INSTANT INDEPENDENCE: PLANNING FOR CROWN WARDS

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Abstract

The purpose of this research is to explore through a critical lens the ways in which independence planning for crown wards is reflected in recording documents and the extent to which such documentation suggests the nature of continued involvement with the youth in such planning processes. Data were gathered by examining planning documents used by Child Welfare agencies in Ontario for crown wards. To accommodate the evolving emergence of themes and conceptual patterns revealed in the data, a grounded theory approach and constant comparative method was used as detailed by Charmaz (2006). Independence planning involved crown wards in developing visitation plans with members of the family of origin, and included goal setting pertaining to the development of social skills and acquisition of educational qualifications and instrumental skills. The planning documents lacked specific behavioural examples, contextual understanding, specific examples of the efforts undertaken by CAS workers and caregivers to support goals, and examples of discussions between workers and crown wards. Planning documents generally reflected little involvement of the crown ward. Planning and OnLAC documents require modification so as to allow for and encourage qualitative information and greater input from the crown ward. Such modifications ought to be understood by Child Welfare management in terms of making planning processes more useful and beneficial to crown wards and CAS workers.

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Table of Contents

Introduction

Social work planning documents, also known as plans of care, are created for all children in a Children's Aid Society's (CAS) care on a recurring six month basis until the age of 18 years. The plans of care corresponding with children in the CAS care are highly standardized; they contain predetermined categories which require selection of multiple choice statements reflecting the child's status pertaining to particular developmental categories. Additionally, there are sections wherein workers are required to detail various goals and provide a written narrative explaining progress pertaining to said goal over the past six month period. Arguably, the prompts contained in the structure of this document cause certain goals to be developed and assessed given the presence of annual audits.

Given that many youth in care are faced with the expectation of independence upon age 18, it is logical to assume that the planning documents preceding achievement of adult legal status would include more focus on planning to support such transition. Crown wards exit CAS care and enter an independent adulthood phase of life at a pace which should be viewed as accelerated, if not instantaneous, when compared to youths in the general population; the process should also be viewed as irreversible given that most crown wards are unable to seek supports from former caregivers as is typically the case in the general population (Stein, 2006). For these reasons the process of transitioning to independence is problematic because of the "all-or-nothing" circumstances created by the

1

surrounding conditions. Unlike such transitions in a private family from the general population, there is little to no 'insurance' to youth exiting CAS care such as an option to return to former residences. In order for the transition to go smoothly, it is as if the process must happen correctly the first time given limited resources and alternatives. Because of these high stakes, the value of independence planning prior to such transition is all the more important.

The intention of this project is to investigate the ways in which independence planning in child welfare occurs as reflected in the social work recording documents and the extent to which such documentation suggests the nature of continued involvement with the youth in independence planning processes.

This topic interests me because I work for the Catholic Children's Aid Society of Hamilton (CCAS) and have been an employee for approximately five years. I am interested in investigating a phenomenon specific to CASs given my plans to maintain a long term career within child welfare.

This topic is highly relevant to social work as CASs are a major institution within the field of social work. The CAS mandate makes it easy to understand and forecast the incidence of children being removed from families of origin and raised to adulthood within CAS care. This particular demographic is arguably more at risk given the higher likelihood of having endured multiple social problems at young ages and the limited formal and informal supports provided at this pivotal age.

Given that CASs are government mandated services, research pertaining to the primary service recipients should be of value to the service provider and to the government groups developing the policies to administer such services. The phenomenon of crown wardship, the legal term applied to children when the parental rights of origin-families are extinguished and transferred to a CAS, is very unique. Given that children are removed from circumstances deemed unsuitable and harmful, it is of direct application to social practice and policy that the planning put into place after removal from harm be investigated.

Theoretical Perspective

In order to conduct this research, I will to operate within and be informed by the interpretivist paradigm. When I say interpretivist, I am specifically thinking of the framework detailed by Neuman (1997). The reason why I would choose an interpretivist methodology is because of Neuman's (1997) reference to Wilhem Dilthey's concept of *verstehen* or "empathic understanding". Neuman (1997) unpacks this concept as referring to the "personal reasons or motives that shape a person's internal feelings and guide decisions to act in particular ways"(P. 68). Neuman (1997) goes on to explain the researcher's role as trying:

"to absorb or get inside the viewpoint it presents as a whole, and then develop a deep understanding of how its parts relate to the whole...true meaning is rarely simple or obvious on the surface; one reaches it only through a detailed study of the text, contemplating its many messages and seeking the connections among its parts (p. 68)".

To me, this theoretical approach not only differs and contradicts the practices of a positivist (Neuman, 1997) methodology but more importantly transcends positivism in offering a range of meaning not otherwise available. Investigating the ways in which independence planning for crown wards is reflected in the official social work recording documents of CAS workers requires a theoretical perspective that can accommodate the

evolving emergence of qualitative variables such as themes and conceptual patterns akin

to the Grounded theory approach of Glaser and Strauss as detailed by Charmaz (2006).

Because this project is interested in the 'ways' which planning occurs and the

involvement of concerned youth, it is necessary to distinguish between the kinds of

'ways' known to interpretivist and positivistic approaches. A positivist approach could

also investigate the ways in which independence planning is reflected in recording

documents and could also observe the ways in which youths are involved in this planning

process. Positivism may for example produce charts or diagrams of the number and kinds

of meetings which included youths, or it may tally the number of contributions which

youths made to planning documents and meetings. While methodology such as the

grounded theory tradition (Charmaz, 2006) may utilize quantitative measures in

categorizing data, the interpretivist presence is observed in the way that the kinds of

categories are developed, modified and understood or explained. Interpretivism allows

for such investigation to occur in a manner which includes if not highlights understanding

within some degree of empathic interpretation (Neuman, 1997). Empathy is excluded and

arguably overlooked in positivist approaches. It is ruled out for failure to adhere to

expectations of quantifiability. Empathy could be seen as the entry point of the inherently

human aspect of interpretation which is arguably undeniable in any theoretical or

methodological perspective; framed as 'empathy' the undeniable human presence and

influence is embraced and cultivated as a resource rather than a source of contamination

as it were in positivism.

Literature Review

In order to understand the process of developing independence plans for crown wards residing in CAS care this literature review will discuss: 1) models of social service interventions to illustrate the various influences which have come to shape the services provided by contemporary child protection; 2) evidence from existing research which has shown the experiences of children residing in child welfare services to include themes of powerlessness, lack of voice and stigmatization; 3) current examples of planning processes for children residing in child welfare care; and 4) the presence of managerial and political issues affecting social work in child welfare settings. Taken together, these broad categories will serve to contextualize the type and goals of services provided by child welfare agencies for children residing in their care, the outcomes of such services and some of the obstacles faced by practitioners in the field of child welfare.

Models of Social Service Intervention

Contemporary CAS services provided to crown wards residing in care are influenced by prevention and resiliency based social service intervention models. Prevention models have a significant impact upon CAS services given the model's long history in medical and epidemiological fields (Small and Memmo, 2004). Prevention models intend to reduce or eliminate risks and social problems such as drug use, teen pregnancy, violence and general delinquency (Small and Memmo, 2004). Key to

6

prevention models and specifically to CAS services are the concepts of social problems and risks; the definitions of problems and risk, and the development of interventions are determined and carried out by the service providers which for the purposes of this research are the CASs of Ontario, Canada (Small and Memmo, 2004). Examples of risk factors within the field of child welfare are: domestic violence, mental health issues, learning disabilities, criminal involvement, substance abuse, and emotional and behavioural problems (Wade and Dixon, 2006; Wade et al., 2010).

Historically, the interventions provided by CASs were intended to reduce or eliminate the risk of juvenile delinquency which was thought to be present in the case of neglect, abuse, exploitation or when children were without proper guardianship (Thomas, 1959). The intention of CASs in Ontario continues to be influenced by preventative models. The Ministry of Child and Youth Services (MCYS) explains the purpose of CASs as "counsel(ing) and support(ing) families for the protection of children or to prevent circumstances requiring the protection of children" (Ministry 2011); The Child Family Services Act (CFSA) contains explanations of when children are considered to be in need of protection such as having sustained physical, sexual or emotional abuse, or being at risk of such (Service Ontario, 1990).

Resiliency approaches emerged from work within prevention service models as practitioners became aware of differing outcomes and varying levels of successful adaptation among youth who had endured forms of adversity and risk (Small and

Memmo, 2004). Many resilience models are aimed at working with youth from families

suffering with mental illness, urban poverty, or community violence also considered

"disadvantaged populations" (Small and Memmo, 2004). The resilience approach seeks

both to study and promote the development of protective factors which support the

growth of resilience in individual's lives (Small and Memmo, 2004). Examples of

protective factors found within research pertaining to children residing in CAS care

which can influence the development of resilience include: stable residential placements

and long term planning (Wade et al., 2010); high quality relationships with caregivers

within residential placements (Biehal et al., 2009); academic success (Mallon, 2007);

collaborative efforts between educational and child welfare systems (Berridge, 2009);

long term relationships which can be relied upon for help (Stein, 2006) and employment

(Wade and Dixon, 2006).

Resilience is typically conceptualized as an individualistic quality, trait or ability

to overcome adversity, however "resilience is also dependent upon structural conditions,

relationships and access to social justice" (Ungar, 2005). Resilience can be thought of as

a characteristic or resource possessed by an individual, however the development of such

is like an outcome dependent upon environmental, social and political conditions (Ungar,

2005).

The work carried out by CASs historically and currently has been focused upon

prevention efforts aimed at ameliorating cases of child maltreatment and reducing the

likelihood of recurrence/occurrence by addressing risk factors. While early models of CAS interventions were concerned about juvenile delinquency inhibiting a youth's successful development into a responsible citizen (Thomas, 1959), current models incorporate concepts informed by the resiliency approach as evidenced in the MCYS (2011) explanation of service planning intention:

> The collaborative, respectful assessment of underlying individual and family needs that are associated with safety threats or longer-term risk of maltreatment is balanced with an assessment of strengths and protective capacities that mitigate against risk. The resulting service plan guides all subsequent interventions that are designed to change the conditions or behaviours that cause risk to the child. The service plan is managed and reviewed continuously throughout the process of ongoing service provision.

Prevention and resilience based intervention models identify useful concepts such as "risk" and "protective factors" for investigating the planning processes pertaining to adolescent crown wards. The prevention model provides an example of a social service intervention, a model which allows the intervening parties to define what is and is not considered problematic and how the intervention will take place. The resilience model offers opportunity for involvement of the service recipient to construct an understanding of the nature and extent of problems.

Experiences of Powerlessness, Lack of Voice and Stigmatization

Themes of powerlessness and lack of voice have been found consistently among researchers exploring the experiences of children residing in CAS care (Munro, 2001; Bell, 2002; Cashmore, 2002; My real life book, 2012; Fox and Berrick, 2007: McLoed, 2006; Bessel, 2010; Winter, 2009; Mitchell, Kuczynski, Tubbs and Ross, 2010). Youth often lived in circumstances prior to entering care wherein they had little sense of control or influence on their surroundings and these feelings are compounded when youth enter into CAS care and have multiple adult workers wielding nearly total control over the planning and direction of their lives (Munro, 2001). Some of the issues identified in the literature over which children expressed wanting to have more influence were concerns related to access with biological family, choice of placement and changes made to their placement (Cashmore, 2009). Children also reported feeling left out of their case planning, lacking information about the changes made to their residential placements, not understanding why they are in the care of a CAS, and not being able to participate in discussions about long term permanency of placement or residence (Fox and Berrick, 2007).

Cashmore (2002) recommends that children in CAS care be provided with internal and external complaint protocols as well as opportunities to participate in policy development and service evaluation. Greene (2006) and Cashmore (2002) draw attention to the importance of shared definitions and understanding between service providers and

recipients. Greene (2006) highlights how services can be meaningless and lacking in benefit to recipients when there is not an appropriate synchrony between the aims of providers and recipients. Several sources show that children in care consistently report feeling little influence over their lives (Munro, 2001; Cashmore, 2009); that they are left out of major decision making such as place of residence (Fox and Berrick, 2007); and that service recipients in general tend to feel that services provided are either not appropriate or of sufficient benefit because of exclusion from aspects of planning (Greene, 2006).

Children in CAS care have been described as originating from "disadvantaged demographics" (Dumbrill, 2003) which includes conditions such as poverty, racial minority status, exposure to domestic violence, and parental drug use and/or mental health issues. When placed into a system founded on white, middle class, anglo-European values, children from outside of this particular background often experience further marginalization (Dumbrill, 2003) due to the lack of synchrony between one's own life experiences and those of being in the CAS system. The oppression and discrimination which form the contextual background of service user's lives are often overlooked in a prevention-based system which focuses on presenting issues (Sakamoto & Pinter, 2005). Therefore it could be said that there is a contradiction between the intention and actual impacts of the CAS system (Wong and Yee, 2010). The literature identifies that Child Welfare systems often fail to address macro level concerns and at times such factors are treated like they are invisible despite the continued negative impact upon the lives of

11

CAS service users. The effect of such conditions and their treatment as invisible has a

negative compounding effect upon youth entering CAS much like other risk factors.

Many crown wards are expected to deal with adversities far beyond the typical

scope of children in the general population such as the age at which transition to

independent living is expected (Feduniw, 2009; Stein, 2006; Wade and Dixon, 2006).

When these youths fail to respond to such adversities in a manner determined to be

appropriate by their assigned staff, all too often these events are conceptualized in written

documentation as a micro-level problem, limited to the shortcomings of an individual

youth with little appreciation for systemic or structural considerations such as the number

of changes to their residential placement (Waldock, 2007). The CAS`s assessment and

conceptualization of a child's emotional or behavioural reaction to a range of experiences

and conditions are then documented in various recording documents as part of assessing a

child's emotional and behavioural status. As a result of this kind of management of

children in care, youths develop a file which reads like a "rapsheet" of criminal offenses

(Waldock, 2007).

Feduniw (2009) recommends that the social and behavioural responses which

crown ward youth present when faced with various adversities be considered typical or

predictable given the conditions from which these youth originate. At age 30, Sarah, a

former crown ward, said the following about her experiences of living in CAS care: "I

lived and worked in group homes. It is my personal and professional opinion that this is

not an acceptable option for success. I think it puts otherwise normal human beings under

a microscope and pathologizes normal human responses to trauma" (My real life book,

2012).

Planning for a crown ward's independence with involvement of the concerned

youth would require that they have an active voice in the planning process. The literature

has discussed the contexts where youth's voices are limited, where they are provided

insufficient information, where services do not match with their expectations and how

youth are stigmatized and set up for failure. The literature discussed in this section also

highlights how without the youth's voice to contextualize their range of emotional and

behavioural responses to various events, written planning documents do not capture a

complete image of the youth's life, nor provide an appropriate source of data for

developing strategies to address such concerns.

Much of the literature refers to the necessity of ongoing relationships with former

carers and other sources of support being key to maintaining one's independent success

(Biehal, et al, 2009; Mallon, 2007; Munro, 2001; Winter, 2009). These sources illustrate

that in order to support crown wards to achieve the expectations put upon them, planning

needs to positively address both systemic and individual factors found to best predict

optimal outcomes. The literature shows that not only should crown ward's voices be

included in planning, but that their voice is a legitimate source of information which is

capable of acting as a barometer of their success. Given that youth's voices can predict

the influence of protective factors, planning needs to continuously include the youth's

views.

Planning Processes

The importance of planning. Among other options, a crown ward's transition to

independence sometimes entails a return to their family of origin. Where planning occurs

to transition a youth in CAS care to their family of origin several factors have been found

to predict both the return to family of origin and successful outcomes while residing with

families of origin (Mallon, 2007; Wade et al., 2010). Plans to return a crown ward youth

to family of origin have been more likely to occur when their assigned CAS staff could

assess that the safety risks leading to their original admission to care were considered

acceptable and when problems leading to their admission into care had improved (Wade

et al., 2010). Conversely, children have been found to be less likely to return to families

of origin when (a) they had a history of being neglected; (b) had a learning disability; (c)

did not want to return; (d) had infrequent visitation with family members; and (e) when

parenting issues related to their admission to care continued to exist (Wade et al., 2010).

Children were more likely to have stable reunification and successful outcomes having

returned to families of origin when (a) clear evidence existed to show sustained changes

in parenting capacity; and (b) families received supportive services (Wade et al., 2010).

At the other end of the spectrum is a child's admission to CAS care. The age at

which children are brought into care and the number of times they are moved between

foster homes and other residential facilities correlates with the presence of social,

emotional and behavioural concerns at young ages (Biehal et al., 2009). The importance

of strategic and long term planning is evident from the child's initial admission to care

given that children were found to have fewer emotional and behavioural issues when they

were provided a stable plan regarding where they would live and who would take care of

them at young ages (Biehal et al., 2009). When children entered into CAS care and

became crown wards at relatively older ages, they were found to have more social,

emotional and behavioural concerns (Biehal, et al., 2009). Careful, strategic and long

term-oriented case planning with a view towards maintaining residential stability within

the CAS system can be conducive to addressing and preventing social, emotional and

behavioural issues (Biehal et al., 2009).

The importance of planning is highlighted by findings from Wade et al (2010)

which show that 35% of youths transitioned from Child Welfare care back to families of

origin had to return to Child Welfare care within six months and those remaining with

family of origin were found to have generally poorer outcomes (regarding academic

performance, criminal behaviour, mental health and emotional concerns) than a control

group of youth remaining in care (Wade et al, 2010). According to Wade et al., (2010)

such planning and assessment had, among other aims, a focus on the (a) initial protection

concerns; and (b) the child's needs. CAS staff and agencies supporting reunification

and/or assessing the appropriateness of such a plan were able to make better predictions

of the success rate in reunifications than official census studies (Wade et al., 2010).

Because residential stability has been found to prevent social, emotional and behavioural issues (Biehal et al, 2009), planning for a crown ward's residential needs is important given the high risk of residential instability.

Given a relatively high risk of a child's return to in-care status even after intensive planning and assessment, the importance of clinical planning is made apparent. Youth who were not found to have had their emotional nurturance needs met during childhood, were more likely to seek out placements with their family of origin in hopes of achieving emotional stability and nurturance regardless of the ability of family members to meet such needs (Winter, 2010). Clinical planning is important and necessary to ensure that a crown ward's emotional needs are being met so as to achieve the most successful results when children are reunified with families of origin.

Joint planning. Winter (2010) makes two main recommendations regarding the planning efforts made for children in child welfare care: (a) planning for a youth in care should entail active involvement of the youth in constructing the definition of a problem and developing solutions; and (b) emotional issues need to be addressed and ameliorated at young ages to protect against the formation of unhealthy relationships at later ages.

Joint planning is necessary with adolescent crown wards in general and especially in the case of developing plans about reunification with families of origin. It is important to maintain active involvement of the youth in developing plans pertaining to their life because children are constantly trying to make sense of their life and if they are provided

inaccurate or incomplete information, they run the risk of constructing an incomplete or false sense of reality (Winter, 2010). It is crucial that children are able to construct a coherent and complete understanding of their life circumstances concurrently with their CAS staff because this understanding will likely influence their decision making about forming relationships later in life. The literature discussed here shows that joint planning is an effective way to equip a child or adolescent to participate positively in their life planning.

Protective factors and planning. The literature shows that crown wards tend to have fewer informal relationships upon which to rely and that a fast transition to independence can jeopardize a crown ward's success adjusting to such. The literature further indicates that clinical case planning for children in CAS care needs to focus on addressing social and emotional issues longitudinally in order to cultivate protective factors such as academic success. Similarly, the acquisition of instrumental skills needs to begin at an equally early stage and incremental pace. Instrumental living skills can be understood as protective factors, the development of which occurs gradually over long periods of time at the pace of maturation with the input of multiple supportive adults in a youth's life (Munro, 2001). Planning for the development of instrumental living skills are often left to the last minute of the youth's life in CAS care and cannot be fast-tracked (Munro, 2001). The literature also shows that planning often needs to include professional input from other but related fields such as the educational system.

17

Addressing social and emotional issues among children in CAS care correlated

with academic success, which acts as a protective factor reducing the risk of

unemployment, teenage pregnancy, drug use, eating disorders and mental health

problems (Mallon, 2007). Academic struggle combined with inadequate social and

emotional support provided by caregivers and assigned professionals was also found to

predict unstable post-care placements which often resulted in youth moving into the

homes of estranged family (Mallon, 2007). Among the youth who had academic struggles

resulting from inadequate social and emotional supports it was found that this group was

also more likely to marry as a search for emotional security and to have such marriages

break down (Mallon, 2007).

Successful independence means living sustainably, maintaining a residence, being

self-sufficient and having employment (Moffat, 1999); not only are crown wards pushed

to achieve these milestones much earlier in their life than in the general population, they

are expected to do so with fewer resources (Stein, 2006). Protective factors related to the

planning processes for crown wards while they reside in CAS care have been found to

predict successful independence and include (a) the number of residential placement

changes while in CAS care; (b) the amount and quality of planning for independence; (c)

relationships with CAS caregivers and biological family; (d) the quality of care provided

before leaving the CAS system; (e) the supports provided to transition out of the CAS

system; and (f) the support available after moving out (Stein, 2006). Residential stability

tended to be higher and the self-appraisals of their current living circumstances more

positive when crown wards disclosed having involvement in meaningful activities (such as work, school or volunteering) (Wade and Dixon, 2006). Further, a crown ward's ability to develop attachments in relationships and to plan careers was predicted by protective factors such as residential stability and fewer changes to one's educational setting, and delaying the transition to independence (Wade and Dixon, 2006).

Managerialism and Political Issues

Neoliberalism and managerialism are examples of political forces which influence the writing contained in planning documents pertaining to crown wards (Alasuutari and Kirsti, 2003). Managerialism is a belief and bureaucratic practice which assumes that increased standardization, management oversight, and documentation will solve the problems faced by bureaucratic institutions (Tsui & Cheung, 2004).Writing about crown wards is not neutrally descriptive as it contains influences of managerialism and neoliberalism given that these political conditions impact what questions are asked, answered and how. Alasuutari and Kirsti (2003) describe the creation of a "neoliberal child" within such documentation which is overly standardized and designed to facilitate management oversight (Tsui & Cheung, 2004). Biehal et al (2009) explain that Neoliberal politics and managerialist practices serve to cast doubt upon the efficacy of CAS and public social services to the extent that Child Welfare services are utilized on the basis of "last resortism" which entails a shift to a limited range of social and CAS services in extreme circumstances (Biehal et al, 2009).

Examples of neoliberal and managerialist practices in child welfare and social services include performance management, outcome measures, work standardization and auditing (Biehal, et al., 2009). Auditing has long been part of social work practice however it formerly resembled a peer-review styled practice which focused on improving clinical skills, and in recent decades has changed in ways which are out of touch with social work values and agenda (Munro, 2004). Contemporary auditing practices in the field of social work have transformed to support managerialist and neoliberal agendas such as framing funding cuts as financial and economic austerity to address global financial crises (Clark and Newman, 2012; McDonald, 2006; & Evans and Hussey, 2011). Neoliberal and managerial use of terms such as financial and economic austerity imply that economies are unpredictable and draws attention away from political factors involved in the functioning of an economy and the decisions to reduce funding to social service agencies such as CASs (Sainsbury, 2001).

A result is that public organizations such as CASs are directed either to develop business units to evaluate performance and output targets from their existing staff resources or to hire outside consultants (Gendron, et al., 2000). Given this additional shortage of resources, staff of CAS and other social work agencies are expected to complete more work with fewer resources and in shorter time frames (Hoggett, 1996; Knox-Haly, 2010). Because auditing in social work is now more concerned with managerial concerns such as rationalizing funding allocations, the amount of time spent

between social workers and clients is limited as social workers are expected to complete increasing amounts of documentation (Gupta and Blewett, 2007). This is very concerning because it is the direct face to face work which has been identified as being most important to service recipients and children residing in CAS care (Mallon, 2007; Winter, 2010). Resources vital to the planning for children residing in CAS care are being taken away from workers and replaced with managerialist practices intended to justify the use of remaining resources.

A requirement of the annual audit of crown ward files carried out by the MCYS is completion of the Assessment and Action Record (AAR), also known as the Ontario Looking After Children (OnLAC) document. Structured like a survey, the OnLAC document is Ontario's adaptation of the Looking After Children (LAC) model developed in England and follows categories much like the plan of care in order to obtain data in check-box form about the youth; this information is both supplied to the University of Ottawa for research purposes and is intended to enrich the content of plan of care documents (Garrett, 1999). Completion of this document can take up to several hours-long meetings with the crown ward and structures the conversation around specific details sought out by the researchers and government ministries (Garret, 1999). Winter (2006) feels that this document reflects the growing distrust of public services emerging from neoliberal and managerialist reforms given that it reduces social work practices within CASs to a survey consisting of mostly multiple choice, closed-ended questions.

The literature shows how a growing distrust of CASs and other public social services is closely associated with new and contemporary conservative politics. Authors note that through auditing there is a focus on evaluating and monitoring the provision of resources, and that the tasks carried out by social workers and CAS staff are being modified to be more amenable to contemporary forms of audit. Lost from auditing is the capacity to improve one's practice through peer review and direct clinical supervision. The term "neoliberal child" captures the quality of information and depiction of children contained in written documentation when affected by these conditions. These sources offer insights about the quality of planning and documentation in light of macro level political conditions and the impacts of such at a practice level.

In summary, the literature emphasizes four main areas regarding planning for independence and transition including models of the intention and provision of social services, themes of powerlessness, trends in planning, and the impact of political conditions upon planning documentation. The purpose of this research is to explore through a critical lens the ways in which independence planning for crown wards is reflected in recording documents and the extent to which such documentation suggests the nature of continued involvement with the youth in such planning processes.

This research focuses on the planning for crown wards aged 15-17 years. It is assumed that in the years immediately preceding "independence", which occurs at age 18, that there would be the most focus upon building, supporting, documentation of and

generally planning for a crown ward`s independence. This study will also address the

following research questions:

- What goals are being set for youth in documents pertaining to independence

  planning

- How is the youth's opinion included in such documentation;

- What is the dominant voice or perspective in the document (i.e. child, worker,

  courts/law, foster parents, group home staff, biological family, school etc.);.

Methodology

The types of data gathered in this research project will be the written social work recording documents corresponding to crown wards in CAS care. A "plan of care" (POC) is the official document created by the MCYS which is completed by the case managing worker assigned to crown wards. These documents are then reviewed by the assigned worker's supervisor and reviewed for compliance measures through audit by MCYS representatives annually. A POC is the official document which maps out all of the formal and informal services to be provided to a particular crown ward. In addition to the stated goals involving provision of services, the POC also includes a written narrative section wherein the assigned worker evaluates the progress of various goals. Therefore the data used are the written reports provided by workers gleaned from the POC.

The data used for this research consisted of 15 plan of care documents relating to crown wards age 15-17 years of age. Identifying information such as child's first or last name, file number, worker's name, school or doctor's name was removed prior to this researcher`s receipt of the secondary data. Consent was obtained from a Child Welfare organization in Ontario and it was requested that five planning documents be provided for each of the three ages of youth in the sample. The planning documents were selected at random by management of the participating Child Welfare agency. Other than holding crown ward status and being between ages 15 and 17, selection criteria was left in the

discretion of the participating Child Welfare Organization.

In terms of analysis I will be using a grounded theory approach as espoused by Mason (2012) and Charmaz (2006). Mason (2012) describes grounded theory as breaking from the deductive traditions wherein "theory comes first" and instead engages in approaches where theory either 'comes last' or happens dialectically alongside of data generation and analysis which is known by Glaser and Strauss's term "[the] constant comparative method" (Mason, 2012, Pp. 180). Kathy Charmaz (2006) details grounded theory as espoused by it's founders, Glaser and Strauss. Coding in this approach could be compared to the thematic analysis of discourse analysis wherein certain patterns, themes or trends observed in the data are categorized. Strauss brings to grounded theory the Chicago school's pragmatism of symbolic interactionism which sees society, reality and the self as constructed through interaction which is therefore dependent on language and communication (Charmaz, 2006). Strauss adds to Mason's account of discourse analysis in making human action a focus and attempts to explain such through it's meaning to participants. With a focus on actions that are reflected in the documentation created about youths in care, analysis will blend the inductive methods described by Mason (2012) with the coding practices and symbolic interactionalist paradigm of Glaser and Strauss detailed by Charmaz (2006).

Specifically, this research project will use methods such as textual analysis of extant texts (Charmaz, 2006). It is worth noting however that as extant texts, they were

created for different purposes than those which I have outlined in this thesis (Charmaz, 2006). Prior (in Charmaz, 2006) notes that extant texts are not facts but they represent what their authors believe to be objective facts. As reflections of what authors feel is an objective reality and/or fact, this research intends to analyse the content of texts with a view of gleaning information regarding the social, economic, historical, cultural and situational context in which these documents were created.

Compared to an elicited text, such as a survey corresponding to a specific respondent, the use of anonymized extent texts will not allow for case specific comparison of documentation over time. Though the POC documents will contain written narrative corresponding to two six month intervals of worker assessment, as extant documents, there is not the promise that each individual document will consistently address the same subject matter as proposed in this project`s questions listed above. It is for precisely this reason that extent texts are sought for this research: to observe what is actually happening in the written documentation corresponding with planning and assessment for crown wards.

Use of extant data pertaining to crown wards served as an unobtrusive measure and allowed for more data to be collected than other measures given the larger sample frame.

Findings

Independence planning for crown wards can be viewed in two major categories: 1) having access visitations with and reconciling social and emotional tensions with families of origin; and 2) appropriating social and instrumental skills and educational qualifications. Having access visitations with families of origin served as an avenue for crown wards to reconcile tensions resulting from their admission into CAS care. Documentation revealed what appeared to be an assumption made by workers that reconciliation appeared to suggest the extent to which crown wards were able to develop social skills considered conducive to obtaining an education. Appropriate social skills were viewed as necessary for academic success which in turn was seen as a key determinant of the quality of adult life (Lemay & Ghazal, 2007). Instrumental skills were taught as a means of supporting youths to maintain independent housing.

Accessing

The term "access" is routinely used when describing, documenting and assessing the regular contact, visits, and general interactions between a crown ward and members of their family of origin. The process of planning for access visitations was found to be important as it revealed instances of crown ward's being encouraged and having the opportunity to express and articulate themselves to workers in the form of hopes and preferences for visits and a relationship with members of their biological family. Access

planning provided a segue for the youth to have their voices included in the planning process as recording documents reflected the most input from youths in the sections pertaining to planning for access visitations. Access planning is therefore important because it provided one of the best opportunities for crown wards to express themselves and have influence over the planning process and because access arrangements were utilized as a means of assessing the extent to which biological parents could support and be incorporated into case planning. This section will discuss the purpose of goals and the involvement of crown wards in access planning.

Purpose of goals. The most common purposes of goals pertaining to access visitations with the biological family were to (a) support the youth to have a "realistic view" of their family; (b) support the access to be "meaningful" and "beneficial" to the youth; and (c) allow the worker to assess the extent to which members of the family of origin could support case planning for the crown ward. The planning, execution and evaluation of these kinds of goals were often intertwined. There appeared to be an association between the workers assessment of access visitation being "optimal" and "meeting full potential", crown ward's having a "realistic view" of and "meaningful" or "beneficial" relationship with biological parents, and the youth's ability to develop what was considered "age-appropriate" instrumental and social skills.

Work with crown wards is not exclusive to contacts with the youth, but often entails some level of engagement with the family of origin given the possibility of

original protection concerns to change over time and warrant modifications to access

visitation planning. In addition to clinical case planning for crown wards, the purpose of

goals is to reflect the worker's discretion in light of legally binding court orders. CASs in

Ontario are obligated to facilitate access between crown wards and members of their

family of origin when directed by family courts. In such cases, the majority of worker's

written narratives referred to crown ward orders "with access in the society's discretion".

Examples of the worker exercising discretion concerning access visitation planning on

behalf of the society included specific goals such as: "[Parent] will continue to maintain a

safe and appropriate home free of substance use to ensure [youth's] safety during visits",

and "access will continue to be supervised by society staff to monitor for [parent's] use of

substances". In these and other cases involving concern regarding risks posed by

biological parents, workers exercised discretion by issuing expectations about where the

visit would occur and what level of supervision was required.

Realistic.

The term 'realistic' was used frequently within the written records detailing goals

for access visitation arrangements between crown wards and members of their family of

origin. The following are goals with a stated purpose concerning the youth's perception

of biological family members: "[youth] will develop a realistic view of [his or her]

[parent]"; [youth] will have a more realistic view of [his or her] family". The specific

tasks associated with this goal included: "CSW (children's service worker) will share

with [youth] the reasons for [his or her] placement in care"; "[youth] will be encouraged by caregivers to express [his or her] feelings about [parent] after access visits". The following quote exemplifies how a worker conceptualizes the youth's expectations of a biological parent as being unrealistic and therefore detrimental: "[youth] is hung up on the fact that [parent] isn't meeting [his or her] expectations, and this seems to be hindering [his or her] development and participation in a sense of family given the need to do reconciliation work".

The worker's use of the term 'hung up' is revealing of their values and assumptions influencing assessment of this situation. The term 'hung up' appears to imply that the youth is fixated upon something and that their fixation ought not to exist given the worker's view that such fixation or inability to accept or move past something will have detrimental effects such as "hindering development and participation in a sense of family". It appears that the worker is recommending 'reconciliation' as a means of easing the youth's state of 'hang up'. Even among instances of unsuccessful access visitation workers appear to be assuming and assessing that some degree of 'reconciliation' between the youth and the member of their biological family with whom they are visiting is required prior to the youth being able to attain other social skills such as appropriate behaviours and emotional self-regulation. Use of the term "realistic view" implies that the worker and youth have differing perceptions of the parent. The worker's assessment is implying that the youth's state of being "hung up" is due to an inability to reconcile their expectations of the parent vis a vis a realistic view of the parent.

Regarding the crown ward who was 'hung up' about his or her parent's assessed inability to meet his or her expectations, the worker detailed the effects of visitation and of the crown ward having unrealistic expectations of their biological parent in the following way: "[youth] has struggle with transitioning back to their placement after visits with [parent] and shows more inappropriate behaviours and a lack of emotional regulation having moved from unstructured to highly structured environments". In this example, details of context are limited to terms such as transitions and structure however specific examples of these concepts are missing from the documentation. Additionally, the youth's account of their behaviours as related to contacts with biological family members is not present.

In another case, a goal stated "[youth] will develop an understanding of [parent's] mental health diagnoses". The worker's remarks about the purpose of discussions with the youth were explained as

"helping [youth] to understand [parent's] limitations caused by

[parent's] mental health. [Youth] is not accepting that [parent's]

mental health will not improve, [he or she] has unrealistic

expectations of [parent] which is causing [him or her] to feel let

down when [parent] does not meet [his or her] expectations.

[Youth] is becoming more angry about [parent's] limitations and is

taking out frustrations on peers at school and [his or her]

caregivers. Since [youth] has been lashing out at peers from school

and caregivers [his or her] grades have dropped and caregivers are

reporting more defiant and aggressive behaviours in the foster

home".

In this case, the worker is making a connection between the crown ward's feeling

of being let down and the parent's mental health concerns. The worker's assessment

appears to imply that because the parent's mental health issues prevents parenting

capacities, the youth needs to come to a point of acceptance of the parent being limited

because the emotional impact of having too high of expectations of a parent with

limitations will result in negative outcomes such as poor academic performance and

aggressive behaviours. What was missing from this written assessment was specific

reference to the school staff's account of events as well as specific examples of the

youth's behaviour. Additionally, there did not appear to be any context that might explain

the circumstances associated with the youth's expression of anger and the nature of the

interaction that occurred with caregivers and school staff.

Workers also included in planning documents goals such as "challenge(ing) a

view of [parent] as perfect, exploring feelings and misconceptions". In this case the

worker explained that the youth had idolized his or her parent and when the youth was

confronted for behaving inappropriately, the youth would often refer to the parent's

criminal behaviours as a justification for their own. In the worker's assessment the

youth's unconditional acceptance of their parent appeared to equate to acceptance for any

of the parent's behaviours and negatively influenced the crown ward's behaviours. The

following quote illustrates how a worker goes beyond typical case planning efforts to

involve the parent in discussion with the youth to address behavioural concerns:

> "CSW supported discussion between [parent] and [youth] about
>
> [parent's] [criminal] charges... [parent] has provided an appropriate
>
> message to [youth] [about criminal behaviours], and [youth] is able
>
> to forgive and accept but maintain that such actions are
>
> inappropriate".

In this case the worker appears to be utilizing a more expansive view of the

family and is also assessing the parent's expectations of the crown ward in terms of being

realistic. The worker is determining what is both realistic and appropriate of the parent

and crown ward. Where biological parents were able to provide "appropriate messages"

to youths about past criminal or other inappropriate behaviours, youths were better able

to accept their parents and were described as being more emotionally prepared to engage

in the work necessary for independence planning:

> "Since [parents] have returned from jail and provided appropriate
>
> corrective messages to [youth] about their criminal activity [youth]
>
> has been less likely to run away from their placement and has been
>
> attending school more consistently. At this time, [youth] has a clear

understanding to why [he or she] is in care and feels it is in [his or

her] best interest to remain in care".

The worker's assessment makes a connection between the youth's general

wellbeing and his or her ability to perceive the parent in the worker's terms. The worker's

written narrative further concludes that reconciliation work between the youth and parent

is prerequisite to developing the ability to progress along developmental expectations.

The importance of access is revealed in these examples when workers assess

development, such as emotional regulation and developing a range of appropriate

behaviours including school attendance, as being contingent upon youths having

"realistic" expectations and views of parents.

Meaningful and Beneficial.

Goals regarding access visitations for crown wards and members of the family of

origin commonly included the terms "meaningful" and "beneficial". Examples included:

" [youth] will continue to have meaningful contact with [his or her] birth family";

"[youth] to maintain positive, beneficial and ongoing contact with [his or her] birth

family…"; "for [youth] to have a beneficial relationship with [his or her] family"; and

"[youth] will maintain a meaningful relationship with [his or her] family".

Meaningful and beneficial goals of access appeared to be assessed in terms of the

degree to which contacts between the crown ward and members of the family of origin

would serve to further case planning such as developing social and instrumental skills. The following example demonstrates how a worker conceptualizes specific access visitations as being harmful to the youth and case planning:

> "[Parent's] behaviour at access visits continues to be inappropriate...
> [Parent] continues to state that there is nothing wrong with [youth],
> and that could potentially hinder [youth's] treatment. [Parent]
> continues to treat [youth] like a child much younger than [youth's]
> age and will not let [youth] voice [youth's] opinions".

Use of the term inappropriate appears to indicate that the worker does not view the parent's influence upon the youth to be beneficial inasmuch as not supporting clinical case planning such as "treatment". The worker appears to be concerned for the parent's impact on the youth's participation in and benefit from treatment.

Where the parent's influence upon a crown ward was perceived by workers to be potentially negative various efforts were made to make access visitations meaningful and beneficial such as shortening the length, reducing the frequency and including other relatives. A worker noted: "CSW believes that [a relative's] continued participation in access between [youth] and [his or her] [parent] is important in terms of keeping [youth] safe and visits positive". Additionally, the youth's voice was included in documentation as influencing the development of plans for access visitations:

35

"[youth's] last set of instructions to [his or her] children's lawyer

were to let the court know that [he or she] would visit with [his or

her] [parent] twice a month if [parent] was 'good'. [youth] has left

the visit several times approximately half way through. Access is

now approximately once a month for two hours ".

One of the ways that goals appeared to be meaningful and beneficial was when

crown wards had some control over the planning process for access visitation. The effect

of strategically planning access appeared to benefit the youth as reflected in the following

worker's statement: "[youth] has been more stable, has not made threats of self-harm, has

come to terms with the fact that [he or she] needs [treatment] and has been able to

articulate this to [parent]".

The following quote illustrates additional efforts being made to support access

visitations to be meaningful and beneficial to the crown ward in light of potential risks

posed by biological parents:

"CSW and youth have had lengthy conversations and youth [has

written] [mother] a letter expressing [youth's] feelings but has not

given it to her as [youth] is still considering it. In the mean time,

[youth] prefers to continue having the visits fully supervised in the

society's office by the family visiting program by [CAS staff]

which will allow [youth] to exit the room and seek support from a

familiar staff member".

These plans were developed in response the crown ward's preferences as summarized by the worker in planning documentations:

> "[Youth] would like to see [parent] more often but expressed
> uncertainty regarding how to handle [parent's] mental health
> concerns. [Youth] would like to be able to leave the visit when they
> want to without hurting [parent's] feelings…[and would like] to
> express to [parent] that [he or she] does not want to leave the current
> placement".

The worker further included the crown ward's words as "...know[ing] when enough is enough" within the context of leaving a visit with his or her mother when the parent appeared to be exhibiting symptoms of poor mental health and exerting pressures to run away from CAS care.

It appears that the worker's assessment of access visitation arrangements being meaningful or beneficial is measured by outcomes such as the youth being able to independently articulate an opinion, in this case regarding the youth's reported agreement that they need treatment or wish to remain in CAS care. Access visitations were implicitly assessed as not being successful when contacts with biological family members did not serve to support existing case plans.

Parent Support of Plans.

Another purpose of access visitations appeared to be an opportunity for workers to assess the extent to which biological parents or family members could support the case plans. A worker documented an example of how biological family supported case planning:

" [parents] seem to be on the same page with CSW and agreed to set rules such as canceling [youth's] phone until [his or her] behaviour improves and to contact the school if [youth] attends [parent's] home during school hours".

The result of parents 'being on the same page' with the worker was reflected in recording documents:

"[parents] and [youth] say visits are much better, and have been getting along better. [Parent] is good about communicating regularly with group home staff and CSW about [youth's] behaviour. [Parent] has been better with managing [youth's] behaviour with support from the group home".

The worker appears to be assessing success regarding visitation goals in terms of the parent and youth's self-report of 'getting along better' and parent's report of being

better able to manage the youth's behaviour. Success is also determined by the degree to which parents are able to follow the direction of those responsible for case planning such as the staff at the crown ward's group home. The parents are involved in the case planning and are generating strategies such as 'canceling the youth's phone' however such plans are to support the aims developed by the worker. What appears to be missing from the documentation is explanation of how the worker communicated expectations about parenting and supporting case plans to the biological parents. Details such as coaching or counselling offered by workers to biological parents regarding how to effectively parent and/or support case plans are not present. Furthermore, definitions and specific behavioural examples of 'getting along better' and 'managing [youth's] behaviour' are also not included and evidence of case plans being developed mutually with biological family members was not present.

In some cases, worker's written accounts of biological family members supporting case planning, and evaluation of access visitations therefore being meaningful and beneficial was more implicit. Where a crown ward had committed a sexual offense and was required to attend rehabilitory therapy the parent's involvement in planning was documented: "[youth] said he and his mother had a very productive conversation about healthy relationships and her history of abuse at the hands of his father". In this example benefit and meaning within access visitations are implied in the way that the worker suggests that the mother has successfully contextualized the impacts of domestic violence for the youth's comprehension. The worker referred to a discussion with the crown

39

ward's mother which suggested that the mother was further able to contribute to the

nature of therapeutic planning as reflected by the worker's summary of the mother's

comments: "[youth] continues to hold some outdated views with regard to gender roles

and how to express love in an intimate relationship". The effect of this information was to

affect the nature of therapeutic intervention provided to the youth. The worker assessed

the conversation to be productive and therefore meaningful and beneficial by implying

that the mother's accounts provided to the youth regarding his father's past behaviours

would serve to further the youth's comprehension of domestic violence and move the

youth to a position wherein he was more amenable to the therapeutic inputs which the

worker had considered to be necessary.

Appropriating

To support independence planning for crown wards, planning documents revealed

many goals intended to support the development and acquisition of "appropriate" social

skills. The word "(in)appropriate(ly)" was used frequently to refer to and describe various

behaviours, character traits, values and viewpoints which were desired or commended in

crown wards. "Appropriate social skills" were framed as a goal which when achieved

was conducive to independence given the youth's ability to form relationships,

communicate effectively, self-advocate and be perceived as normal. This section also

refers to the acquisition of hard skills such as educational qualifications and instrumental

skills. Education was viewed as conducive to general success in adulthood, and

instrumental and domestic skills were sought in goal planning as a means of supporting youths to maintain independent housing.

Obtaining social skills. What appears to be missing from the documentation is reference to the specific efforts being made by caregivers and workers to facilitate the changes discussed. The documentation implies that the worker's role was limited to the clinical assessment of behaviours in an observational capacity and to developing goals in written planning documents.

Two frequently occurring goals which appeared to be developed as a result of joint planning with collateral professionals were: "[Youth] will be supported to identify triggers of inappropriate behaviours" and "support [youth] to use their voice to express and articulate feelings". Strategies obtained from collateral supports included caregivers communicating to crown wards what may have been gaps in their understanding as well as recommendations to "prepare in advance" by "explain(ing) plans ahead of time" and providing "support in the community by explaining and offering choices [to youth]". In these examples, it appears as though the worker is assuming that by aiding the youth to identify triggers of inappropriate behaviours and to articulate feelings, that the youth will then better able to control themselves or present behaviours considered appropriate.

While an important goal was to provide support to youth, a specific definition of 'support' as a concept was not included in planning documents. However, in a worker's written section following goals including the term 'support' it appeared that support

referred to a range of informal communications between crown wards, their caregivers

and workers. The following quote refers to discussions between a crown ward and foster

parents with a view towards uncovering gaps in the crown ward's understanding:

> "thinking [he or she] needed to not upset the foster parents and not
>
> express herself...resulted in more outbursts, [the relationship changed]
>
> to being able to trust them and see that they are concerned for [him or
>
> her] and want to know how [he or she] feels to help her resolve
>
> matters. [He or she] is now better able to articulate herself".

The worker is implying that the youth's gap in understanding was to not see the

foster parents as caring, which had the effect of the crown ward withholding verbal and

emotional expression and causing inappropriate 'outbursts' and behaviours. In this case,

the outbursts are not defined however the event is contextualized to some extent. The

assumption in this case was that the youth needed to be explicitly told that caregivers

genuinely cared about the youth which would then result in the youth articulating his or

her feelings appropriately. This example also represents a change in the status of this

youth's social skills.

Workers wrote of goals such as "[Youth] will develop coping skills", "[youth] will

develop appropriate social skills" and "[Youth] will improve communication skills". Such

goals were typically accompanied by written assessment exemplified by the following

which details intentions as "reduce(ing) tensions in [youth's] placement to facilitate peer

relationships". The specific tasks included in planning documents corresponding to these goals included "caregivers modeling appropriate communication for [youth]" and "caregivers will assist [youth] to read social cues from others". A worker wrote about how this occurred for one youth:

> "in the home and in the community group home staff point out and label what is going on between people when they have communication, staff are helping [youth] not to assume that friendliness equates to romantic intention".

> In another instance, a worker noted "when [youth] is getting stuck on an issue" caregivers will point out that the conversation needs to stop and that they will talk again later.

The social skills necessary for academic success were reflected in goals which were directed to facilitate a youth's ability in "voicing" and "improving attitude". Workers included commentary from teachers in the narrative sections of education plans. Many youth were described as "shy" and "need[ing]s more encouragement to ask for help as needed". Workers documented school related behavioural problems as arising when youths were unable to "voice" themselves. One worker documented a conversation with a crown ward wherein the worker asked questions about the youth's reasons for truancy: "(youth) finally admitted that the reason for skipping class was because they do not like their teacher". In another case the crown ward identified the school's vice

principal as a significant support and told the worker that he or she had skipped classes

because "the vice principal was leaving the school". Strategies to address these issues

included having teachers check in with students during class time regarding their

comprehension or need for assistance as well as having youths attend the various

planning meetings between school staff and caregivers. It appeared that the intention of

these efforts were to become more familiar, build positive and supportive relationships

between crown wards and school staff, with a view towards encouraging the crown ward

to be comfortable communicating with school staff given the assumption that when

crown wards lacked the social skills to articulate their concerns such resulted in

inappropriate behaviours.

There were few examples of the specific efforts in which workers engaged youths

directly to achieve goals regarding the development of appropriate social skills. In one

example the worker's documentation implied that they had engaged in direct clinical

practice with youths and remarked: "[Youth] puts up a protective front of aggressive

behaviours to create distance given the multiple changes in foster residence(s) [youth] has

encountered" and later referred to occasional , controlled and "safe" circumstances

wherein the same crown ward revealed an "authentic self" which included observations

of idiosyncratic qualities such as a "sense of humour...insight...and kindness". What is

missing from the documentation are the specific examples of humour, insight and

kindness which comprise the crown ward's authentic self as well as the worker directly

situating themselves into the document by detailing the kinds of exchanges and setting in

which such discussion and counseling occurred.

To support a transition to independence, a crown ward's social skills were assessed and developed through participation in social settings such as recreational activities and school placements. All planning documents included goals such as "[Youth] with participate in extracurricular [or recreational, athletic] activities of their choosing" and explained the importance of such as being conducive to supporting other goals intended to "maintain a healthy lifestyle", "develop social skills", "develop problem solving skills in social settings" and "building self-esteem".

Youth involvement in planning related to development of social skills was relatively limited. Regardless of whether workers defined social skills, behaviours, or emotional regulation as inappropriate or appropriate the written content of recording documents exclusively provided the worker's description and assessment. There were only two cases found where the youth appeared to be involved in social skills planning. The first case is detailed above where a crown ward learned to articulate her thoughts and feelings with foster parents and the second case is summed up by the worker's following remarks: "[Youth] is trying to find other strategies to deal with their anger". These two cases represent active crown ward involvement in planning as well as changing conditions to the youth's social skills and the youth agreeing with the worker's assessment.

A crown ward's transition to adulthood and independence was facilitated by workers in the form of developing, documenting and assessing the progress of various

goals, and by caregivers through direct daily strategies and interventions to support

crown wards to develop appropriate social skills. Appropriate social skills broadly

referred to a range of social and behavioural characteristics which were perceived as

being normative and conducive to aiding the crown ward in achieving successful

independence. For example, where a goal stated "[youth] will develop age-appropriate

social skills" the worker's evaluation of such included the following remarks:

> "[youth] shows insight into [his or her] parent's difficulties however
>
> is no longer judgemental or belittling of their issues as a result
>
> [Youth's] interactions with others is respectful and [he or she] is
>
> more aware of other's feelings and positions".

It appeared that the worker felt that when crown wards developed social skills

such as being non-judgemental, for example, they were more likely to experience positive

outcomes such as as those detailed in the following quote:

> "[youth] appears to be getting a handle on what kind of adult [he or
>
> she] wants to be and what [he or she] wants [his or her] future to
>
> look like. [Youth] is intelligent and will be able to achieve their
>
> goals of attending post-secondary education".

In this example the worker is making a connection between the youth's ability to

come to terms with the biological parents' limitations and difficulties, of which the crown

ward appears to have been judgemental and critical, and the youth's ability to extend such

elements into other relationships with social outcomes assessed as positive. The worker

makes another connection between the youth's ability to reconcile their perception of

parents, develop positive social relationships with others and to being intelligent, capable

of developing plans which the worker supports and being able to achieve said plans.

Additional examples of how workers described the appearance of appropriate social

skills included: "[youth] is able to maintain personal hygiene", "[youth] takes pride in

their appearance", and "[youth] is able to navigate and resist negative peer pressures".

Social skills deemed inappropriate were conceptualized as a risk factor preventing

a successful transition to independence. Evaluation of goals such as "[Youth] will obtain

all of [his or her] grade 11 credits" and "[youth] will obtain a high school diploma"

included comments from workers which illustrated obstacles of attaining such when

social skills were not viewed as appropriate. For example, a worker noted

> "when [youth] has a behavioural episode [at school or home]
>
> [youth] will become immature, hide and not talk. [Youth] also has
>
> severe temper tantrums about doing homework and has been taken
>
> to [emergency hospital services] for threats of harming [him or
>
> herself and others]".

Though the worker is implying that the youth's temper tantrums, threats of

harming him or herself and others, and 'immature' behaviours are not conducive to

attaining goals such as educational qualifications, what is missing is the specific context which speaks to the behaviours and the events leading up to such an event. Use of the term 'immature' implies that the youth is regressing developmentally however such is not conceptualized by including the crown ward's account of events.

Both of the preceding examples highlight a connection which workers perceive between appropriate social skills and attaining educational goals. Where social skills were considered to be inappropriate, such was most typically comprehended by workers as caused by the youth having feelings of anxiety as exemplified by the following worker's statements: "[Youth] will resort to inappropriate behaviours when overwhelmed with anxiety and anger, and needs much support to come down from it". The "support to come down from it" in this and comparable cases included goals such as: "[Youth] will develop coping skills", "[Youth] will be supported to manage anxiety in new situations", "[Youth] will learn to control anger and not lash out physically or verbally", and "[Youth] will be supported by implementing strategies provided by collateral supports". Collateral supports included therapists, psychiatrists, doctors, social workers and counselors. Goals intended to address anxiety were conceptualized as supportive to the development of appropriate social skills however lacked specific contextual examples of scenarios which resulted in the youth feeling anxious and of the specific behaviours which were assessed as needing to change. Additionally, the crown ward's account is included minimally.

Workers appear to be assuming that behaviours such as skipping classes were a

form of inappropriate coping mechanism often the result of the youth's limited ability to express their thoughts and feelings about a situation. This assumption is reflected in goals with stated purposes of increasing the youth's ability to 'voice' themselves, 'improve attitude' and 'ask for help'. The workers appeared to assume that in such situations the crown ward was unable to articulate their thoughts and make a coherent connection to their behaviours. Workers appear to be assuming that the social skills necessary to express thoughts and feelings are conducive to longer term goals of attaining an education if only in the way of reducing truancy as these examples indicate. There is also an assumption that acquiring an education is pivotal to the youth having a sustainable independent life as an adult.

Obtaining instrumental skills. Planning for a crown ward's independence and transition to adulthood included efforts to obtain academic credentials. Planning and goals related to acquiring an education were divided among development and use of appropriate social skills, and practical strategies to meet educational course expectations. Ken Moffat's (1999) understanding of independence is that of participation in the waged labour economy. It appeared that a secondary outcome of developing appropriate social attributes was to support the youth's academic success and eligibility for employment. Obtaining or being prepared to obtain employment was a significant objective in planning for crown wards which often tied into educational goals and reflected some input from the crown ward.

Educational goals tended to be highly consistent among planning documents and spoke to intentions of the youth obtaining a high school diploma. Goals included: "maintaining academic success", "passing the current year", and "having educational needs met". These goals were supported through various strategies such as planning and assessment on the school's behalf. Schools appeared to have modified the curriculum and work load for specific students in accordance with the outcomes of psychological-educational assessments completed by the school board's psychologist. Recommendations from this assessment were handed down in the form of an Individual Education Plan (IEP) which issued specific directions to teaching staff regarding how to modify a student's work and assignments.

Crown wards were further supported to attain educational qualifications through efforts made by their caregivers. Goals related to education included tasks such as: "foster parent will monitor homework completion", "[youth] will complete one hour of homework per day", "[youth] will attend all classes". The following quotes provided by workers reflect the crown wards' views and indicate the level of crown ward's contribution to educational planning; such involvement was limited to discussion of the youth's academic and career plans, examples included: "long term goals include graduating from high school and becoming a [occupation]"; "[Youth] would like to attend post-secondary education"; "[Youth] would like a career as a [job]...since attending cooperative education courses"; [Youth's] long term goal is to graduate high school and attend a training program"; "[Youth] would like to graduate high school and go to post-

secondary school to become a police officer"; and "[Youth] would like to graduate from high school and go to post-secondary but does not know which program".

It appears as though workers and crown wards shared an understanding of completing high school education as a means of attaining employment and therefore developed goals and planning to support such outcomes.

The two most common goals found among nearly all self-care skills sections of planning documents in this study were 1) to "develop age appropriate life skills", and 2) to "develop financial literacy". At the 15-17 year age range of youths in this study, age appropriate self-care skills referred to one's ability to bathe and maintain personal hygiene, cook and prepare a healthy diet, grocery shop on a specified budget, and to do housekeeping and laundry. Workers and caregivers supported crown wards with tasks such as obtaining passports, health cards, social insurance numbers, and driver's licenses, opening bank accounts, making resumes and applying for work.

Financial literacy referred to the youth's ability to save a portion of their weekly allowances and meet eligibility criteria for transitional funding available at age 18. The intention of such funding is to support crown wards transition to independent living. In order to have the funds released, youths are required to complete a financial literacy assessment with workers which includes questions and information about pay-day loans, overdraft, interest charges, credit cards, investing risks, price comparing, tax and income deductions and types of bank accounts. It appeared that most of this information was

missing from planning documents or handled shortly before the youth's 18th birthday.

Planning documents with goals such as those indicating the crown ward's interest in attending post-secondary education and obtaining a specific occupation were more likely to include comments from workers indicating that age appropriate social and instrumental skills had been obtained. In these cases it appeared as though workers assumed that the concrete aspects of planning to support crown wards beyond age 18 and into adulthood, such as where they will reside and eventually obtain an income from, premised on attending a post-secondary educational facility.

In cases where workers did not indicate that appropriate social and instrumental skills had been attained, the worker's narrative responses to questions about the crown ward's long term plans appeared not to include reference to education, suggested less active involvement of the crown ward in developing a plan and were generally less detailed, examples included: "youth would like to remain in the current placement until [youth] turns 18"; and "[youth] wants to return to the care of [family of origin]"; "Provide [youth] with a supportive environment where [youth] can obtain the necessary skills to become an adult"; "Provide [youth] with a supportive environment where [youth] can acquire some skills towards independence"; and "[Youth] will develop into adulthood".

The planning documents did not include any written account speaking to a connection between acquisition of social skills and the development of detailed future

plans including post-secondary education and/or employment. The documents implied that by acquiring 'appropriate' social skills one was more likely and better prepared to gain entry to post-secondary education and therefore obtain future employment.

In summary, the documents revealed that planning efforts to prepare crown wards for independence included the following efforts: workers and youths engaging in direct discussion pertaining to planning visitations with members of the family of origin which also served as a means of assessing the extent to which family members may support the case plans; work to aid the youth in developing social skills and; work to aid the youth in developing instrumental skills and educational qualifications. Notwithstanding these findings, there appeared to be missing information. Specific definitions of supports provided to crown wards and the efforts made by workers to facilitate achievement of goals were not included. There appeared to be little involvement of the youth in general planning processes given that the youth's voice and specific details of the discussions between workers and crown wards were not present. Further, contextual examples of various scenarios were not included.

Discussion and Conclusion

Service Models and Planning

The logic behind prevention models appeared imbedded within the planning documents used in this study however it was not clear if this was intended. Goals in planning documents spoke to educational attainment, stable placements, and positive relationships with adult caregivers, and employment. Though the literature shows these factors to protect against risks such as drug use, mental health problems, eating disorders, teenaged pregnancy and unemployment (Mallon, 2007), there was not an explicitly stated intention of goals to prevent these risks. Review of the planning documents and goals implies that workers were trying to prevent crown wards from: failing academically; having an uncritical view of their family of origin; entering into or having unrealistic expectations of relationships which cannot meet their emotional needs (Winter, 2009); being dependent on others for housing and instrumental supports in adulthood; and lacking the social skills considered appropriate or normative in contemporary society.

Only the worker's voice was observable in the planning documents used in this study which appeared consistent with prevention models wherein the service providers hold exclusive power to define the problem and intervention (Small and Memmo, 2004). Inclusion of other voices such as the crown ward, biological family members, and other professions was limited to the worker's paraphrase and interpretation.

While it appeared that planning documents strove to support the development of resilient qualities in crown wards, the resilience model per se as discussed by Ungar (2005) had limited application. The extent of resilience-like planning in the documentation was limited to individualistic factors and lacked a systemic or macro level application as Ungar (2005) details. These approaches focused on supporting the individual to adjust to the environment rather than engaging in a systemic approach which would address issues such as access to social services, generational impacts of child maltreatment and poverty for example. The form of resilience conceptualized of in planning documents focused on developing the outcomes referred to as resilience in an approach like Ungar's (2005) however did not necessarily take into account the lacking environmental resources which contribute to such resilience. Independence planning focused on developing survival skills in the youth but not on factors around the youth such as housing and ongoing caregiving.

The model of resiliency apparent in this study bares much in common with the historical models of child welfare intervention which were concerned with preventing juvenile delinquency (Thomas, 1959). The historical approach resembles the present model in that children are removed from environments perceived as posing risk, and intervention efforts are aimed at cultivating the desired outcomes in children by focusing on individual factors and not the environments from which they came.

The kind of service models utilized by Child Welfare agencies runs counter to

fully subscribing to the resilience model described by Ungar (2005) which states that "resilience is also dependent upon structural conditions, relationships and access to social justice". Child welfare agencies are in fact part of the macro system and fail to recognize their role as such when their conceptualization of resilience service models entails an exclusive focus on the individual in trying to cultivate outcomes which are the result of systemic factors.

In general, the findings of this study appear consistent with the content of literature discussed. The crown wards in this study should be viewed as lacking participation in general clinical planning as well as residential permanency planning (Fox and Berrick, 2007). Other than in cases where crown wards had the opportunity to attend post-secondary educational settings, most crown ward's permanency plans extended only to their 18th birthday. Also, the ongoing relationship with former CAS caregivers in a crown ward's adulthood, which Biehal (2009), Mallon (2007), Munro (2009) and Winter (2009) stated is important to developing independence, was not discussed. This was primarily due to the fact that the crown wards in this study remained in the residences of CAS caregivers given their 15-17 year age however planning to support the youth to remain in contact with caregivers upon reaching independence was not included in planning documents.

Themes such as lack of voice as detailed by Munro (2001), Bell (2001), Cashmore (2002), My Real Life Book (2012), Fox and Berrick (2007), McLoed (2006),

Bessel (2010), Winter, (2009), and Mitchell et al (2010) appeared present in this study in the way that the only voice contained in the planning document was that of the assigned CAS worker. However, contrary to the critique of Roose et al. (2009) it appears that crown wards may have been able to recognize themselves in the documentation used for this study, should they view the whole document, given the relatively higher amount of idiosyncratic information contained in planning documents than in Clowes-Chisholm's (2013) findings.

The possible reasons as to why crown wards in this research may be able to recognize themselves in planning documentation relates to their age and length of working relationship with workers. The same kind of planning documents were used in both this study and Clowes-Chisholm's (2013) however the age range of the latter were 12 years and younger whereas in this study the crown wards were aged 15-17. Perhaps the findings in my research exist because older children are developmentally better able to self-advocate and articulate their needs to workers which were then captured in planning documents. Indeed, Erik Erikson (in Burk, 2005) observes that children begin to form a sense of personal identity primarily during the adolescent and emerging adult phases which may speak to an adolescent attributing importance to expressing him or herself. Additionally, the older group of crown wards may have had the opportunity to form longer term relationships with their worker. A longer term relationship and accompanying rapport may have affected the amount of personal characteristics present in planning documents which would serve to differentiate individual planning documents

from others. Notwithstanding that crown wards may be able to recognize themselves in

planning documents and that each planning document could be easily differentiated from

others, crown wards still appeared not to have a voice in the planning document.

Crown ward involvement in terms of planning for access visitation appeared to

serve dual purposes. In contrast to Cashmore's (2009) findings that children in care are

left out of and ask for more involvement in planning for access visitations with their

families of origin, my findings suggest that this group of crown ward youths were

afforded an active role in developing plans for visitations with families of origin. This

kind of involvement in planning appears to be a primary means for workers and crown

wards to engage in direct collaborative planning. Secondly, when crown wards were

documented as expressing a wish to return to the residential care of their biological

parents, workers were able to engage in more of the kind of planning to support such

plans as detailed by Wade et al., (2010) which focused on addressing and evaluating the

original concerns resulting in the child being placed in Child Welfare care. As a result of

contacts between workers and biological family members, workers were able to assess

the extent to which family members may contribute to or further case planning.

Consistent with Sakamoto and Pinter (2005), it appears that the varying forms of

oppression and discrimination which crown wards may have faced throughout their lives

is overlooked within Child Welfare service models. The crown wards in this study should

be understood in terms of having encountered far greater degrees of adversity than is

considered typical within the general population and yet are supported to respond to the effects of systemic forces such as poverty and racism in ways which conceptualize such issues as individual problems (Feduniw, 2009; Stein, 2006; Wade and Dixon, 2006). Behaviours which could alternatively be interpreted as the outcome of such adversities are conceptualized in documentation with limited contextual understanding and tend to focus responsibility for change and reform upon the crown ward (Waldock, 2007).

Freud (1999) states that normality is highly context-dependent and that "abnormal" behaviours may therefore be considered "normal" when situated in context. Worker's use of the term "appropriate" in their clinical assessment similarly served to situate a crown ward's behaviours as normal or 'appropriate' given the context. This finding is consistent with Feduniw's (2009) recommendation that 'negative' behaviours be viewed as predictable or typical given a particular youth's history. Assessment of appropriateness provided greater contextual understanding to the results of standardized tools with a view towards more robust planning. However, the significant presence of standardized assessment tools placed the work carried out by crown ward workers at risk of simply prescribing specific definitions of correct and proper behaviour at the cost of opportunities to practice clinical assessment (Knowles, 1996). Through assessment of appropriateness of any particular goal, workers were able to situate themselves as a knowledgeable authority in the process of assessment, evaluation and planning for crown wards.

Managerialism: Powerlessness, Stigma and Lack Of Voice

While social construction of normativity represents an "uncertain [and] shifting boundary" (Freud, 1999) constructed through exchanges between CAS workers and crown wards, it is important to note that the work carried out by Child Welfare agencies is heavily influenced by theories which necessarily have "political shadows" (Freud, 1999) beyond the realm of clinical practice. There is a general tension between the values of social work as reflected in the code of ethics and those of the general public as represented by elected officials (Freud, 1999).

Work carried out by CAS workers pertaining to crown wards appears to be mainly driven by the expectation to complete standardized procedures. The exchanges between crown wards and CAS workers are mediated by assessments primarily derived from standardized clinical tools, the use of which crowds out a practitioner's ability to interpret clinical data and formulate case specific planning. Such an intense focus on the use of standardized assessments is influenced by policies issued by the Ministry of Child and Youth Services and serves to constrain a worker's ability to: write assessments which identify specific definitions of terminology used; identify contextual considerations; engage in systemic analysis; and include the crown ward's voice in planning processes. As a means of assessment, the AAR/OnLAC is a major factor which contributes to these issues.

By completing the OnLAC. The Assessment and Action Record (AAR)/OnLAC

is a quantitative survey produced by the University of Ottawa in partnership with the

MCYS, consisting of up to 30 double-sided pages asking multiple choice questions.

Many crown wards and CAS staff perceive the AAR/OnLAC as mandatory and are

unaware that their participation in the survey may be declined (Brade, 2011). The

AAR/OnLAC has a stated intention of enriching the plan of care (Garrett, 1999) however

poses many issues for the work done with crown wards such as an expectation to do more

with fewer resources (Hogget, 1996; Know-Haly, 2010). The expectations of MCYS

audit that AARs/OnLACs be completed within annual timelines and that it's findings be

included in planning documentation should also be understood in managerialist terms.

Such an expectation is an example of work standardization as detailed by Tsui and

Cheung (2004) and Biehal et al., (2009) in that such a sizeable document necessarily

crowds out opportunities for CAS workers and crown wards to have discussions about

issues which arise from each party's individual and independent assessment. These

expectations further highlight Munro's (2004) observation that the style of audit in social

work has shifted from peer review-like processes to something out of touch with the

social work agenda given that the audit is increasingly focused on quantifiable data and is

displacing the worker's opportunity to exercise clinical assessment. The way in which the

AAR serves to standardize the work carried out by CAS workers appears to reflect what

Winter (2009) observed as a growing distrust of social services given that workers are

essentially provided scripts by which to carry out their work.

Having to do bureaucratic work which appears to offer little benefit to the crown

ward and reduces direct clinical practice is a direct threat to the quality of planning for

the youth's future as well as to the social work profession. Because the AAR/OnLAC

document is highly standardized results in data to be used for planning purposes which

does not necessarily reflect the reality of a particular crown ward's life circumstances.

Further, the use of such data in planning documents serves to crowd out opportunities to

include information which is directly meaningful to the crown ward and to displace the

direct contacts with CAS staff which have been identified as most important by service

users (Winter, 2009; My Real Life Book, 2012).

Many youth felt forced to participate in completing this document believing it was

mandatory, and did not enjoy nor feel benefit from participation in it given that it did not

adequately reflect responses from each youth in a personalized way (Brade, 2011). Roose

et al., (2009) raise concern with the quality of content in clinical documents prepared in

such a manner where youth input is minimal and ask whether youth in care would

recognize themselves within such documents. Brade's (2011) findings are consistent with

my experience of working with crown wards regarding completion of the AAR in that the

results were generic and indistinguishable from those of another crown ward, while

displacing opportunities to document information which had more meaning to the crown

ward.

In the plan of care. The annual crown ward review involves representatives of

the MCYS auditing the files, primarily the plan of care document, of crown wards aged

17 years or younger for various compliance measures over a two week period. Upon careful inspection of the information contained in various check boxes indicating the completion date of previous planning documents and other tasks, it could be seen that the expectations of auditors change from year to year which highlights an important aspect of the work: that it is directed by the expectations put in place by external auditing mechanisms.

Some of the most generic goals which remained in place over many years and contributed to what Alasuutari and Kirsti (2007) call the "Neoliberal Child" were the goals which spoke directly to the demands of audit such of attending annual medical, dental and optometry exams and expectations on workers and caregivers to file and supply various documents confirming attendance at said appointments. This aspect of planning suggested little to no involvement of the crown ward, reflected none of their voice or views and was defined in objective terms set out by the previous year's audit. Achievement of these goals was determined by the date on which the child was seen by other professionals and by the submission of various documents.

The crown ward's life appeared fragmented within planning documents by having many distinct and separate assessment and planning categories. The volume of writing alone made it obvious that workers spent a great deal of time and effort composing the documents as the distinct categories made it necessary to repeat information in order to explain various life events and planning. While workers appeared to have a clear

understanding of the categories being interwoven and overlapping, the plan of care

document appears not to.

Answering multiple choice questions. Use of multiple choice questions in

planning documents should be understood in terms of managerialism such as work

standardization with a view towards facilitating management oversight for the purposes

of auditing (Tsui and Cheung, 2004; Biehal et al., 2009). Multiple choice and computer

generated selections for evaluating a crown ward's functioning in any domain resulted in

limited, overlapping and fragmented information; at best, pre-set selections could act as

prompts for the worker to elaborate on a particular aspect of the crown ward's life or

planning. At worst, they appeared to confine the range of workers' written assessment.

This appeared to have the effect of providing highly standardized information which

seemed relatively meaningless. The quality of information when elaborated upon was

undoubtedly superior to a multiple choice selection exclusively, but was not necessarily a

reflection of what workers independently assessed to be relevant.

Funding. The Plan of Care document is heavily influenced by the OnLAC model

(Clowes-Chisholm, 2013) which views education as a significant factor determining the

quality of crown ward's lives after being in care (Lamay and Ghazel, 2007). The intense

focus on education appears unmatched by and out of step with the relative lack of

resources invested in CASs to carry out the work necessary to support crown wards to

attain an education. On October 1 2013, the MCYS announced many new supports

available to crown wards to assist with educational attainment including: a monthly living allowance; the Living and Learning Grant to former crown wards attending post-secondary education beyond age 21; youth-in-transition workers; a savings account with $100.83 contributed monthly from ages 15-17; RESPs; tuition grants; application fee reimbursement; campus tours; and other resources (See Ministry, 2013).

These financial supports are of use to those former crown wards attending post-secondary schools however do not adequately support the provision of services such as residential stability, coordinated planning between schools and child welfare agencies, and resolving emotional issues detailed by Biehal et al. (2009), Berridge (2009), Stein (2006), Wade et al. (2010)., Mallon (2007) which are conducive to aiding youths to gain entry to post-secondary schools.

Clinical assessments. Tension is created when workers are expected to document the existence of a crown ward, of whom they are very familiar and knowledgeable, in a compartmentalized form for auditing purposes. Workers know crown wards as individual persons yet much of this information is lost or has little space within the planning documents; information which spanned planning categories was difficult to capture. Perhaps it was for this reason that an additional assessment category was added to the planning document: clinical assessment.

Having spent many hours evaluating planning documents for this research and coming to realize that worker's independent clinical assessment is either missing,

marginalized or reduced, it was noteworthy to see the majority of "clinical assessment" sections left blank.

It appears that use of clinical assessment was to some extent able to mitigate the concerning themes detailed by Clowes-Chisholm's (2013) such as (a) standardized children in written documentation; (b) generic goals; (c) limited information from multiple choice evaluation tools; and (d) silenced workers. To make the practice of writing clinical assessments optional appears to reflect the neoliberal preoccupation with managerialist aims. When combined with expectations to write extensively about matters conducive primarily to auditing and resulting from standardized assessment, the option to write additional volumes of information provides what appears to be a major disincentive and therefore lacking opportunity for workers to practice clinical assessment knowing that there is no recognition, expectation, review, evaluation or value for such provided through audit. The clinical assessment category appeared neglected and undervalued not by workers but by audit processes and ministry expectations.

Clowes-Chisholm's (2013) final point was that workers voices were silenced. The worker's voices were not completely silent in the planning documents used in this research but were quiet and often drowned out by louder voices such as those of MCYS audit expectations. Though the categories in planning documents were pre-set and not necessarily the criteria by which workers would have independently organized an assessment of crown wards, workers were able to include their clinical assessment in

terms of evaluating (a) appropriateness of behaviours; (b) emotional regulation or disturbance; (c) interactions with peers, caregivers, or biological family; and (d) the youth's ability to learn and acquire instrumental skills.

The ability to produce a POC which not only satisfies MCYS expectations but also contains meaningful idiosyncratic information, the youth's voice, and contextual examples is determined by the worker's ability to access the time necessary to include such "extra" information. The word extra is used here to reflect that such information is not required by MCYS audit. Therefore significant tension is present when workers are expected to complete POCs while meeting the many other time lines characteristic of work in child welfare, and yet feel compelled to include the quality written content which speaks to the reality of a particular crown ward's life. The nature of working relationships with crown wards is relatively long term compared to investigation and intervention work in child welfare. The reality of such work is for workers to become intimately familiar with crown wards and for some form of professional relationship and rapport to develop. An ability to intertwine professional rapport and specific personal information into the goal setting, evaluation and clinical assessment sections is not expected by audit standards.

In addition to a limited and individualized view of crown wards there appeared to be bureaucratic factors resulting in the crown ward and worker being silenced and marginalized. These factors are beyond the specifics of case management and should be

thought of as preparations for audits carried out by the Ministry of Child and Youth

Services and influenced by a contemporary neoliberal political climate responsible for

increased managerialism in social services (Biehal, 2009).

Planning documents made it apparent that a significant volume of work is carried

out which does not originate from clinical planning but from external expectations issued

by the MCYS serving the purpose of auditing. These efforts did not reflect planning to

support crown wards to attain independence. The effect of these factors was consistent

with Gupta and Blewett's (2007) findings that increased requirements to complete

documentation served to lessen the time and quality of contacts between CAS workers

and crown wards.

Limitations

This study utilized 15 planning documents which were all obtained from one CAS

in Ontario. Comparison between documents from multiple agencies or over longitudinal

time frames did not occur. The data used for this research premised exclusively on the

written accounts provided by the workers who completed the planning documents.

Additional forms of data could have been collected through direct interviews with crown

wards, former crown wards and Child Welfare staff. These data may have been able to

speak to the workers' direct accounts of why certain kinds of information was missing

from planning documents. Additionally, interviews with crown wards or former crown

wards may have been able to speak to the child's experience of residing in Child Welfare

and their views of the planning processes.

Implications

The AAR/OnLAC document and expectations regarding completion need to be modified. The way in which the AAR/OnLAC document is structured and utilized in child welfare settings appears to be a major factor resulting in planning documents lacking the youth's voice, contextual understanding, specific definitions and independence plans. The modifications required of OnLAC procedures ought to alter the document so as to: highlight the ways that information provided in documentation is contextualized; allow for definitions of terms to be included; encourage inclusion of the crown ward's voice in the documentation; increase the attention paid to long term and independence planning in accordance with the crown ward's views; and make the document shorter and more user-friendly.

Managers of Child Welfare agencies need to understand the importance of such modifications to the OnLAC process and document in terms of making it more useful and beneficial to workers and crown wards. With increased attention paid to the voices of crown wards in Child Welfare care there is a better likelihood of developing attainable plans which reflect the abilities and interests of crown wards. An increased and earlier focus on planning for independent living in adulthood within OnLAC documents would better serve to facilitate positive outcomes for crown wards transitioning to independence upon reaching adulthood. These changes may also have the effect of reducing overtime

payments and streamlining the processes of completing planning documents and

AARs/OnLACs by more closely aligning their respective aims.

The importance of social work skills is highlighted in the written narratives

regarding visitation planning. The planning documents for crown wards are not asking

CAS workers to focus on families, nevertheless, workers appear to be engaging with

families particularly for planning for visitation. The implication therefore is that it may be

useful for the OnLAC to encourage workers to provide more qualitative information

regarding the crown ward and the family of origin. The OnLAC focuses primarily on the

individual crown ward and insufficient space is provided for workers to discuss their

involvement with families. Discussions between workers and crown wards about

contacts and relationships with the crown ward's family of origin seems to be one of few

spaces in the working relationship where youths are able to engage in meaningful work

with their staff. Given that the goals of access, such as resolving emotional tensions and

developing a sustainable relationship with biological parents, served to pave the way for

longer term goal setting, such as educational attainment and emotional security, the social

work relationship needs to be protected and fostered by the bureaucratic system involved

in child welfare. This kind of work however is excluded as criteria for auditing and

potentially faces the risk of being marginalized like other qualitative aspects of social

work in Child Welfare.

Planning and work with crown wards' families of origin needs to be a protected

domain within work in Child Welfare because of the high likelihood of crown wards to return to the family of origin and for the relationship between crown ward and biological parent to change as the child matures and life circumstances change.

In cases where crown wards were not attending postsecondary schools residential options were limited. With few articulated plans to support housing needs beyond the age of 18, crown wards are placed at risk of entering into precarious and detrimental living arrangements. It appears that little attention is paid to such planning given the relatively intense focus on quantifiable measures such as AAR/OnLAC completion dates, annual medical exams and the presence of AAR/OnLAC data in planning documents.

The targeted financial supports for crown wards obtaining post-secondary education detailed by the MCYS (2013) serves to further draw attention away from the intensive clinical case work necessary to support a crown ward's eligibility for admission to postsecondary education. The exclusive focus on financial supports for crown wards implies that financial concerns are the only or primary barrier preventing crown wards from entering post-secondary education. Meanwhile, it appears that the MCYS is providing less support to Child Welfare practitioners to engage in the work necessary to address the crown wards psychological and emotional needs which may affect their eligibility for admission to postsecondary education.

It appears that the current political climate surrounding social work in child welfare does not value social work skills as evidenced by the growing amount of

bureaucratic assessments which serve to crowd out the worker's and crown ward's voice

in planning and assessment. Without the crown ward's voice directly included in the

planning document, the actual statements expressed by crown wards are only ever known

to the assigned worker and are limited to the worker's interpretation. Standardized

assessment such as multiple choice questions and the AAR/OnLAC as well as the

relatively low priority which audit places on clinical assessment serves to constrain

worker's ability to independently organize case planning. The importance and value of

social work skills seems to be heightened in the face of increasing bureaucratic demands

given the shrinking range of opportunities to practice social work skills.

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