming a secure attachment – it is part of the process of learning how to identify their needs
4. d

Discipline

Discipline is a necessary tool when dealing with children and youth to teach them appropriate conduct, self-control, and self-esteem. When done effectively it should support the following goals:

- Protecting and nurturing children's physical and psychological well-being
- Advancing children's development
- Meeting children's needs
- Teaching ways to prevent and solve problems
- Maintaining and building the parent/child relationship
- Helping children develop self-control and responsibility
- Producing the desired behavior

Disciplinary practices – what is and isn't acceptable

Acceptable disciplinary practices	Unacceptable disciplinary practices
• Positive reinforcement and praise, use of rewards • Modeling • Routines and limits • Clear expectations and follow through • Prompting • Redirecting/distraction • Verbal approval • Withholding or granting privileges • Grounding • Time-outs • Logical consequences • Chores, assignments, or restitution • Negotiating or problem solving	• Deliberate harsh or degrading responses • Deprivation of basic needs • Extensive or prolonged withholding of emotional response or stimulation • Placing a child in a locked room • Threatening the removal of the child from the foster home • Corporal punishment by foster parents or others condoned by foster parents • Punching, shaking, shoving, pinching, slapping or other forms of aggressive physical contact

Punishment vs Discipline

	Discipline	Punishment
Is…	Something that parents instill in children Can be used to prevent problems from occurring	Imposed on children to make them suffer for past behaviour
Looks like…	● Offering structure and guidance ● Proactively working on future behaviour ● The child and caregiver problem solving as a team ● Age- and context-appropriate actions ● Reassuring and acknowledging feelings, providing emotional support ● Modeling good behaviour	● Dealing with problems after they occur ● Imposing sanctions and enforcement ● Imposing fear ● Placing responsibility for change with the person who has power to control the child's behavior ● Retribution
Can result in…	● Encouraging the desired behaviour ● Building self-control and self-responsibility ● Learning the right way to solve or prevent problems ● Encouraging children to be capable and responsible for making decisions ● Protecting and nurturing children ● Building self-esteem and confidence in their ability to meet their needs ● Encouraging children to rely on their inner controls or rules for conduct ● Promoting a cooperative, shared, positive relationship between children and adult	● Not teaching the right or expected behaviours, even if the wrong behaviour is stopped ● Preventing children from learning to make their own decisions ● Reinforcing unacceptable behaviour when misbehaving is the only way to get parental attention ● Causing emotional and physical pain ● Reinforcing poor self-esteem ● Implying responsible behaviour is expected only when authority figure is present, and its just important to not get caught ● Increasing avoidance and fear ● Not teaching child self-control ● Compromising the safety of the child ● Teaching children that using force or violence is a way to solve problems and conflicts, and a way to respond when you are angry ● Children becoming resentful

Knowledge Check – Discipline

1. Sort the following into either punishment or discipline:
    a) Making a teenager come straight home after school every day for a week
    b) Rewarding TV time to a child for finishing their weekly chores
    c) Depriving a child their dinner until they address or apologize for their misbehaviour
    d) Locking a child in their room for an hour for each chore they did not complete in time
    e) Ignoring or giving a child the "silent treatment" after they misbehave, even if they're experiencing distress
    f) Sending a child to another room on a time out after a behavioral outburst until they feel they are ready to return
    g) Setting a time limit for a teenager to finish their homework by, or they will not be allowed to use their games consoles for the night
    h) Threatening a child with removal from the foster home if they do not correct a negative behaviour

Discipline ----------

Punishment ----------

Answers: Knowledge Check – Discipline

Discipline – a,b,f,g
Punishment – c,d,e,h

FASD

Definitions

FASD is the diagnostic term used to describe a range of neurodevelopmental impacts (learning, behavioral, and emotional) in people who have been prenatally exposed to alcohol. There are often no physical features to show the person has FASD, even though the brain is impacted. This is why FASD is often referred to as a hidden disability. FASD is used as an umbrella term for:

- Fetal Alcohol Syndrome (FAS)
- Fetal Alcohol Effects (FAE)
- Partial Fetal Alcohol Syndrome (PFAS)
- Alcohol Related Birth Defects (ARBD)
- Alcohol Related Neurodevelopmental Disorder (ARND)

This is a life-long condition.. Cases range from mild to severe.

Characteristics

FASD presents as both visible and hidden features, and with varying degrees of severity depending on the individual. Most often, there are no visible features of FASD.

Characteristics in Children	Characteristics in Teens and Adults
• Start to lag behind • Developmental delays • Attention difficulties • Poor higher-level thinking (cause-effect) • Poor social skills • Poor fine motor skills • Poor and inconsistent memory skills • Repetitive behaviours • Poor communication skills • Different learning styles (i.e. not auditory learners)	• Trouble with school and holding down a job • Inability to manage money • Mental Illness • Problems with addictions • Problems maintaining relationships • Inability to manage emotions • May be habitual offenders • Poor boundaries with sexual behaviors • Homelessness • Unable to keep a schedule

Challenges

Prenatal alcohol exposure (PAE) and FASD are associated with several cognitive, learning, social, and emotional challenges. This can contribute to involvement in risky behaviour, including substance abuse and crime. It can also contribute to poor mental health, depression, anxiety, and social isolation.

Sensory difficulties – Sensory Integration Dysfunction (SID) is when the brain is unable to properly sort the information sent to it by the seven senses. These senses include:

- Sight, hearing, taste, smell, touch
- Proprioception (where body is in space)
- Vestibular (balance/coordination)

Individuals affected by SID may not be able to:

- Filter out background noise
- Sort visual stimulation
- Tolerate changes in their environment
- Tolerate the feeling of clothing on their body
- Hold pencils comfortably
- Feel pain accurately
- Tolerate food flavors/textures
- Sense the passage of time
- Display feelings of tiredness, hunger, hot and cold
- Stop/start an activity or stay with one
- Distinguish personal boundaries

When a person cannot properly sort out the information coming to their brain, they live in a world that is either powerfully overstimulating or provides only weak and diluted input. Sensory Integration Dysfunction can result in both too much (hyper) or too little (hypo) response, depending on the person.

Concepts and Abstract Language – Almost every person with FASD has deficits in the area of understanding concepts and abstract language. Concepts can be defined as the sum of a person's beliefs and ideas concerning something. They include *time, money, numbers, honesty, responsibility,* and *values*. Abstract can be defined as the expression of a quality that is separate from any real object but is somehow related to it.

Memory – Memory is how you apply previous learning to present situations. A person with FASD may have:

- A poor short- or long-term memory, or both
- Inconsistent ability to retrieve information
- Trouble sequencing
- Trouble following through on instructions

Cause and effect thinking – Cause and effect thinking is the ability to link one event to its result. Someone with FASD have face the following difficulties:

- The effect may not be immediate
- They may fail to generalize the cause with the effect
- They may link the effect to the wrong cause (non-logical thinking)

Communications – People with FASD may not pick up on social cues.

Environment – Difficulty filtering out environmental stimuli can be a challenge.

Transitions – Adjusting to change can be difficult. Individuals may be so locked into the moment they cannot predict or adjust to what is supposed to happen next. If you do not provide enough time and prompt the person to transition from one activity to another, they will act out or shut down.

Time – As an abstract concept, individuals may need support to learn time and keep a schedule.

Boundaries – Respecting peoples' personal space, possessions, and sexuality is a challenge, as individuals with FASD do not learn boundaries automatically and these teachings must be intentional and ongoing.

Nutrition – People with FASD often suffer from poor nutrition and may have compromised immune systems and digestion problems along with sensory issues preventing them from eating a variety of foods, so caregivers have to monitor nutrition closely. Food allergies and sensitivities are common.

Sleep – Trouble with sleep/wake cycles can result in sleep deprivation.

Self-esteem – As failure happens often for people with FASD especially if they are expected to perform in the same way as someone who is neurotypical, their self-esteem may drop.

Impulsiveness – Poor impulse control is common, leading to unpredictability and risky behaviour.

FASD in Canada

Diagnosis

Because symptoms of FASD are often complex and may not manifest fully until later in life, individuals with FASD may not come to the attention of service providers until the school years or beyond. Since the stigma and shame attached to the disability, prenatal alcohol exposure (PAE) is likely also underreported. Because of these issues, many individuals with FASD may be incorrectly diagnosed with another disability or missed altogether. Therefore, estimates across all studies are believed to be conservative.

An estimated 9 out of every 1,000 babies are born with FASD in Canada

Affected populations/risk factors

There is a higher prevalence of FASD in children and youth who are in care. Many have been set up, by the nature of the child protection system, to experience attachment disorders, which lead to an inability to: trust others, to engage in positive social interactions, and to experience healthy psychological development. For individuals with FASD, developing healthy attachments is already more difficult.

Youth with FASD are disproportionately represented in the legal system. According to a 2014 report by the McCreary Centre Society, less than 1% of youth in mainstream schools reported having FASD, yet 21% of youth in custody indicated having the condition. Also, 17% of youth aged 12-19 with FASD had been detained in a custody centre, compared to only 1% of youth this age without FASD.

Youth with FASD are more likely than those without this disability to experience housing instability. They are almost twice as likely than their peers to have moved in the past year, and over four times more likely to have run away in the last year.

FASD in the Northwest Territories

Affected populations/risk factors

Since individuals with FASD have lower rates of emotional regulation and impulse control, the intersection of their disability and the additional traumas they experience leave them highly vulnerable to addictions issues, becoming incarcerated, engaging in violence, and being victimized. Therefore, it is extremely important for youth with PAE and FASD to have regular access to counselling and life-skills support from as early as possible. A 2018 report from the City of Yellowknife indicated that 338 people were experiencing homelessness, 42% of which were 24 years of age and under.

Accessing Resources for Support

In Yellowknife there are many social programs that individuals with FASD can join, however accessing these resources can be difficult without someone to navigate systems alongside them. From 2010 - 2016, 61 children aged 7-16 went through the FASD diagnostic clinic in the territory, and 39 were diagnosed with FASD. Unfortunately, there are few reliable statistics relating to the number of people actually living with FASD in the Northwest Territories as a whole, because many people with FASD go without receiving a formal diagnosis, for various reasons.

Strategies for supporting children and youth with FASD

Overall, individuals with FASD will experience some degree of challenges in their daily living, and need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to reach their full potential. Below, find some example of how to support someone who has FASD to experience success in their daily life.

Impulsiveness

- Teach turn taking using a physical object to hold
- Teach slowing down by counting slowly
- Make waiting a game
- Anticipate situations where the person will have difficulty, and rehearse the situation

Environment

- Minimize clutter and change
- Use visual cues
- Label storage and belongings
- Use calming colours
- Avoid background noise
- Use sound absorbing building materials
- Use white noise or nature sounds in the background
- Provide clearly defined areas for specific tasks

Communication

- Free the environment of distractions
- Make eye contact
- Use the person's first name
- Use short, clear sentences
- Do not use abstract language
- Talk about one thing at a time
- Use the same language for the same task
- Use body language
- Relate teaching to real life
- Break tasks into small steps
- Tell them what you want them to do, not what you don't want them to do
- Then:
    - Check for comprehension - ask them to repeat back to ensure they understand
    - Teach, practice, re-teach
    - Practice – wait for success before moving on

Teaching Personal Space

- Show the distance you are comfortable with - reiterate when needed
- Keep rules consistent
- Clearly define personal areas
- Develop cues
- Label the person's belongings
- Keep personal items colour coded

Teaching Social Skills/Boundaries

- Actively teach social skills
- Help practice social situations
- Rehearse responses
- Use clear and direct language when discussing sexual education
- Don't expect the person to perform expected task (e.g., gift for Mother's Day) without prompting
- Build routine

Assess Risk

Individuals may be at risk if they:

- Have a low or high pain tolerance
- Are very impulsive
- Take part in risky behaviors
- Have no fear
- Have poor judgment about safety
- Are too trusting
- Have poor sense of boundaries, including sexual boundaries

Teaching Boundaries Around Safety

- Don't allow people in each other's bedrooms
- Have very clear rules about privacy and nudity
- Constantly teach safety
- Make boundaries concrete
- Practice boundaries
- Prompt them to transfer their boundaries from place to place
- Place them in safe, supervised environments
- Use colour to show safe/unsafe

Make a Supervision Plan

- Decide what times, places, etc. need supervision
- Enlist other to help with supervision
- Keep the supervision as "invisible" as possible

Developing Self-Esteem

- Provide opportunities for success
- Praise them whenever you can
- Encourage positive self-talk, "I did a good job"
- Don't set them up for failure
- Help them name their positive qualities and strengths
- Help them understand that your support and love is not tied to his/her success or failure

Calming Down

- Don't discipline in middle of meltdown (will accelerate); teach them calming strategies
- Deep breaths
- Blinders to block out visual stimulation
- Time
- Quiet corner
- Weighted vest and lap blankets
- Sensory snack

Transitions

- Plan your day in advance
- Provide a predictable, visual schedule
- Use social stories
- Prompt for change

Disciplining

- Firm, Fair, Friendly, Predictable
- Tell the person the consequences for the behavior in advance
- Allow time for transition after an instruction
- Immediate consequences and rewards
- Short and predictable consequences
- Use concrete language in your praise and criticism
- Never give the person an option that you are not willing to allow
- Learn to recognize the symptoms of problems and step in as soon as you see them
- Watch how you use natural consequencing
- CONSISTENCY!

Nutrition

- Provide opportunities for healthy snacking throughout the day
- Allow choice within healthy parameters
- Allow opportunities for "junk food"
- Watch for reactions to food
- Eating patterns may be erratic – let them eat when they are hungry

Strategies for Sleep

- Start slowing down the day an hour or more before the child starts getting ready for bed
- Maintain a bedtime routine. Do not vary it
- Help the child develop calming routines. (e.g., special blankets, etc.)
- When the child wakes at night, use a consistent response

Tips

Remember to try *different*, not *harder*. Provide consistency to a person with FASD, and do not give up. Be prepared to devote extra time and "tough it out" sometimes. Remember to never place blame on the birth mother when her child has FASD. Providing her with support can only benefit her and the child.

Knowledge Check – FASD

1) Which of the following statements about FASD is **true**?
    a) Symptoms are generally the same in different children
    b) It is curable
    c) It is usually recognized and diagnosed in all children who are affected by it
    d) All symptoms are visible
    e) It is associated with several cognitive, learning, social, and emotional challenges

2) Which of the following challenges are common with children affected by FASD?
    a) Sensory difficulties
    b) Difficulty with abstract concepts like money, time, and numbers
    c) Difficulty with memory
    d) Difficulty with boundaries
    e) All of the above

3) Which of the following is **not** a strategy for supporting children and youth affected by FASD?
    a) Minimizing clutter and change in an environment, including background noise
    b) When a child is not remembering a lesson after repeatedly being taught, using a stricter disciplinary method to increase the chances of them retaining the information
    c) Planning your day in advance, with predictable schedules
    d) Making eye contact while communicating, using the individual's name, and speaking in short, clear sentences without abstract language
    e) Practicing social situations and responses to actively teach social skills

Answers: Knowledge Check – FASD

1. e
2. e
3. b – Being stricter or using harsher methods will *not* help a child with FASD learn better

Protecting yourself – Vicarious Trauma Burnout and Self-Care

Those who work or volunteer with children and youth involved with social services must develop relationships with clients who have experienced abuse, neglect, mental illness, and various forms of trauma. The repeated exposure to others' traumatic experiences can be emotionally taxing and lead to workers experiencing distress themselves, in what is referred to as *vicarious trauma* (*secondary trauma stress*). *Burnout* is a more general term describing the feeling of exhaustion and negativity towards work, resulting in reduced professional efficiency due to chronic workplace stress.

Self-care can prevent exposure to vicarious trauma from developing into a chronic disorder and plays a role in moderating burnout. Practicing self-care means adequately attending to your physical and mental health to achieve and maintain optimal health and well-being. Self-care helps build *resilience* – the capacity to tolerate and adapt to challenging life experiences including change, personal problems, pressure, failings, and painful feelings.

Know Yourself

Self-reflection is a key starting point in self-care. You need to know your limits and understand how to recognize that you may be developing "compassion fatigue." This will help you understand when you need a break. Think about your goals and priorities – what needs to be done now and what can wait? Learn how to say "no" when you feel like you're taking on too much.

Show Yourself Compassion

For most of us, being kind and considerate to ourselves is a challenge, and takes effort and regular practice. We must disrupt negative thought patterns to fight our natural tendency to be self-critical and judgemental, and instead be gentle and understanding. This means identifying and challenging negative and unhelpful thoughts.

Focusing on the positive does not mean ignoring the bad or being naïve – it means adopting an outlook that allows you to overcome negative thinking as an obstacle. Remind yourself why you do the work that you do and consider what you want to achieve. Be mindful of what you have accomplished and reflect on the impact you have made in others' lives. Recognize and celebrate your strengths and good qualities. Practice gratitude to remind yourself of the good things in your life. Above all, be kind to yourself.

Take Care of Your Body and Brain

It's easy to go home and veg out in front of the TV after a long, stressful day, and it's tempting to blow off steam and forget about your stressful job with the help of drugs and alcohol. However, this is exactly what we teach our clients to avoid doing. Lead by example in your personal life. Making healthy choices can help you deal with the unavoidable stress of being a helper. Regular exercise, a healthy diet with regular meals, staying hydrated, and getting regular, quality sleep are core components of caring for your body and brain. There are no substitutes for these elements of a healthy lifestyle.

Practice Self-Care

This is both the easiest and hardest way to prevent burnout because it's entirely up to you to find the time and energy to care for yourself. Social workers have an uncanny ability to think of a million reasons why they should not take a vacation, treat themselves, or spend time doing something non-work related that they love. In a time when workers are being asked to do more with less, it is especially important that you make time to take care of yourself. If this is something you and your peers at work all seem to be struggling with, form a buddy-system where you can hold each other accountable. It is important to create a separation from work and your personal life. It is crucial to find activities that make you feel calm, relaxed, and engaged outside of work.

Seek Supervision

Everyone needs support at some point. The relationship you have with your supervisor is one of the most important tools to prevent burnout. If your supervisory situation is such that you do not feel that it is a safe place for you to talk things through, find a colleague you feel comfortable with whose insight might be more helpful. If you are the boss at work, find a community group of people who can support you. Be aware of resources available to your at and outside of work. Remember to take a break when you need it and ask others to step in and help.

Educate Your Colleagues and Leaders about Secondary Trauma Stress

As a continuing education concept, Secondary Trauma Stress is still pretty new. It's something that can easily go unrecognized, especially in organizations where folks are over-extended or understaffed. As such, these work environments are the agencies where Secondary Trauma Stress is most likely.

Stay Connected

Staying connected is important for both emotional support and practical help. Make time to join online social media groups with others in your practice area. Sometimes talking through the emotions you're experiencing and knowing that you are not alone with those feelings makes all the difference in the world. Additionally, learning new tricks or techniques at a conference may be the refresher you need to take a new approach to your work.

Work toward cultivating a supportive environment at work. Reach out to your support network for help and try to do the same for them in return when you can. Like passengers on an airplane, we have to put on our own oxygen masks before we can help others. We can't do our best work with our clients if we are tired, stressed, angry, or otherwise overwhelmed. Support workers are human beings, after all!

Reflection Exercise – Self-Care

This section is an opportunity to pause and reflect. There are no right or wrong answers. This exercise is meant for you to reflect on what self-care looks like to you.

1. What are three healthy lifestyle choices you make to care of your body and/or brain? (If you do not have three, brainstorm activities that you would like to start)

   1) ----------
   2) ----------
   3) ----------

   Example responses: having a consistent bedtime, meal-prepping healthy lunches, scheduled gym time, daily meditation, daily walks in nature, naps, setting aside time to be "unplugged", participating in support groups, journaling

2. What are three activities you do for self-care that make you feel calm, safe, resilient, re-energized, and/or engaged outside of work?

   1) ----------
   2) ----------
   3) ----------

   Example responses: vacationing, hobbies like knitting, painting, or crafting, playing a sport, video games, hanging out with friends, watching your re-runs of your favourite comedy show, spending time with your pet, listening to music

3. What are two barriers to you regularly practicing self-care?

   1) ----------
   2) ----------

   Example responses: time, commitments, anxiety, stress, family responsibilities, fear of judgement, burnout

4. What are two sources of support in your life and/or job?

   1) ----------
   2) ----------

   Example responses: friends, support groups, colleagues, and supervisors you feel comfortable with, community groups, church groups, the local foster parents' community

Cultural Safety

Definitions

Cultural Safety is a concept originating from New Zealand nursing education and applies in a situation where someone is nursing a person or family from another culture. It has since been embraced and applied to other disciplines and professions including child welfare.

Cultural safety is an approach that considers how social, historical, and economic contexts, as well as structural and interpersonal power imbalances shape people's outcomes and experiences in health and healthcare, as well as systems like child welfare. It is based on a framework of two or more cultures interacting in a colonized space – where one culture is legitimized, and the other is marginalized. Cultural safety is *not* understanding "Indigenous culture." It is an approach to providing care that is about paying attention to the roots of health and health care inequities, such as colonization.

Goals

Cultural safety is an outcome where Indigenous peoples feel safe, respected, and free from racism and discrimination, when accessing health and social services. Understanding individuals' or groups' unique experiences is a central goal. Assuming people have the same experience can perpetuate stereotyping and marginalization.

Spectrum of Cultural Frameworks

- Cultural Awareness - Acknowledgement of differences
- Cultural Sensitivity - Recognition of the importance of respecting differences
- Cultural Competence - Describing "skills, knowledge and attitudes" of caregivers
- Cultural Safety – Enables safe service to be defined by those who receive the service

Impacts

Care that is not culturally safe can have severe impacts, especially on mental health. Rapid cultural change, oppression, and intergenerational trauma can lead to depression, suicide, family violence, and substance abuse. Physical health outcomes include higher rates of infant mortality, diabetes, chronic diseases, TB, and other communicable diseases.

Identity – Definitions
Source: Government of BC

Indigenous – Indigenous refers to a person who is native to an area. It is the term currently utilized by the United Nations, as well as the Canadian government. There is no central definition, but common elements include self-identification with pre-colonial societies, traditional territory, and cultural systems.

First nations – There is no legal definition of First Nations, but it can refer to both a collective (i.e. Snuneymuxw First Nation) or an individual, belonging to the group who were the original inhabitants of the land that is now Canada (who are not Métis or Inuit).

Métis – Métis are people of mixed European and Indigenous ancestry who trace their origins to the fur trade in the Red River Valley and surrounding prairies. Métis people self identify as being distinct from other Indigenous people.

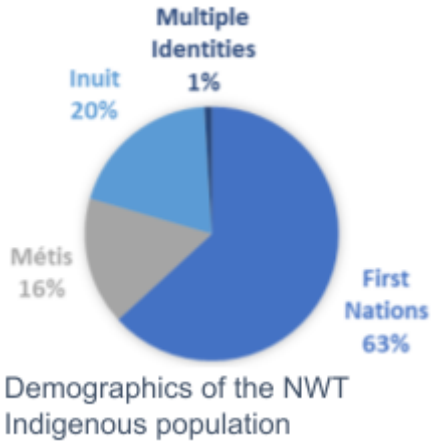
Inuit – Inuit refers to Indigenous peoples of Northern Canada. The word means "people" in Inuktitut. Inuit have distinct languages and cultures.

Demographics in NWT
Source: Statistics Canada 2016

People with Indigenous identities make up 51% of the population of NWT.

The 10 most common Indigenous mother tongues (in descending order):

- Dogrib (Tlicho)
- South Slavey
- North Slavey (Hare)
- Dene
- Inuvialuktun
- Slavey
- Gwich'in
- Cree
- Inuinnaqtun
- Inuktitut



Based on results of the Aboriginal Peoples Survey, 77% of off-reserve First Nations people, 51% of Métis and 80% of Inuit aged 6 and older reported that speaking and understanding an Aboriginal language was important to them.

Indigenous children under the age of 14 represented 52.2% of all children in foster care, despite only representing 7.7% of children in Canada
Source: Statistics Canada 2016

Historical Context

Source: Government of BC

There are many historical factors that are important in understanding how to provide culturally safe care. The legacy of colonization in Canada has led to racism, discrimination, and stereotyping, resulting in Indigenous people being overrepresented in almost all areas of social services. Government institutions and service providers are not designed by and for Indigenous people, and Indigenous people often feel alienated, humiliated, or under-served when they try to access support. The compounded impact of past and ongoing trauma at the hands of government institutions have made Indigenous people less likely to trust service providers. These factors combined with cultural barriers result in Indigenous people being more likely to avoid interactions to get help they need.

An example of how the legacy of colonization has impacted access to culturally safe care is the common stereotype that Indigenous people are more likely to abuse alcohol or other substances. The belief that Indigenous people have a genetic predisposition for alcohol addiction is a myth, and not supported by scientific literature. Evidence suggests that Indigenous people are more likely to abstain or drink less frequently than non-Indigenous people. Despite these facts, such racist assumptions are frequently made in health care settings, and this has a direct impact on Indigenous people's health and access to care.

Indian Act, 1876

**Note: "Indian" is a legal term, and in most other contexts is considered offensive*

The Indian Act, administered by Indigenous Services Canada (ISC), is a body of laws establishing Indian status, bands, and designated lands, managing reserve land and communal monies, and ultimately authorizing the federal government to regulate and administer every aspect of Indigenous lives in Canada.

The Act fostered different social categories of Indians, distinguishing between those entitled to be registered ("status Indians"), and those who are not. The Act also imposed a significant gender bias on the status system, where women could lose status by marrying men without status, or by being widowed or separating from their husband. Women would also become a member of their husband's band after marrying, ceasing to be a member of her own.

The Act dismantled traditional systems of governance and imposed external control and governing structures to limit the rights of Indigenous people to practice their culture and traditions. Intensifying activism and work by political organizations in the late 1960s and early 1970s set Canada on a path toward acknowledging and enabling forms of Indigenous self-government. This work continues to this day.

The Act was amended in 1951 to remove many political, cultural, and religious restrictions. A major amendment was made again in 1985 after the passage of Bill C-31, to conform to the Canadian Charter of Rights and Freedoms. Changes were made to address gender discrimination in the law, restore status to those who had been forced to lose their status through enfranchisement, and to allow bands to control their own membership.

Whether to keep or dismantle the Indian Act is the subject of ongoing debate. Those in favour of abolishment cite its purpose of assimilating Indigenous people into European-Christian society and its legacy of marginalization, the direct effects of which are still prominently felt today. However, some fear outright removal of the Act would erode protections, as it defines terms of status, enshrines the Crown's duties toward Indigenous people, and outlines terms of many other aspects of life on reserves.

Legacy

The Indian Act was part of policies that intended to terminate the cultural, social, economic, and political distinctiveness of Indigenous people and assimilate them into mainstream Canadian life. It is still in force today.

It imposed many fundamental changes on the lives of Indigenous communities, including transforming social structures to resemble European households with men at the head, and women confined to the domestic sphere. The Act constrained mobility and isolated people from economic sectors.

The Act's impacts on Indigenous cultures, economies, politics, and communities are severe and ongoing. The oppression and restrictive terms of the law negatively impacted generations of Indigenous people and contributed to widespread intergenerational trauma.

Residential Schools, 1860s-1990s

The Canadian state funded church-run schools in order to assimilate Indigenous children into Canadian Society. Over 150,000 children attended these facilities. Children were often forcibly separated from their families and sent to schools far from their home to distance them from their community and culture. Other children were made to attend Indian Day Schools where they faced similar conditions as in residential schools.

Daily activities at residential schools included religious worship, physical labour, and education. Harsh rules were implemented including barring children from acknowledging their Indigenous heritage and culture or speaking their languages. They were taught that their languages, culture, and traditions were inferior. Severe punishments were implemented for rules being broken, including physical force and confinement. Children faced physical, sexual, emotional, cultural, and psychological abuse at residential schools. Many were malnourished and exposed to the elements due to improper clothing and derelict buildings. Several died while trying to return home, or from serious illness. Some residential schools had a death rate as high as 50%.

Legacy

Residential schools were designed with the objective of indoctrinating Indigenous children into Euro-Canadian and Christian lifestyles and assimilating them into mainstream white society. This is considered *cultural genocide*, as a purposeful attempt from the state to eradicate all aspects of Indigenous cultures.

This system undermined Indigenous cultures, leading to the loss of language, culture, traditional teachings, and mental/spiritual well-being. Residential schools disrupted Indigenous families for generations, severing ties through which Indigenous culture is taught and sustained, and depriving children of nurturing family lives.

Residential schools caused trauma that affected every aspect of Indigenous life, including intergenerational effects on language, culture, and family and community structures. Many survivors experience feelings of guilt, shame, depression, and hopelessness, which have led to negative outcomes like substance abuse and suicide. Cycles of abuse began with those who attended residential schools and has been passed on through generations, continuing to have significant impacts on entire communities.

Sixties Scoop, 1950s-1980s

The Sixties Scoop refers to the government policies enabling large-scale removal of Indigenous children (mostly newborn or young) from their families into the child welfare system, in most cases without the consent of their family or bands. The 1951 amendments to the Indian Act gave provinces jurisdiction over Indigenous child welfare which spurred the accelerated removal in the 1960s, leading to the drastic overrepresentation of Indigenous children in the child welfare system.

Social and economic barriers caused by colonial policies led to many Indigenous children and families struggling, and policies during the Sixties Scoop era allowed the state to exploit these struggles to remove children, often without the consent of the family or community.

In most cases children were placed into middle-class Euro-Canadian families, separate from their siblings, ultimately losing all ties to their culture and identity. Social workers were not educated on Indigenous culture or history or trained in dealing with Indigenous children and communities, and largely believed that proper care was based on middle-class Euro-Canadian values. While some children were placed in homes with well-intentioned caregivers (which to note, is not enough when cultural safety is not considered), many faced harsh conditions where they were subject to slave labour and physical, emotional, and sexual abuse.

In British Columbia, the percentage of Indigenous children in care rose from 1% in 1951 to 34% in 1964. 70% of the children removed were placed in non-Indigenous homes.

While the policies enabling the Sixties Scoop were changed in the 1980s, the overrepresentation of Indigenous children in the child welfare system has persisted to this day. This enduring and systemic removal of children from their homes and separation from their culture and communities is referred to as the *Millennium Scoop*. Child welfare agencies used “birth alert” systems to flag families at risk of being unfit to care for their baby based on the pregnant woman’s history. This system most often flagged Indigenous families, leading to newborns being apprehended and placed in foster care. This discriminatory practice was ended in 2019, but the overrepresentation of Indigenous children in the foster care system remains.

Legacy

The impacts of the removal of Indigenous children are felt across several generations of families and communities throughout the country and are linked to intergenerational trauma. When children grow up suppressing their identity and facing abuse, they eventually experience psychological and emotional problems, which can create barriers to developing a strong and healthy sense of identity. Children raised outside of their culture often have feelings of not belonging to either the mainstream white society or to their Indigenous culture, creating barriers to achieving socio-economic equity.

The Sixties Scoop accelerated and intensified the loss of language and connection to heritage for many Indigenous people, much like the legacy of residential schools.

The federal government reached an agreement to commit $800 million to survivors of these policies for loss of cultural identity, however this did not account for abuses suffered and excludes non-Status and Métis survivors.

Intergenerational Trauma

Intergenerational trauma occurs when an older member of a community transfers the effects of trauma onto younger members, affecting their ability to lead healthy lives mentally, physically, emotionally, or spiritually. Through the legacy of colonization, the continual subjection to traumatic experiences can accumulate over generations and undermine collective wellbeing.

The way individual trauma can be passed through generations is still being explored, and researchers have uncovered multiple pathways. One way trauma is passed on is through the cycle of abuse, where adults who were traumatized as children are not prepared to nurture their children as adults, resulting in the perpetuation of abuse. Abuse, neglect, and stress also prevent children from developing skills or strategies necessary for dealing with stress in life, which is amplified in a community setting, and results in negative parenting behaviours being replicated by the next generation. There are also epigenetic mechanisms of transferring trauma, where traumatic environmental factors cause changes to an individual's genes, which are then passed on to their children through their DNA.

Trauma can result in the loss of language, culture, and connection to community and family, low sense of self-esteem, internalized racism, disconnection from Indigenous and Western society, abuse, addiction, alcoholism, and suicide. The impacts result from both the trauma itself *and* the inability to undertake healing practices.

Different communities and Indigenous groups experienced colonization and trauma in different ways, resulting in different effects. For this reason, each Indigenous person's story and history should be treated as unique and valid.

Resilience

Indigenous communities cannot simply move on from the past. The legacy of colonialism and the continuation of its marginalizing policies and discrimination are barriers to recovering from trauma, which is an ongoing and complex process. Indigenous communities are actively revitalizing and reclaiming traditional practices and fighting against ongoing colonial policies and attitudes.

Indigenous communities have diverse notions of resilience related to the way people connect to other individuals, their communities, the environment, and larger regional and global systems. Collective history, language, and traditions, as well as individual and collective agency and activism are important concepts surrounding resilience.

Indigenous communities are actively healing from trauma. The Aboriginal Foundation has identified three pillars to healing:

1) Legacy Education – Connecting past to present
2) Cultural Interventions – Re-centering Indigenous experiences, traditional teachings, and culture
3) Therapeutic Interventions – Individual, family, and community healing events

Cultural Safety and Foster Care

Cultural identity

We begin to form our sense of who we are from the messages we receive from those around us. Race is only one part of culture. Children may be from the same race, but there still may be differences in their overall cultural identity. There are many factors that affect how children develop their cultural identity. Cultural identity is part of every child's development. Children develop values, life routines, communication patterns, and religious beliefs, as well as a taste for certain foods, and a knowledge of how life is celebrated and honoured. Cultural identity also includes the development of racial identity.

Risks in foster care

Mainstream systems can further alienate people from their communities and traditions. How children feel about themselves is related to their sense of family and belonging and to the respect and dignity they feel about their culture and ethnicity. When children are placed in foster care, they are at risk of losing their sense of cultural identity unless we help them develop it. It is our responsibility to recognize, respect, and nurture unique cultural identities.

Risks related to positive self-esteem and personal and cultural identity:

- Self-esteem is jeopardized through trauma and abuse
- Cultural identity can be jeopardized if children are placed out of their culture and heritage
- Foster parents cannot always provide children with legal status, social status, and commitment
- Children have experienced several placements
- They may lose part of their family history
- They may experience a stigma associated with living in a foster home

Risks related to family continuity:

- Separation from birth family, even for a brief time, interrupts continuity
- Because of the problems before the placement, family history may no longer be a priority
- Placement means a new family for the child to integrate into and understand

Actions to address family continuity for foster parents:

- Encouraging birth family participation in decision making for the child (such as education, medical treatment, and services)
- Obtaining pictures of the birth family for the child
- Taking the child back to visit his or her community/church/school
- Planning for telephone calls and letters
- Having the child draw pictures/create artwork for the birth family
- Reassuring the child that the birth family cares for him or her despite the difficulties the family has had in meeting the child's needs
- Being courteous and respectful to the birth family in front of the child
- Not talking negatively about the birth family in front of or to the child
- Asking for the birth parents' input or assistance on a parenting issue (such as,

- Respecting the possessions given to the child by his or her family

types of food the child eats, favorite toys, etc.)

Racism

Definition

Racism is a system of structures, policies, practices, and norms that assigns value and determines opportunity based on the way people look or the colour of their skin. It is based on an ideology that one group is inherently superior to others. Expressions of racism may be either intentional or unintentional.

Racism has profound negative effects on individuals and communities, impacting both mental and physical health.

Racism is not always overt instances of abuse or harassment. There are four general shapes that racism takes:

1) Interpersonal (between individuals) – bias in interactions
2) Internalized (within individuals) – negative beliefs about oneself based on beliefs and biases about race influenced by our culture
3) Institutional (within institutions and systems of power) – policies and practices that produce and reinforce racially inequitable outcomes
4) Structural (among institutions and across society) – cumulative and compounding effects of societal factors including history, culture, and interactions of institutions that collectively uphold racist policies

Microaggressions

A frequently encountered form of interpersonal racism is referred to as microaggressions – subtle behaviours, actions, or expressions that communicate bias toward a group of people. They are sometimes referred to as "casual racism." The perpetrators of microaggressions may believe they are saying something harmless, or even giving a compliment. However, regardless of intent, microaggressions are harmful and an example of racism. Microaggressions can sound like:

- "Really? You don't look Indigenous"
- "You're so articulate, I'm surprised"
- "I'm not racist, I have Black and Indigenous friends"
- "I don't see race"

Bias

A bias is a tendency, inclination, or prejudice toward or against something or someone. *Everybody* has biases. They are not all negative and having them does not make you a bad person. We take in information from our environment – school, media, household, etc. – and our beliefs are shaped by the messages we get. The biases we develop about different types of people are often based in stereotypes rather than fact and lead us to make assumptions and sometimes unwittingly participate in

discriminatory practices. It is vital to identify and reflect on our biases to improve our decision-making and behaviour.

How to Practice Cultural Safety

Reflect on one's *own* culture, attitudes, and beliefs about others

- Acknowledge your privilege
- Recognize imbalances of power that may exist
- Acknowledge that we all have bias
- Consider how your biases might be influencing your decisions/actions and what assumptions you are making – then actively work to reduce them

Embrace the role of a learner

- Take responsibility for understanding the historical and ongoing impacts of colonization
- Learn about the work currently being done to advance Indigenous rights and wellbeing (consider reading the Truth and Reconciliation Commission 94 calls to action and the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls)
- Challenge and deconstruct negative stereotypes
- Participate in trainings available to you
- Commit to a lifelong process of learning

Work *with* people

- Adopt clear, value-free, open, and respectful communication
- Use your power to create open, non-judgmental, and respectful relationships
- Adopt a relational approach by working collaboratively with children/families
- Take time to get to know who you're working with and their unique experiences
- Cultivate trusting relationships and a safe environment
- Be prepared to engage with others in two-way dialogue where knowledge is shared

Using power constructively

- Use your power to advocate for a partnership model of working relationships between the child protection team and children/families
- Work with people in ways that promote autonomy and self-determination, rather than dependency
- Hold yourself and other members of the child protection team accountable

Consider:

- How much space am I taking up in conversations? In rooms? In organizing?
- Does my involvement hijack the message or insert my opinions or values instead of respecting those of marginalized people?
- How much do we know about the people we seek to work with?
- What are our assumptions about the people we seek to work with and where did they originate?

- Who are we leaving behind?

Allyship

Allyship is the process of supporting, advocating, and working for the inclusion and end to the oppression of marginalized groups that you are not a part of. Allyship is a lifelong process that entails walking *with* not walking *for* marginalized people. We should never take up space from people we are trying to help. Everybody can be an ally, and it is one of our major roles as members of the child protection team, as a component of cultural safety.

Allyship is not about acting out of guilt – it is about acting out of responsibility to challenge larger oppressive power structures. Allyship is **not**:

- An extra-curricular activity
- A competition
- An opportunity to further your self-interest or feed your ego
- An opportunity to act on a "buzzworthy" issue
- Something that warrants reward or special recognition

Much like the general principles of cultural safety, practicing allyship requires:

- Acknowledging your privilege
- Amplifying voices by shifting the spotlight away from yourself, and lending your voice when needed
- Listening and taking direction from those with lived experiences of marginalization
- Taking responsibility for your own learning, and never expecting marginalized people to teach you – this involves reading, reflecting, asking questions
- Recognizing larger systematic inequalities and their impacts
- Self-reflection – be aware of your own assumptions and biases
- Taking action – this means speaking up, and/or intervening when someone is experiencing injustice
- Its not enough to be "not racist," we must be *anti-racist* – the practice of actively identifying, challenging, preventing, eliminating, and changing the values, structures, policies, programs, practices, and behaviours that perpetuate racism
- Lifting others up – share opportunities for growth
- Seeking out other allies – create a support system
- Being a mentor – bring out the potential in young people
- Being open to criticism and being uncomfortable – be accountable for your mistakes
- Self-care – listening can be taxing, and so it is important to take care of your well-being in order to continue supporting others
- Committing to a lifelong process

Case Study 1 – Family Continuity

Case

Jocelyn is a 9-year-old Inuit child who entered the foster care system after being removed from her birth mother's care, where substance abuse issues and domestic violence created unstable conditions. Her mother, Iris, considered this a "wake up call" and began working on making her household a safe place for Jocelyn to return.

Jocelyn's foster mother, Shani, reached out to Iris before taking Jocelyn into her home to inquire about her background and learned that both Iris and Jocelyn's grandparents want to be in contact with her during her time in foster care. Iris also expressed the family's concern for Jocelyn losing touch with her culture while living apart from them. Shani began bringing Jocelyn to visit with her birth mother and grandparents regularly, where her mother could attend community and cultural events with her, and her grandparents could spend time bonding with her.

Despite these visits, Iris expressed feelings of shame and hurt seeing Jocelyn with her foster family. After hearing her refer to Shani as "mommy," Iris felt like she was losing her place in Jocelyn's life. In an effort to keep Iris integrated in Jocelyn's life, Shani began sending her emails every two weeks with updates on her school progress and extra-curricular activities like soccer and dance class, along with pictures and messages of affection from Jocelyn to her birth mother. Shani also began a scrapbook of memories and accomplishments for Jocelyn to remind her of her life with her birth mother, and to document her life with her foster family.

Once reunification became possible, Shani began preparing for Jocelyn to transition back into her birth mother's home. She threw a "goodbye party" with all Jocelyn's favourite foods, where they celebrated her moving on. Each member of the household including Shani's two biological children gave Jocelyn small gifts to commemorate their time together. After the move, Iris stayed in contact with Shani, sending her updates on Jocelyn's life, and hosting visits where the kids could reunite.

Questions

1. Transition for a child in foster care can refer to a child or youth moving into:
    a) Their original family home
    b) An adoptive home
    c) Another foster home
    d) A treatment facility
    e) A planned alternative living arrangement
    f) A new phase of their life such as adulthood
    g) All of the above

2. Which of the following is not a step in a planned transition?
    a) Preparing children emotionally and physically
    b) Celebrating that they are moving on
    c) Ensuring the child understands that they will no longer be able to see the foster family again
    d) Saying goodbye to their foster family

3. Which of the following does **not** describe one of the ways Shani promoted family continuity for Jocelyn?
    a) Reaching out to her birth mother to learn about Jocelyn's needs
    b) Recognizing and addressing her birth mother's concerns about staying connected with Jocelyn
    c) Making sure Jocelyn participates in several extra-curricular activities so she makes friends in the community
    d) Including memories of her birth family in Jocelyn's scrapbook
    e) Coordinating visits with her biological family where Jocelyn could engage with her culture

4. Which of the following actions taken by Shani contributes to a healthy transition for Jocelyn?
    a) Visits with the birth family during her time in foster care
    b) Email updates and pictures sent to her birth mother
    c) Creating a scrapbook of life memories and accomplishments
    d) Having a goodbye party
    e) Visits with the foster family after reunification
    f) All of the above

Answers: Case Study 1

1. g
2. c – children and their foster families can develop strong bonds, and continuity in relationships should be valued in transitions
3. c
4. f

Case Study 2 – Allyship

Case

Oscar is a 17-year-old Dene youth from Yellowknife. He is very close with his mother, but because of her deteriorating medical condition and inability to care for him, he was taken into foster care at the age of 15. Something that deeply impacted him during the experience with his mother's illness was the lack of cultural safety in her care and the healthcare system at large. He experienced firsthand how discrimination impacted the care she received. Going through this strengthened his sense of cultural identity and motivated him to stand up for himself and speak out for others who are facing discrimination.

Oscar is attending Camp Connections for the second year, where he had previously had a positive experience engaging in physical activities and connecting with the counselors and other attendees. Steve, one of the counselors, is talking to some of the attendees about the types of life skills they want to learn and how they can be applicable to their future careers. Oscar is eager to talk about a recent experience while trying to get a job. He explains to Steve how he made it to the interview stage but felt like he had been judged and dismissed before the interview started because of his ethnicity. Steve quickly jumps in to assure Oscar that he's probably mistaken and this likely wasn't the interviewer's intentions. He suggests they work on building Oscar's resume and interview skills, so he'll be a better candidate the next time around.

Oscar elaborates on his experience, sharing how the interviewer repeatedly emphasized that certain groups of people don't have the right work ethic and can't handle the responsibility of the job. The interviewer also told Oscar multiple times that any form of substance abuse is not acceptable for someone in the role, despite the topic not being relevant to the discussion. Oscar, visibly upset, shares that this experience was extremely upsetting and that it reminded him of instances of discrimination his mother faced in the healthcare system.

Steve is quick to tell Oscar that he shouldn't think the worst of every situation and it may help to have a more positive outlook. He says that while Oscar's mother's experience is a clear case of discrimination, this is different, because the interviewer probably discusses these topics with every candidate. Steve suggests that Oscar is letting his past experiences hold him back, and that being angry and sensitive will not help.

Questions

1. Care that is not culturally safe can have severe impacts on mental and physical health.
    a) True
    b) False

2. Which of the following attributes is **not** a part of allyship?
    a) Reflecting on one's own culture, attitudes, and beliefs about others
    b) Using power constructively
    c) Pursuing friendships with people from marginalized groups
    d) Continuously working as part of a lifelong process
    e) Taking responsibility for one's own learning

3. Which of the following best describes how Steve reacted to Oscar sharing his experience?
    a) He was dismissive of Oscar's concerns and feelings, and failed to give him the space to speak freely about his experience
    b) He supported Oscar by providing him with logical explanations for his concerns, and helped him calm down by "calling out" his irrational thinking
    c) He deflected attention away from the issue by judging Oscar's reaction, and excused the microaggressions of the interviewer
    d) Both a and c

4. How could Steve better react to the situation?
    a) Acknowledge that Oscar is upset
    b) Allow Oscar to tell his story, and actively listen
    c) Refrain from judging
    d) Recognize the possible systematic inequalities at play
    e) All of the above

Answers: Case Study 2

1. a
2. c – allyship involves building trust and productive relationships, and while friendships may result, pursuing friendships is not part of challenging oppressive power structures
3. d
4. e

Case Study 3 – Cultural Identity

Case

Luisa is a 7-year-old girl of mixed ancestry, whose mother is Métis. She was raised in her biological family's household until just over a year ago, when she was removed after a welfare check. She has had two consecutive foster care placements with non-Indigenous families. Her foster families have both focused their efforts on her education, as she had fallen behind in school due to neglect by her caregivers. She did not participate in any culturally specific activities or education, which the parents considered secondary to her schooling, and could be focused on once she was caught up with her grade.

After speaking with Luisa over several meetings a social worker noted some behaviours that they considered concerning. While both English and Cree were spoken in Luisa's family home, since being in foster care she has only been around English-speakers. The social worker noted that Luisa now claims she only speaks English and refuses to respond to anyone who attempts to speak to her in Cree. The social worker also noted signs of self-esteem issues with Luisa from both their conversations and reports from her foster parents. She has repeatedly made disparaging comments about other Indigenous children and claims she doesn't want to be around them, because she's "not like them."

Luisa is moving to a new foster home with foster dads Al and Rian who are of Jamaican and German descent, respectively. To prepare for her arrival in the home, they have read her file and contacted her previous foster parents for more information on her needs. They found out that her grandfather lives in a care home that is a 2-hour drive away, and while Luisa would like to visit him it was very difficult for her previous families given their busy schedules. Al and Rian decided to set aside time to make the drive and made plans to set Luisa's grandfather up with video calling capabilities so that they can continue to speak, despite the distance.

Al and Rian have also planned to encourage Luisa in re-learning her mother tongue. They learned basic greetings and words in Cree and have planned with Luisa's grandfather to encourage her to practice her skills during their meetings. They set up her room with picture books in Cree, artwork from local Métis artists, and pictures of her birth family.

Questions

1. Which description best defines cultural safety?
    a) An acknowledgement of the differences between cultural identities
    b) Respecting the differences between cultures
    c) Developing the skills, knowledge, and attitudes necessary to interact with people of different cultural backgrounds
    d) Enabling safe services to be defined by those who receive them

2. Which of the following risks to cultural identity is present in Luisa's case before her transition to her new placement?
    a) Multiple placements
    b) Placements outside of the child's culture and heritage
    c) Loss of family continuity
    d) A lack of access to culturally relevant resources
    e) All of the above

3. Since Tlicho is the most widely spoken mother tongue in the territory, it is more useful for Luisa than Cree, and so Al and Rian should focus on teaching her that language instead.
    a) True
    b) False

4. Which actions taken by Al and Rian can contribute to promoting cultural identity for Luisa? (Choose all that apply)
    a) Getting information on the child before the transition
    b) Choosing to foster a child with Indigenous heritage
    c) Coordinating visits with the child's grandfather
    d) Learning words in the child's mother tongue
    e) Giving the child her own room
    f) Setting up her room with culturally relevant materials and family mementos

Answers: Case Study 3

1. d (a=Awareness, b=Sensitivity, c=Competency)
2. e
3. b – it is important to recognize, respect, and nurture children's unique cultural identities, and so she should learn her mother tongue
4. a,c,d,f

Safeguarding

Definition

Safeguarding is the practice of protecting children and adults at risk from harm and abuse. The goal of safeguarding is to ensure children feel safe and are safe. They must be protected from significant harm, including neglect, abuse, and accident. Safeguarding aims to enable children to understand how to protect themselves.

Child sexual abuse is a pervasive problem in society

> ***It is estimated that 1 in 10 children have experienced child sexual abuse before they turn 18***

Abuse

Abuse is an action or lack of action on the part of another person that causes harm. It can be intentional or unintentional. Abuse is not always readily apparent, and can take many shapes and forms, including:

- Physical, sexual, psychological, emotional, financial, material
- Domestic violence, neglect, discriminatory abuse, organizational abuse
- Modern slavery (forced labour, sexual exploitation, human trafficking)

Investigations in a foster home can be a result of allegations of one of these four different types of abuse (*this list is not exhaustive, and the definition of abuse can change by jurisdiction):

Physical Abuse	
Definition	Examples
Deliberate, non-accidental physical assault on a child that results in physical harm Physical abuse may also result from excessive inappropriate discipline	*Broken/fractured bones, bruises in various stages of healing, injuries that appear to be caused by an instrument used with force, (hand mark, loop mark), burns, bites marks*

Emotional Abuse	
Definition	Examples
Subjecting children to or permitting them to be subjected to chronic and persistent rejection, isolation, bullying, ignoring, or corrupting behaviors The most difficult type of abuse to identify	• *Chronically ridiculing, degrading, or criticizing* • *Ignoring, rejecting; bullying* • *Terrorizing, isolating* • *Threatening to be moved* • *Enticing, bribing, or forcing into criminal or self-destructive behaviours (drugs, alcohol)*

Sexual Abuse	
Definition	Examples
Includes wide range of sexual activity/behaviours perpetrated by an older person towards a child (under 16 years of age), with or without the child's consent, for the sexual gratification of the adult or older person: ● Contact (touching) ● Non-contact (e.g., exposure to material, taking pictures, online communication) Any sexual activity between a child and an adult is child sex abuse	*The child is enticed, permitted, encouraged, compelled, or coerced:* ● *Into being photographed for pornographic reasons* ● *To engage in bestiality* ● *To engage in a sexual activity with another child or adult* ● *To expose his/her genitals, or subjected to exposure by an adult for sexual purposes* ● *To engage in sexual intercourse, anal intercourse, or oral sex* ● *Touched in any way either directly or indirectly with a part of the body or an object for a sexual purpose* ● *Invited, counselled, or enticed to touch either directly or indirectly, the other person for a sexual purpose*

Neglect	
Definition	Examples
When the person or persons responsible for the child's care, jeopardizes that care or well-being through deprivation of necessities	*Deprivation of the following:* ● *Supervision appropriate for the child's mental/psychological or physical condition* ● *Adequate food, clothing, and shelter* ● *Medical care* ● *Healthy and clean living environment* ● *Medical, educational, and recreational facilities appropriate to their age and development*

Trauma

Definitions

Trauma is an emotional response to experiencing a distressing event. Abuse, especially in childhood, can cause children to feel distress, fear, and helplessness, which can lead to trauma. Immediate impacts can be shock or denial, but longer term impacts include unpredictable emotions, flashbacks, strained relationships, and physical symptoms. *Complex trauma* refers to experiencing repeated instances of the same type of trauma over a period of time or experiencing multiple types of trauma. Children in care have increased rates of trauma exposure.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are experiences that can have negative effects on an individual's well-being that often last into adulthood. There are 10 types of childhood trauma that comprise ACE assessments, in 2 categories:

Personal:

- Physical abuse
- Verbal abuse
- Sexual abuse
- Physical neglect
- Emotional neglect

Related to family members:

- A parent who's an alcoholic
- A mother who's a victim of domestic violence
- A family member in jail
- A family member diagnosed with a mental illness
- The disappearance of a parent through divorce, death, or abandonment

Studies that aim to better understand ACEs tally these experiences to produce a score. Higher ACE scores are associated with significant increases in a number of negative social, behavioral health, and physical health outcomes, including alcohol and drug use disorders, depression, suicidality, risky sexual behavior, sexual victimization in adulthood, domestic violence, self-harm behaviors, physical inactivity, obesity, heart disease, cancer, liver disease, sexually transmitted diseases, teen pregnancy, homelessness, unemployment, and being both a perpetrator and/or a victim of interpersonal violence.

Impacts on children

Trauma can change the way the brain functions. This is vital to understanding a child who has experienced trauma. Trauma impacts children's:

- Bodies – inability to control physical response to stress, chronic illness
- Brains – difficulty thinking, learning, concentrating, remembering
- Emotions – low self-esteem, inability to regulate emotions (easily overwhelmed), difficulty forming attachments, trust issues, depression, anxiety, suicide risk, trouble sleeping
- Behaviour – lack of impulse control, aggression, tantrums, easily agitated, substance abuse, avoiding food or overeating as comfort

Understanding trauma-based behaviours

When children are in danger, behaviours like aggression, distrusting, disobeying adults, or disassociation may be important for survival, or to protect them from abuse. However, once they are out of this situation, their bodies and brains may not recognize the danger has passed, and these behaviours/responses have become habitual.

The body remembers trauma. *Triggers* are anything that prompts someone to remember a past trauma. Triggers can be sounds, smells, feelings, places, postures, tones of voice, or even emotions. They can be quite difficult to identify and anticipate. Triggers can make the individual feel like the traumatic event is happening again. This can cause some of the original fight-or-flight reaction to return. This may look like a tantrum, overreaction, or freezing/zoning out. Many children who experienced trauma have difficulty controlling their emotions because they are constantly on edge, and ready to either run away or fight something that scares them.

Dealing with trauma

Children exhibiting symptoms of trauma often have trouble getting the care they need. Behavioural issues can cause disruptions in foster care placements, exacerbating their feelings of guilt or rejection, furthering their trauma. When caregivers, social workers and volunteers don't understand the effects of trauma, they may misjudge the child's behaviour and can develop feelings of frustration and resentment toward them. Efforts to address negative behaviour without understanding trauma may be unsuccessful or even harmful for the child.

Trauma-informed care is an approach taken by professionals which emphasizes how common trauma is and acknowledges how trauma can play a role in an individual's life in order to reduce long-term harm when caring for them. Trauma-informed care seeks to treat the underlying cause of issues by addressing a child's experience of trauma. This approach attempts to help victims of trauma rebuild their self-confidence and develop control within their life. The principles of trauma-informed care are vital for anyone working with foster children to understand.

Abuse as a risk factor

> ***Children and youth who have been maltreated are at increased risk of coming into contact with the justice system as they age – it is estimated that 50% of people in prisons in Canada experienced abuse in childhood***
> ***The proportion of Indigenous youth in custody across Canada has steadily increased – In 2018, Indigenous youth represented 8.8% of the youth population in Canada, but 43% of youth admissions to correctional services***
> ***Those who have experienced physical or sexual abuse before the age of 15 are five times more likely to experience hidden homelessness (informal housing arrangements, "couch surfing", living in a car)***

Source: CWLC 2019, Statistics Canada 2020, Statistics Canada 2016

What can you do when caring for a child who experienced trauma?

Put in the work to learn

- Educate yourself – Do your research on the trauma, and try and understand how it affects the child
- Work to understand the child and their trauma (this is not easy, and can take a long time, but will be helpful for both you and the child)
- Try to identify their trauma triggers – watch for patterns of behaviour (what distracts them, makes them anxious, or results in a tantrum or outburst?)
    - Figure out which situations to avoid
    - Figure how to respond to outbursts and tantrums in a way that does not escalate things
- Be open to trying new approaches

Be mindful of your reactions

- Do not take their behaviour and actions personally
- Do not make a child feel judged for their feelings or reactions
- Do not react when the child is upset – keep calm, keep a low voice, and acknowledge their feelings

Be consistently supportive

- Listen – be open to having difficult conversations if the child is ready
- Remain available (emotionally and physically) and responsive to child – be consistent
- Be accepting of the child's feelings – encourage healthy expression of feelings, and teach the child how to find acceptable ways to express themselves
- Give the child a sense of control through simple choices

Use resources available to you

- For problems that cannot be solved at home, seek support from professionals, who can offer many effective mental and behavioural health interventions
- Reach out to support groups who can offer guidance and community

Remind yourself why you're doing it

- Be patient – effects of trauma can take time to understand, and may not reveal themselves right away
- Healing does not happen overnight – expect this to be a continuous process
- Remember that children are remarkably resilient and do the best they can with what they have been given

Safeguarding in Practice

Objectives of Safeguarding

1) Protecting children from trauma, abuse, and neglect – Our job is to make sure children are safe from these experiences in our care, and that they feel safe to disclose any instances of abuse that they may be currently experiencing or have in the past. This will ensure that someone is intervening if they need to be removed from an unsafe situation. We have a responsibility for children in foster care, and are held to a different, higher standard for what will be considered abuse.
2) Supporting and investigating allegations – Many children/youth who made allegations in the past were not believed, therefore it is important for everyone to listen to what children have to say and also to have an investigation process in place that is fair, effective, humane, and timely. Because the child welfare system now understands the impact systemic abuse has on foster children, social services must be very aware and diligent about protecting vulnerable children and youth. Agencies and territorial departments cannot ignore any allegation.
3) Identifying and disrupting manipulation and coercion – It is vital to be conscious of people overstepping boundaries, blurring boundaries between adults and children, and blurring appropriate professional relationships. If you feel uncomfortable about a relationship between a child and an adult, tell your social worker or supervisor.

Signs of Abuse in Children/Youth

- Injuries – They can include bruising, cuts, and burns. Not all injuries are instances of physical abuse. Sports injuries for example are likely to occur on the forehead, elbows, knees, and shins. Be aware of injuries occurring in areas that are less likely, like the face, lower back, bottom, thigh, and upper arms. Be aware of different coloured bruises that indicate different stages of healing
- Constant complaints like sore throat or stomach-ache that have no medical explanation
- Lack of proper hygiene
- Clothing inappropriate for weather conditions
- Sudden and significant behaviour change – Sudden changes in attitude toward someone, or the onset of nightmares, bedwetting, and/or fear of the dark
- Inappropriate sexualized conduct or conversation – Including sexual knowledge not usual for age
- Manipulation – Anti-social behaviours including lack of sense of honesty and responsibility, or they are unable to trust. Some may deliberately hurt those who offer help and may try and destroy close relationships

Keep in mind that the indicators of abuse rarely stand alone. There are usually clusters of behaviours needed before anyone is able to get a sense that abuse has occurred in the past. However, one indicator will make you more sensitive to watch for other signs. Always report anything that you see to your supervisor because it will be their responsibility to follow up on it.

It is always important to remember that children may have some of these indicators and have not been abused. Children who have experienced uncertainties and insecurities may develop certain behaviours that will affect them for years.

Signs of Abusers

In the vast majority of cases the offender knows the family, and has a legitimate relationship with the child, through legitimate access to the child. Staff in schools, sports, religious institutions, and foster care have legitimate access to children. These institutions are extremely important to children as places where relationships with adults are formed and fostered which are vital to the development and wellbeing of children. In foster homes, caregivers, other foster children, and people who come in and out of the home also have access to the child.

Child sex abuse often starts with **grooming**. Grooming is when an adult initiations rapport or a relationship with a child, reducing their inhibition and securing secrecy. Abusers groom children *and* transform environments to facilitate abuse. Signs of grooming and abuse include:

- Boundary transgressions
    - Moving from professional to personal relationship
    - Confiding, keeping secrets, giving inappropriate gifts
    - Getting over-involved in child's personal life outside of their role/competence
    - Extending competence outside work hours and duties without authorization
    - Including using electronic communication not tied to work duties
- Caregiver's behaviours
    - Shows a lack of concern for the child or takes a dismissive approach to the child's problems
    - Uses, or asks caretakers to use, harsh punishment if the child misbehaves
    - Sees the child as worthless, entirely bad, or burdensome
    - Has inappropriate expectations in relation to the developmental stage of the child
    - Looks primarily to the child for care, attention, and satisfaction of emotional needs

A young person may not understand or recognize abuse when it happens to them. It is vital to be vigilant in recognizing and disrupting instances of grooming or abuse.

Sexual offences are among the most underreported crimes

In 2020-2021, there were 2,215 suspected child maltreatment concerns reported in the NWT. The following types of abuse were reported:

- ***57% neglect, 29% exposure to family violence, 8% physical abuse, 4% emotional abuse, 2% sexual abuse***

The most common sources of reports of suspected child maltreatment were RCMP, family members, community members, school staff, and custodial parents

Source: Government of NWT 2021

Online Safety

Social media can be a positive way to connect with family and friends, and be part of a community, especially since the COVID-19 pandemic began. However, being online comes with a new set of risks for children and youth different from those traditionally associated with face-to-face interactions, which both children and their caregivers may not be equipped to handle. As a caregiver you must be aware of children's online interactions and protect their identity.

Safety in online spaces – on phones, laptops, and gaming consoles – should be taken just as seriously as in physical spaces. Video sharing sites, social networking, gaming chat functions, texting/messaging apps, and livestreaming platforms are all avenues for online interactions. The rise in social media use and platforms has led to many children and youth developing a "fear of missing out" – this may lead to them constantly checking their social media accounts, motivated by anxiety that they may be missing out on interactions online. This can affect many aspects of their life, from their mood to their education, especially when an increasing portion of children's social interaction is happening virtually.

Risks of Oversharing

Children and youth may be vulnerable to intentionally or unintentionally oversharing, through disclosing personal information, or sexually explicit content, exposing themselves to the risk of online sexual exploitation. Sharing partially or fully nude images, or images that may be defamatory (those which may hurt your reputation) can be used to harass or bully. This content being circulated can lead to cyberbullying, exploitation, or abuse. Sharing sexual, pornographic, or violent content is something many young people will do online, without fully understanding the gravity of their actions.

Child pornography is any material that shows someone under 18 engaged in explicit sexual activity or depicting their sexual organs for a sexual purpose. Anyone who possesses or distributes this material is guilty of an indictable offense.

Grooming

Grooming can take place when an adult enters a dialogue with children online or via social media, using a friendly and approachable persona to quickly befriend them. They then encourage the child to share personal information, explicit images, or, in the most serious cases, attempt to arrange a face-to-face meeting. This is notoriously effective, with the anonymous nature of the web leading to children trusting virtual 'friends' much more quickly than they would those they meet in the real world. Groomers often lure children online by connecting with them on sites or apps such as Omegle, TikTok, Instagram, Discord, and Facebook Messenger and then redirecting their victims to continue talking to them on encrypted services such as WhatsApp and Kik.

> ***The sexual exploitation of children on and offline is increasing in Canada and globally***
> ***Incidents involving luring a child via computer increased 37% compared to previous 5-year average***
> ***Incidents involving non-consensual distribution of intimate images increased 80% compared to the previous 5-year average***

Source: Statistics Canada 2020

Coercion

Coercion takes place when someone makes us do something that we would not otherwise have done if we felt like we had a choice. We don't always know we're being coerced, and so we should consider the pressure on teenagers in their friendships and relationships to say "yes." There are generally three types of coercion:

- Persistence – Wearing someone down through repeated requests
- Exchange – Promising something in return for complying with requests
- Threat – Claiming negative consequences if a request is not complied with

Sexual Extortion

Sexual extortion can take place when someone uses pictures or videos of a child with nudity or committing sexual acts as a way to threaten or humiliate them if they do not comply with the abuser's requests. This can happen as a result of oversharing, or by an abuser screen-capturing children on video chats without their knowledge. Abusers normally initiate friendly conversations, often pretending to be another teen. Red flags include attention-bombing, flattery, and conversation that quickly becomes sexual or personal.

Human Trafficking

Human trafficking involves recruiting, transporting, or holding victims to exploit them or to help someone else exploit them, generally for sexual purposes or work. Online spaces are often used by abusers for luring and recruitment of minors, through grooming and extortion.

Youth 12-16 years old are particularly vulnerable. People recruiting may offer companionship and/or use child's vulnerabilities to groom or coerce them into eventually engaging in sexual activity. A child in poverty may be offered a better life, with the promise of money, food, or shelter. They may be offered drugs or alcohol as enticement, or to keep them compliant and dependent. Abusers can manipulate perceptions of a child to make them think they're in a romantic relationship. Red flags in youth include:

- Sudden possession of expensive clothing or accessories
- Change in friends or friend group
- New tattoos
- Change in acting out behaviour
- Increasingly withdrawn
- Appearing very tired at school, and having trouble staying awake
- Increasing pattern of poor school attendance

- ***In Canada 25% of human trafficking victims are under 18***
- ***There was an increase in the number of victims who are children in care of welfare agency at the time they are lured or forced by traffickers into commercial sexual abuse***

Source: Statistics Canada 2020

Protecting Children

Understanding risks

Children need to understand the risks of sharing personal information and images online. Sending nude photos poses significant risks. While relationships may end, images can remain, and can be distributed without consent, or accidentally. Even if the receiver promises to delete it, they can screenshot, backup on the cloud, or lie about deleting it. Children should understand that if someone asks them to share something that makes them feel uncomfortable, they should just say **no**. They should understand that online is still part of the real world, and they shouldn't do anything they wouldn't do face-to-face.

Empowering children

Caregivers should openly discuss internet safety with children. You should be able to agree with children on rules of using the internet and personal devices, paying attention to privacy, age-inappropriate places, bullying, and stranger danger. Children should know how to seek out help and support, and that they can and should always tell a safe adult if they feel uncomfortable. They should be encouraged to report bad behaviour and to leave interactions that they do not feel comfortable in. Conversations about online safety should also be related to larger conversations about what constitutes healthy relationships, and what common coercive and grooming tactics look like.

Good practice

- Protect sensitive information
    - Passwords – do not share passwords for online accounts, and use additional safety precautions like mixed character strings and multi-factor authentication
    - Do not share personal information with people online including location, home addresses, school names, real names, pictures, etc.
- Check privacy settings on all social media accounts
    - Personal info like full name, date of birth, address, and location can be public without you even knowing it
    - Always check settings on social media accounts and apps, especially to see if geo-location is enabled
- Use appropriate supervision
    - Make use of parental controls for children, to ensure they are accessing appropriate content
    - Monitor time spent on devices
- Act
    - Ensure children know to tell a safe adult if they experience an uncomfortable encounter online
    - Report if necessary

Disclosure

A disclosure occurs when a child tells you or lets you know that they have been or are being abused.

Direct Disclosure – Verbal or written statement
Example
A child stating that they experienced abuse
Appropriate Response
"You are very brave to tell me about that. Is there anything that you need right now (for example: snack, drink, medical attention)? *"Thank you for letting me know. It can be very hard to talk about someone you love hurting you."* *"Talking about this is the right thing to do, even though it is hard to talk about."*

Indirect Disclosure – Verbal, written, or graphic hints
Example
Journal writing, drawings, artwork that appear to be about abuse
Appropriate Response
"What kinds of things do they do that bother you?" This child may or may not be talking about abuse. They could have been talking about a sibling who plays loud music or plays jokes. The answer to your question will identify what you need to do next.

Disclosure with Conditions – The child says that they will tell you about something that is happening only if certain conditions are met
Example
"I want to tell you something but only if you promise…. not to tell anyone else, to keep this secret, not to tell my parents/social worker/police, that my parents won't get in trouble, that I won't have to go to foster care."
Appropriate Response
"Before you tell me about this, you need to know that if I think that someone is hurting you, I need to report it so that you are safe." You must inform the child of their reporting requirements. (i.e.: "we don't keep secrets here; there are people that I need to share information with. Can you please tell me what you're worried might happen?") *"Thank you for telling me about this. This is the kind of situation that I have to talk with a social worker about. It is my responsibility to let them know if I think that a child is not safe."*

Disguised Disclosure – The child isn't ready to tell you that they are being abused, and so pretends that it is happening to someone else
Example
"I think that someone is hurting my friend."
Appropriate Response
"Do you think that your friend would talk to me or another adult about this?"

Third Party Disclosure – The child tells you about abuse that is happening to another child
Example
"I know someone who is being abused"
Appropriate Response

"Do you think that you could bring your friend here to talk with me about this situation?" It is important to determine if the abuse happened, and who it may have happened to

Assumptions

We often make assumptions about how we think children will act when they have been abused. While we may assume the child will feel bad about it, recognize it as abuse, and disclose it, this is often not the case. Children who have been abused often have confusing emotions that they are unable to regulate and process themselves. They often have a sense of dependency and loyalty to the abuser. Children/youth who have been abused have a very difficult time understanding and relating to abuse especially when this was "normal family life." There is an overreliance on children to come forward and disclose abuse explicitly, despite this not often being the case.

Trust

Trust involves self-disclosure and revealing oneself to another. A climate of trust builds the hope of acceptance and support of a child/youth that has been abused. The key to building trust in a relationship with a child that has been abused includes:

- Warmth that conveys acceptance and support
- Consistency between what is said to the child and how it is said
- Sharing of oneself in order to be helpful to the young person
- Responses to the child's sharing that are respectful, accepting, and non-judgmental

Trust is not something that can be demanded or expected. It may be helpful for the child to hear that:

- They have a choice for trusting or not trusting
- They have the power to make decisions
- You can give them information to help them make decisions
- You will accept their decisions and respect their need to pace themselves and move slowly in establishing relationships

Young people who have been abused may be "relationship resistant". This means that it is very difficult for that person to establish any relation of trust with others. Time and patience are essential in building trust.

Supporting Children Through Disclosure

One of the most difficult times for a child who has been abused is during disclosure. Give the child permission to tell you. Remember this is a burden for them and is stressful to carry.

- Respect their need for secrecy carried with their story, it may be based on fears or threats
- Allow the child to express their feelings about the abuse – empathy is important, and these are normal feelings
- Expect retraction in the child's story

- Give the child time to make their disclosure in a comfortable, private place that is free from distractions
- Allow the child the choice of how they would like to disclose, whether through actions, words, or drawing
- Tell the child what you need to do with the information and give them the option to be present when you do
- Keep them informed of the process
- When responding to disclosures it is important that you remember the following:
    - Do not panic, your fear might prevent the child from disclosing more information
    - Do not overreact, stay calm and give the child emotional support for as long as they need it
    - Do not ask them any leading questions; it is your job to listen and if you believe it is abuse, report it to the child protection system

Refrain from Making judgements

- Making statements like “What a terrible thing to do” or “How awful” can create more stress and anxiety for the child and may make it more difficult to repeat the story to a social worker.
- Do not show disgust or shock: these kinds of statements can also create added stress or reluctance to repeat the story.
- Do not express to the child what you think they might be feeling: "You must hate ____ for doing that to you" is not an appropriate response

Do not act on the information until the child/youth is calm

- Immediately write down what the child/youth said once you are alone for future reference
- Speak to your supervisor for direction after you are done documenting
- Disclosures usually happened when a child is feeling safe from further abuse with a caring person whom they trust, and sense will believe their story
- You cannot control or force children to disclose abuse however, you can give them permission to tell you about their abuse through the safety of a caring relationship

After the Disclosure

The child may deny that the abuse has taken place, make excuses for the abuser or try to minimize what happened. The child may do this as a way of dealing with the feelings about the abuse or the abuser. The child may want to deny the abuse because they feel responsible for upsetting the family or getting the abuser in trouble.

After a disclosure of abuse, there is likely to be some upheaval within the family, even if the abuser is not a family member. The family may need to be separated, and the abuser may be angry about having to talk with the Child Protection Worker. Family members may side with the abuser making the child feel isolated or that they did something wrong. In some cases, abuse may have taken place but there is not enough evidence to take action so the child is returned to the family.

After a disclosure of abuse, a child may feel guilty for many reasons including that they may have enjoyed some aspects of the abusive relationship (e.g., the attention, special treats, or gifts). They may feel responsible for starting or continuing the relationship, feel that they are getting the abuser into trouble with social services or the RCMP, be worried that the family will be separated, or be worried about what will happen to siblings or parents.

What you can say when you need to let the child know that you need to report the disclosure and contact social services:

- “Telling someone about this is the right thing to do. I’m going to have to ask you to do something that will be hard, but it is important…”
- “What you are telling me about needs to be heard by someone who is trained to help you better than I would be able to…”
- “I’m honoured that you trust in me, and ask that you continue to trust me…”

These feelings may cause the child to be angry with the person they told. Do not take the child’s anger personally and do not let it keep you from being supportive

Reporting

Everyone has a duty to report known or suspected child abuse and neglect under Canadian child welfare laws. This is called the 'duty to report.’ Professionals who work with children and youth have an added responsibility to report.

The NWT Child and Family Services Act (2010) requires you to report a child that has been, is, or may be in danger of abandonment, neglect, physical, sexual, or emotional ill treatment. You must report as soon as possible.

Children may disclose abuse that: is ongoing, happened weeks, months or years ago, took place in another location (community or province), or is happening to someone else. You need to report all disclosures of abuse.

Safeguarding at FFCNWT

You may face unique challenges in working with, volunteering with, or taking care of children, including:

- Lack of in-depth training specific to the needs of the youth you work with
- Lack of information about the child
    - Especially about the child/youth's background/history of past abuse
    - Any developmental challenges the child/youth may have
    - The effect from the number of and type of placements
- Stressors that may make your job more challenging, caused by:
    - Child/youth's challenging behavior
    - Fear of allegations
    - Unfamiliar with the child welfare system
    - Different cultural or religious backgrounds
    - Unknown or known traumatic background of the child
    - Discussing sensitive issues with the child/youth
    - Different caring techniques and/or
    - Dealing with separation, loss, and grieving
- Difficult behaviours exhibited by children motivated by:
    - Attention
    - Power
    - Revenge
    - Inadequacy

Communication

The best way to protect a child from abuse as a caregiver or adult in their life is to have a good, open relationship with them. Modeling good behaviour and generating a culture of openness and trust is key. This can be achieved by:

- Spending time with them, letting them know you care
- Above all – listening to what they have to say
- Helping them understand that they can talk to you about anything (no matter how disturbing or uncomfortable)

You can work toward building this type of relationship by taking the following actions:

- Encourage the children in your life to talk to you about their day as often as you see them
- Teach them to tell you if an older person asks them to keep a secret
- Make sure they know the difference between good touching (like a pat on the back or a quick hug for something done well) and bad touching, which is any touching that makes a child uncomfortable
- Be sure they know it's okay to say "no" to an older person – even if that person is someone they know and trust
- Communicate in way that they understand – don't speak on their behalf

- Do not break their trust, as it is hard to regain
- Don’t tell them you don't believe them

Establishing Roles and Boundaries

Establishing roles and appropriate behaviours is necessary for working with children. Developing authentic connections with children is vital to their development, but professional boundaries always need to be maintained. Members of the child protection team must work to meet the needs of the child and ensure that their interactions are tied to their work duties and outcomes for the child.

Context can help determine if behaviour is appropriate or not. For example, in determining whether physical touch is appropriate, consider whether it is in response to a child’s needs – this can be if the child is hurt, they initiate an appropriate hug, or if they are celebrating with a high five. If a worker has a bad day and solicits comfort from a child with a hug, this is an example of a boundary transgression as they are using children to meet their own needs.

Appropriate Physical Contact

We may not actively think about boundaries for contact when working closely with children because of the close relationships we develop. It is natural to comfort children when they are sad, take action to handle them during an outburst, or be hands-on when instructing them. Any contact however, even when done with the best intentions, can pose a risk. We need to consider the perspective of both the children themselves *and* outsiders viewing our conduct. Based on a child’s background, not all seemingly harmless interactions will be perceived the same way – what is comforting to one child may remind another of a traumatic event in their life. Our actions/behaviours may also have different connotations in different cultures or household settings. This is why it is important to tailor our approach to the needs of a child, and why we must work hard to understand them.

Physical contact should *always* be consensual. For example, never force hugs. Pay attention to the child’s body language and avoid putting them in a situation where they feel like they can’t say no, even if it’s just a high-five. Always offer them the choice to decline contact. Consent, however, is not enough. As a member of the child protection team, any physical contact you have with a child should be able to stand up to scrutiny and be seen as appropriate. Think about how an outsider with no information on the situation would see this interaction between you and a child – could this be misconstrued in any way? Can this hold up against accusations of misconduct?

Taking Action

To be proactive when working with children, contact should be formalized, transparent, and accountable. Actively safeguarding children requires ethical bystanders and interveners. Abuse can often go unaddressed because nobody speaks about it. When we see red flags in our colleagues who we know and like, we tend to minimize/rationalize their behaviour and believe that we know their intent. We must be proactive and hold adults to standards of expectations for how we interact and engage with children.

This requires focusing on behaviour rather than how we feel about the person. Regardless of the intent of someone committing boundary transgressions, the behaviour must be disrupted and corrected. We should also look out for fellow staff members if they are unknowingly making themselves vulnerable to false abuse allegations, and step in or involve a supervisor.

Allegations

Allegations of abuse against caretakers or people who work with foster children by children are common. While abuse does happen in the foster care system, allegations are sometimes false. An allegation can happen at any time.

As someone supporting youth in the foster care system, we are at greater risk of receiving an allegation of abuse against us (in relation to a youth worker working with youth who aren't involved with social services). We are held to a different, higher standard for what is considered abuse. Agencies are concerned about their legal liability regarding children placed in foster care because they are likely in care due to a past allegation of abuse from them or someone else in their lives.

Reasons why a child or youth alleges abuse against someone include:

1) Abuse has occurred
2) Our actions or expressions may have been misinterpreted by the child or youth
3) Repressed memories from past abuse may come to the surface (crisis or stress can bring this out)
4) The child may be trying to get back at someone who they are angry with; or trying to get back at the system
5) The child may not want to participate in the program or may want to end their foster care placement – they may want to be with their siblings, have conflicting loyalties, believe no one loves them, or want to trigger an investigation

Environments may also create conditions that can lead to allegations:

- Poor match between family and child – mismatch between child's needs and parents' capacities/resources. This leads to stress, that may mean the use of a parenting method that raises an allegation
- Too many children in the home – Exceeds parents' ability to know what's happening in each corner of the home; incidents are more likely to happen that lead to an allegation
- Contact with case worker is minimal – A case worker staying on top of the style and general management of the home will help the parent recognize signs of child behaviors that may lead to an allegation
- Foster family lives in isolation – Being part of support groups, neighbours who visit regularly, regular outings with and understanding family members provides perspectives – from people who can see and look out for signs of behaviour that may get out of control

Impacts of Allegations

Caregivers who face abuse allegations may experience trauma related to the sudden, unexpected, and overwhelming event, due to the shock and disbelief of being under investigation without warning. They may feel betrayed by both the child and the system. This can leave caregivers ashamed, embarrassed, and isolated due to the damage to their reputation. Most experience a process of loss and grief, which can be compounded by the removal of the child. This can have lasting effects, with families feeling like the issue will never be resolved.

Protecting yourself against abuse allegations

Allegations against abuse can be devastating to caretakers and workers. The best way to avoid false allegations is to prevent situations that may lead to them, especially those that could be seen by the child as inappropriate. To be proactive, it is best to have a safety plan in place, and to talk to all members of your household about this. Be crystal clear about your rules.

Take precautions in organizational settings:

- Avoid one-on-one situations with a child
    - Stick to the rule of three (2 adults, 1 child) when possible, to ensure there is another adult witness when you are with a child
- When you must be alone with a child, ensure the environment is open
    - Keep open doors and windows/curtains
    - Make it easy for other adults/witnesses to routinely check in
    - Check in on others routinely
- If there is an incident and/or the child is injured, promptly complete the required reporting paperwork
- Never use physical discipline
- Ask for help if you're feeling overwhelmed in a situation
- Model appropriate behaviour and uphold boundaries
    - Always step in and disrupt inappropriate behaviour in front of children – whether it is between two children, a child and an adult, or two adults in their vicinity
    - Strictly maintain boundaries and appropriate behaviour with the adults around you when working with children

Having a history on the child/youth is the best way to understand them and know how to support them:

You will need to have a general understanding of a child/youth's behaviours and the reasons for these behaviours, so that you will be better equipped to deal with them and avoid harmful situations:

- Be informed – request as much information about the child as you can before you meet them, and take time to understand their background
- Determine if they have been abused in the past, and what sequences or processes led to that (e.g., context, triggers, etc.)
- Determine if they have made allegations in the past, and the frequency – you have a right to know about their previous abuse and allegations, including in what way abuse occurred and who the perpetrators were
- Figure out of the child is physically aggressive

Make an educated decision on whether or not to take a child into your home (as a foster parent):

- Think about whether the child is a *good fit* for your household before making the decision to foster, including whether they will fit with the current children in the house
- Ask yourself if you have space in the home or if you are making space
- Think about whether you can manage and help this child based on their needs
- Know your limits – only take on children you are comfortable handling, and if you are not, then don't bring them into your home

Make a plan for taking a new child into the household:

- Plan to participate in specialized training to meet the needs of the child
- Build and use your support system including members of the child protection team, and those who you have personal relationships with
- Make arrangements for respite care when necessary – do not assume this will be available when you need it, and do not assume you will not need it

Have rules for yourself and family in the household:

- Appropriate clothing
    - Never permit a foster child to see you without clothes on
    - Never permit a foster child to walk around in inappropriate clothing
    - If bed clothing is revealing, then suggest they wear a housecoat
- Boundaries in physical spaces
    - A closed bathroom door is to be respected
    - Never sleep in the same bed with a foster child
    - Always knock on the bedroom door and wait to be invited in before opening the door
- Limit being alone with children in potentially compromising situations
    - Avoid bathing, even younger children, without other adults in the home
    - Make sure there are other adults or older children around when adult males are left with female foster children
    - Ensure men/boys in the house are never alone with a girl who has been sexually abused
    - Never be in a bedroom with the door closed or enter the bedroom of a foster child of the opposite sex unless you are with another adult
- Avoid inappropriate touch and conversation
    - Never use physical discipline
    - Avoid teasing, horseplay, wrestling, and suggestive language. These are acts of intimacy, and intimacy is just what abused children often resist
    - Minimize discussion of a sexual nature with the child (however, age-appropriate sexual education is important)
- Seek help when needed
    - Seek immediate medical attention for any medical concerns (e.g., urinary infections)
    - Don't try to resolve trauma all by yourself
- Reporting
    - Immediately report any sexualized, inappropriate behavior

    - Report any unlawful behavior to your supervisor immediately
    - Report problems in school to the worker

Keep thorough records/logs:

- Interactions with staff members, strangers, or alternate caregivers visiting and/or working, including any cancellations – include all visitors interacting with child/youth specifically
- Include program attendance, including outings
- Note changes to regular schedules
- Any changes (confirmed or suspected) to the child's health – This includes, but is not limited to:
    - Bruises, scratches, wounds, sores, bumps, infections, headaches etc., which they might have either by accident, injury, self-injury or any difficult to explain circumstance
- Actions taken to rectify a possible emergency (e.g., first aid given)
- Documentation of any instances of sexual acting out or negative behaviour patterns
- Identify witnesses to any incidents
- Document when child is given consequences for bad behaviours
- If it is potentially relevant to the future of the child, do not leave it out – but only include facts

If allegations are made against you

- It is the NTHSSA's responsibility to investigate reported allegations of child abuse and neglect
- Do not panic, most allegations are resolved quickly
- Deny immediately and do not discuss again without legal counsel present
    - Do not make a statement to the agency or police without legal advice
    - Do not talk to anyone about it
- Once accused, most people will think you are guilty (guilty until proven innocent because they must always side with the child)
- Connect with organizations for support and advice
- Do not make any effort to contact the child, although this is usually one of the first reactions (e.g., "if I could just talk to him/her, I could clear this matter up")
- Begin a diary – leave subjective things out and only log factual details like times of visits and who was present
- Prepare for frequent absences from home and work for interviews
- Accept that is could take years for the allegation to resolved

Strategies to deal with an allegation:

- Try to stay positive
- Document everything
- Educate yourself
- Behave appropriately
- Meet with people who are gathering information
- Communicate with your partner
- Know your rights
- Use support groups available to you, who can offer a sympathetic ear and stay neutral, potentially sharing useful information, and guidance specific to your situation

Case Study 4 – Boundary Transgressions

Case

Lianna is 13-year-old girl who participates in the GLOW Program. She has a history of abuse by male caregivers and shows signs of a disorganized attachment style – resulting in separation anxiety and low self-esteem. She has experienced incidents in the past where she has lashed out at males in her life when she feels abandoned.

At the weekly GLOW meetings Lianna instantly connects with one of the GLOW leaders, Jay. They bond over Lianna's interest in cooking and beadwork crafts, which Jay is eager to support in his role as a leader.

Harleen is a fellow GLOW leader and a friend of Jay's who attends meetings and is always eager to check in with her colleagues and keep up with any updates in their lives. During some of their conversations Jay mentions multiple times to Harleen things Lianna has told him via text messaging. Harleen inquires further and learns that Jay has been giving Lianna advice on her personal relationships, and even confiding in her about his relationship with his girlfriend. He claims she is very mature for her age and so he feels comfortable having these conversations with her. While Harleen doesn't think much of this at first, she learns more information over time, when Lianna tells her that her new bracelet was a gift from Jay that he got her after learning her old favourite one broke. Lianna tells her how Jay has been such a good friend to her that he keeps her secrets and talks to her whenever she needs him, at any time of the day.

Harleen doesn't believe Jay has bad intentions, but she believes she has noticed signs of boundary transgressions. She decides to notify her supervisor.

Questions

1. What are examples of boundary transgressions committed by Jay? (Choose all that apply)
    a) Moving from a professional to personal relationship
    b) Confiding in and keeping secrets
    c) Identifying a common interest with a child or youth and helping them develop their skills in that area
    d) Becoming over-involved in a child or youth's personal life outside of his role as a GLOW leader

2. What are factors that may indicate risks in Lianna and Jay's situation?
    a) There are none listed in the case
    b) Lianna's past relationships with male caregivers
    c) Lianna's attachment style
    d) Lianna's history of abuse/trauma
    e) b, c, and d

3. What are potential risks if the situation is not addressed?
    a) Abuse
    b) Allegation of abuse
    c) Misinterpretation of an adult's actions by a child
    d) All of the above

4. Choose the description that most accurately describe Harleen's response:
    a) She correctly identified signs of boundary transgressions and took appropriate action to disrupt them, protecting the safety of both Lianna and Jay
    b) Jay did not have bad intentions, and so Harleen overreacted, and should have spoken to Jay first to clear things up
    c) Harleen should have spoken to Lianna before getting a supervisor involved so that she could understand what's going on and decide if she wants a supervisor involved

Answers: Case Study 4

1. a,b,d
2. e
3. d
4. a – This is the correct response because she showed vigilance in identifying boundary transgressions and vulnerabilities that Jay was exposing himself to in his conduct with the youth. A supervisor should step in as it is their duty to ensure proper safeguarding practices are followed.

Case Study 5 – Online Safety

Case

Cherie is a 16-year-old girl currently in foster care and working toward reunification with her biological father. She attends FFCNWT's volunteer mentorship program weekly, where she sees volunteer mentor Mei. They typically meet at their local coffee shop to talk, or for Cherie to finish her math homework with support from Mei. Cherie has always participated in cross country running, but has recently started to play basketball, and is eager to make it onto her high school team, so Mei has been helping her practice at the community park during some of their meetings.

Over the course of a few weeks Mei has noticed some changes in Cherie's behaviour during their meetings. Cherie, who is usually chatty, has been spending a lot more time on her phone, and seems withdrawn. Mei is finding it harder to hold her attention. More recently, Cherie has been missing their basketball practices, or opting to sit at the park during their meetings instead, where she usually focuses on her phone for most of the meeting. As Mei is concerned, she discusses her observations with Cherie and is able to get her to open up about what's been going on in her life.

Cherie reveals she's been talking to someone online, and the relationship has intensified over the last few weeks. She remains vague about details but tells Mei he's a slightly older boy she first connected with on social media. She didn't view him as a total stranger because he claimed he knew some of her classmates, who he could name. She describes him as extremely nice and friendly, with so much in common with her. He even sent her some new clothes for her birthday. They exchanged pictures, and after he persisted for days, they had a video call where only Cherie was live on camera, as he claimed the webcam on his laptop was broken. Since then, he's been increasingly persistent that Cherie video chat with him again, despite her making it clear that she doesn't feel comfortable. Cherie tells Mei that he's making her feel guilty, and shares a message from him that says, "if you were really my friend you'd do it – I feel like you don't care about me anymore even though I've been such a good friend to you." She feels conflicted but thinks if she gives in to his request their relationship can be restored to how it was in the beginning.

Questions

1. The following behaviours – an adult trying to befriend a child or youth through initiating a dialogue online, overstepping boundaries, encouraging them to share personal information, or arranging face-to-face meetings – are associated with:
    a) Exploitation
    b) Grooming
    c) Safeguarding
    d) Coercion

2. Which of the following is a type of coercion?
    a) A teen boy repeatedly asking his girlfriend for nude pictures, despite her consistent rejections
    b) An adult promising a teenager that if she just gives him a hug and kiss on the cheek, he'll be her friend and buy her dinners
    c) An adult woman telling her co-worker that she will make sure he doesn't get a promotion if he doesn't have sex with her
    d) All of the above

3. What are red flags in Cherie's online friend's actions and behaviour?
    a) Concealing his identity
    b) His persistence in asking for Cherie to video chat despite her discomfort
    c) His attempt to make Cherie feel guilty for not complying with his requests
    d) Giving Cherie gifts
    e) All of the above

4. How should Mei approach addressing this situation with Cherie?
    a) After recognizing the red flags, Mei should take immediate action and force Cherie to break contact with the friend by deleting her account. She should recommend to Cherie's parents that they put parental controls on her devices, as she is vulnerable to possible abuse.
    b) Mei should tell Cherie the risks she has identified in the situation, and the potential negative outcomes. She should use her position as mentor to have an empowering conversation on internet safety and suggest they sit down with her foster parents and discuss what to do next.
    c) As Cherie is a teenager, Mei should treat her as a peer and respect her decisions on how to proceed. She should tell Cherie how she feels about the situation and let Cherie decide for herself what to do.

Answers: Case Study 5

1. b
2. d (a=persistence, b=exchange, c=threat)
3. e
4. b – This is the most appropriate action because it involves the mentor empowering the youth to make informed choices by leveraging trust built up through their established relationship, and also involves working *with* her to address the situation instead of making decisions for her.

Case Study 6 – Preventing Allegations

Case

Marco is a 7-year-old boy who has recently entered a new placement with a foster family. He has gone through 7 placements in the last 4 years, having been separated from his birth family since he was a toddler. Almost all his memories are from foster homes. Marco experienced physical abuse at one of his previous placements, with a foster father who would suffer mood swings, quickly turning from loving and tender to irritable. If he was set off, he would often grab the kids aggressively and shove them in their rooms to get them out of his sight. When this behaviour was brought to light, the children were immediately removed.

Marco's new placement is with parents Torrie and Wes, who are also fostering 2 other children. They describe their home environment as "chaotic" but "loving." They have an active lifestyle, with full schedules for both them and the kids. They do not spend much time looking into their new foster kids' records, and don't often contact past parents unless there is a specific issue that they feel needs to be addressed. Torrie and Wes have a philosophy that a kid's past should stay in the past and they should all have the opportunity for a "fresh start" in a loving home. They believe that what is important is treating all kids equally and showing them love and affection, ultimately making them feel like part of the family. This includes physical contact like hugs and cuddling, as well as words of affirmation. They believe in kids having autonomy by allowing them to voice their own opinions instead of setting boundaries for them.

When there are incidents with children in the home, the parents prefer to first see if the child's behaviour can be dealt with at home before involving child protection workers, while also opting to not keep logs unless the situation escalates or occurs multiple times. They claim they don't want their kids' futures to be limited by documented behavioural issues that can be addressed and corrected at home.

Questions

1. What are three reasons that a child may claim abuse has occurred?

    a) ----------
    b) ----------
    c) ----------

2. To safeguard themselves, which of the following elements should a foster family include in their plan for taking in a new kid?
    a) An assessment of whether their home is a good fit for the child
    b) Building and maintaining a support system
    c) Figuring out options for respite care
    d) All of the above

3. Torrie and Wes' decision to not investigate their incoming kids' past is not part of a good transition plan and increases risks to both them and their foster children.
    a) True
    b) False

4. What is **not** an example of an action that Torrie and Wes can take to better safeguard Marco and themselves?
    a) Seek out information on the child entering their household
    b) Be more cautious of the way they physically interact with Marco due to his history of abuse
    c) Keep logs of incidents involving foster children in their home
    d) Keep the child isolated from other foster children due to his history of abuse
    e) Maintain contact with child protection workers when incidents involving foster children occur

Answers: Case Study 6

1. Acceptable answers: 1) Abuse has occurred, 2) The actions of an adult have been misinterpreted, 3) Repressed memories of abuse have been triggered, 4) The child may be using the allegation as a tool to get back at someone or the system, 5) The child may want to end their current foster care placement
2. d
3. a – Understanding a child's history is one of the best ways to prepare yourself to provide the best care, and to protect yourself from situations where false allegations can be made
4. d – This is a not a solution to the child's past issues and will likely only exacerbate their trauma

END OF TRAINING WORKBOOK

Evaluation

Congratulations on completing the FFCNWT training workbook. Please take a few minutes to give feedback to help us provide the most effective training possible. Answer the evaluation questions according to the following scale:

(1) Strongly disagree (2) Disagree (3) Neither agree nor disagree (4) Agree (5) Strongly agree

1. The objectives of this training were clear to me.

   1 2 3 4 5

2. The suggested time given to complete this training was appropriate.

   1 2 3 4 5

3. The material covered in this training will be helpful for my role.

   1 2 3 4 5

4. The material in this training workbook was easy to understand.

   1 2 3 4 5

5. I learned something new from this training.

   1 2 3 4 5

6. This training helped me feel more prepared for my role.

   1 2 3 4 5

Comments:

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