primer

"To accomplish great things, we must not only act, but also dream; not only plan, but also believe."

--Anatole France

Youth Presenters Training Manual

National Youth In Care Network

Primer: Youth Presenters Training Manual

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Author

Primer

Youth Presenters Training Manual

"Primer, an educational sensitivity and awareness presentation" for youth in care interveners is so much more than a presentation. This manual is a tool that will help your voice soar through the shared experiences of others into the consciousness of interveners and provide an opportunity for you to advocate for improved relationships and services.

This manual is your training tool and within these pages you will be provided with the presentation outline, content and tips on how to present your message. The key messages of the presentation are included as are the overheads and resources that will help you deliver a professional and tailored presentation to meet the needs of your community and your experiences.

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Preface

Project Team

At the time of writing (2006), the Primer Project Team was composed of the following staff.

Jordan Alderman, former Associate Director and original Primer Coordinator remains involved through contracted projects. She researched, wrote and delivered the pilot presentations with the support of the staff team, board members and volunteers.

Lynda Manser is the Executive Director of the National Youth In Care Network. For eight years, she has overseen the National Youth In Care Network and nurtured the projects and staff as they developed their voices and skills in advocating for education, support and services.

Yolanda Lambe Tapper is the Research Director at the National Youth In Care Network. She has worked tirelessly to bring the voices of youth in care to the pubic from a multitude of perspectives: youth advocate, academic researcher and staunch promoter of the rights of youth in care.

Andree Cazabon is by trade a filmmaker as well as a consultant with the National Youth In Care Network. As an advocate for youth voices issues such as drug dependence, homelessness, foster care and the criminal justice system, she creates space for the real stories of youth that reach a wide audience of practitioners and the general public.

Acknowledgements

To all of the young people who participated in, supported and promoted this project thank you. Specifically, thank you for trusting us with your stories and experiences. Thank you for trusting us with your time and energy as well as your dedication, commitment and enthusiasm for this project.

Kim Snow, Brian Raychaba, Jim Butler, Susan Reid-MacNevin, Holly Clark, National Youth In Care Network Board members and staff.

Who is this presentation for?

This presentation has been designed for the interveners in the lives of children and youth living in out of home care. Specifically: child & youth care workers, social workers, group home staff & operators, educators, police, probation officers, voluntary sector organizations, colleges, universities and public events.

Who should present this presentation?

Young people who live in out-of-home placement. Young people who live in out-of-home placement are the experts of their experiences and are best situated to enlighten interveners on the reality of growing up a "systems youth."

How long should this presentation take?

The entire presentation will take at an absolute minimum 2 ½ hours. Trying to present all of the Primer information in less than this time will not be effective at reaching your audience satisfactorily. This suggested time can, however, be lengthened considerably, especially if you choose to add stories from either the Primer Anthology or the DVD or you chose to show the videos, or your audience would benefit from discussion times after each step. In some cases, classes have chosen to explore one theme per class, effectively making the Primer training into an 8-week course.

Required Reading

Primer: An educational and sensitivity awareness module for current and prospective social workers. (Research Report) (2003) NYICN.

Primer Anthology: Sharing Our Stories To Make A Difference - A Compilation of Stories and Research. (2006) NYICN.

Primer: DVD Presentation. (2006) NYICN.

Chapter One: *Introduction*

The National Youth In Care Network exists to voice the opinions and concerns of youth in and from care and promote the improvement of services for them. We help our members find their voices and regain control over their lives through support, skill building, and healing opportunities.

We are the only national constituency-driven consumer-focused organization in the child welfare sector. We are the longest-running national child welfare organization in Canada, and the oldest national youth-directed organization in Canada.

Since 1985 we have conducted research, produced publications, worked on policy issues, advised child welfare professionals, and supported the development of over 70 provincial and community level youth in care networks in Canada. We provide social service programming in the areas of networking, advocacy and education.

Youth In Care Context in Canada

The Federal/Provincial/Territorial Working Group estimated in 2000 that there were 76, 000 young Canadians living in out of home placement. Huffman (2004) estimates that another 25, 000 young people are involved in the criminal justice and mental health systems. In a recent report by Anne Tweddle written for the Laidlaw Foundation she estimates there are 88,000 young people living in our of home care. Of this number 30-40% are First Nations/Aboriginal youth (FNCFCS). There are three times the numbers of First Nations children in state care than there were at the height of residential schools in the 1940's. (Blackstock, 2003).

Primer: The Project

There are three main goals for Primer
1. Increase sensitive and informed interactions between youth in care and interveners
2. Provide youth in and from care the opportunity for personal healing by sharing stories and educating others
3. Provide youth in and from care with skills that will assist them on the road to independence and emancipation from care.

Primer is a project that has been designed to teach professional interveners, those already working and those training to be in the field, how to be more sensitive to young people growing up in care.

The project is based on a series of consultations with young people in care from across Canada. Young people were asked to discuss the major challenges they experienced or witnessed as young people in the child welfare system. Furthermore, they were provided the opportunity to provide solutions and methods for their interveners both from a relationship development perspective and as advocates for the rights of youth. Finally, young people were asked what it is they needed to be better prepared for their emancipation from the "system".

The results of this consultation formed the basis of Primer, a sensitivity training program for professionals and students. Primer explores the five major challenges facing youth in care today (moving, leaving care, stigmatization, voice, and emotional healing), the "ideal" qualities and attitudes of interveners, and how to nurture resiliency, wellbeing and empowerment. Primer provides practical recommendations to enhance the quality of life of all youth in care.

Primer is a "speak-out" in that it brings together experts: young people in care join with professional caregivers to talk about this distinct experience. Primer, however, differs from other "speak-outs" in some very important ways. Traditional speak-outs incorporate the whole story including why young people have come into care. Primer does not. In Primer we focus on the experience of being in care and how this experience could be better for the next group of youth in care. Primer also offers very concrete ways that interveners in the field and those who are in school can change they way they interact with young people to make the care experience more positive. Primer includes both positive and negative experiences with interveners and/or others connected to the child welfare system.

Hopefully, by presenting a balanced message about what works and what doesn't, Primer will help workers be more attentive to the needs of young people. Primer provides an opportunity to hear first hand about experiences in the child welfare system but it also provides comments, insights and common themes faced by young people all across Canada.

The Power of Storytelling

Primer is also so much more than a presentation. The stories and experiences of youth in care have been captured to illustrate the incredible resilience and desire to survive, to make the system better and to educate all of those connected to the system. The value of Primer lies within the sharing of personal stories and experiences. Primer provides opportunities to reclaim personal stories and positively impact on the working relationships between youth in care and their professional caregivers. The stories and voices of youth presenters are validated through research.

Storytelling is one of the most powerful and effective communication tools we have. When youth in care reclaim their stories, we have the opportunity to not only take back control over our lives, but also change others and make a difference. And when we share

our stories with caregiving professionals and other interveners, we are sharing with them a real chance to experience what we experience, and to own up to their own responsibility to improving the system.

The final objective for Primer was to produce an anthology of personal stories and a DVD compilation of video stories from youth in care across Canada to accompany the Primer presentation. Both the anthology and DVD will be used in university classes, professional training programs, and foster parent trainings across Canada, for the purpose of sensitizing and educating caregiver professionals to better support youth in care. Both the anthology and DVD explore the major challenges faced by youth in the system explored through Primer (moving, leaving care, stigmatization, voice, and emotional healing) through the stories of youth themselves.

In keeping with the Primer tradition, the stories of youth in care were captured in an ethical and supportive manner. Issues such as emotional preparation and readiness, confidentiality, control over content, and consequences, etc. were addressed with the young person and their self-identified support person to ensure that the entire process was done in a healthy, supportive and ethical way.

Both the anthology and the DVD present both highlights from the original Primer research report, along with the stories written and/or recorded by youth in care that explore the themes originally identified. In almost all cases, the stories touch on more than one of the Primer themes, as these themes are not separate entities, but overriding components of life in care. For the most part, we have separated the stories into themes according to the most dominant focus. In some cases, we have split stories up into different themes. And in a couple instances, we have chosen to keep the story intact and outside of an individual theme area, as a holistic example of the ways these themes interact and play off each other within an individual's life. Both the anthology and the dvd are intended to be used as an accompanying tool in the Primer presentation, to show and/or read additional written/video stories during the quotes sections of the presentation.

Now is the time to start listening and acknowledging the impacts of personal relationships. Now is the time to incorporate the messages of youth in the system of what works and what doesn't work. Now is the time for collaboration.

Chapter Two: *Description and Structure of Training Manual*

Description

"Primer, an educational sensitivity and awareness presentation" for youth in care interveners is so much more than a presentation. This manual is a tool that will help your voice soar through the shared experiences of others into the consciousness of interveners and provide an opportunity for you to advocate for improved relationships and services.

This manual is your training tool and within these pages you will be provided with the presentation outline, content and tips on how to present your message. The key messages of the presentation are included as are the overheads and resources that will help you deliver a professional and tailored presentation to meet the needs of your community and your experiences.

The entire presentation will take at an absolute minimum 2 ½ hours. Trying to present all of the Primer information in less than this time will not be effective at reaching your audience satisfactorily. This suggested time can, however, be lengthened considerably, especially if you choose to add stories from either the Primer Anthology or the DVD or you chose to show the videos, or your audience would benefit from discussion times after each step. In some cases, classes have chosen to explore one theme per class, effectively making the Primer training into an 8-week course.

How To Use This Manual

The chapters in this manual have been designed with an introduction, description of the key themes, the learning outcome, review questions, resources, overheads, quotes as well as time and instruction techniques. The purpose of each of these sections and a brief explanation of how to use them are described below.

This is a step-by-step guide but can be modified to suit your needs or it can be presented as such.

Key Theme
This is your main point for each section of the presentation. The following is a breakdown of each theme and its order in the presentation:

CHAPTERS 3-7: **RESEARCH THEMES**	CHAPTER 8: **INTERVENER QUALITIES**	CHAPTER 9: **EMERGING TRENDS**	CHAPTER 10: **RESILIENCY AND EMPOWERMENT RECOMMENDATIONS**
Transiency	Attentive	Youth in Care Today	National Standards of Care
Leaving Care	Caring	Chemical Management	Protection for Youth 16-18
Stigma	Knowledgeable	Wards of the Crown	Emancipation at 24 as a minimum
Voice	Trustworthy		Education Plans
Emotional Healing	Available		Flexible funding as youth transition to interdependence
	Real		
	Flexible		

Learning Outcome
Participants in the presentation will become more familiar with each of the theme areas, intervener qualities, emerging trends and recommendations. They will leave the presentation aware of the issues faced by many young people in the child protection/foster care system. They will have examined how this relates to them as current and prospective interveners in a young person's life.

In each chapter the *Learning Outcome* is explicitly stated for each theme.

Review Questions
These are questions to help you practice the material. These may also be questions that your audience poses to you. Preparing and rehearsing your answers will help you achieve a smooth and professional presentation.

Resources
These are additional resources from the web or in print that you can suggest that the audience read, that you could read to improve the quality of your presentation.

Overheads
Each theme area will have a set of overheads that you can photocopy or create a Power Point presentation. A sample Power Point has been included for your convenience. (Appendix A)

Quotes
These will be a series of quotes from the youth who participated in the survey. Please feel free to add additional quotes and/or stories if you are comfortable doing so. These

quotes are for your convenience and are recommended for inclusion in the presentation. In addition to the quotes included in this manual, you are also encouraged to use stories from the Primer Anthology (written stories) and the Primer DVD (video stories). Both the anthology and DVD explore the major challenges faced by youth in the system explored through Primer (moving, leaving care, stigmatization, voice, and emotional healing) through the stories of youth themselves. How many of these additional stories you use will affect the length of your presentation, so you will need to include them based on the time available to you.

Time, Instructions & Equipment
A step-by-step breakdown of each theme and how it could be presented, including instruction method and an approximate time has been included. Time can be adjusted to be longer, if wanted, but shortening the approximate time runs the risk of not being able to teach as effectively. If you choose to add stories from either the Primer Anthology or the DVD, your time will need to lengthen from what is suggested below. Additionally, if you chose to show the videos, your time will need to be lengthened.

Equipment
Overhead Projector	or	Power Point Projector	&	TV/VCR
Overhead Screen		LCD Screen		

Co-Facilitator
It is recommended that you present in a team of up to 3 people. More than 3 people could be distracting for the audience, but up to 3 people can add a blend of experience and expertise highlighting the validity of the presentation and providing support before, during and after for each facilitator.

Adult Support
It is recommended that the team of facilitators be accompanied by an *Adult Support*. Adult support can be anyone who has had experience with presenting, with the issues and is respected and trusted by the team of facilitators.

Image Surveys
The Image Surveys have been used to collect information on the pre-and post- attitudes of interveners as a mechanism to gauge the effectiveness of our presentation. Overwhelmingly, interveners hold negative attitudes towards and about youth in care prior to the presentation. After the presentation, interveners leave with information about young people as people who also happen to have government intervention in their lives. The image surveys are collected and analyzed by the National Youth in Care Network on an-ongoing basis to be able to advocate for improved training and preparation for interveners. Participants should be informed that this information will be used as part of a research project, and if they consent to use of their information, please continue to submit these completed image surveys, together with a brief description of the audience

(social workers, students, foster parents, etc.), date and location to further this necessary research.

Presentation Outline

The following 12 steps of the presentation are described briefly below. These steps should be followed in order. Each step is explained further in the remaining chapters of this manual.

The times shown in brackets behind each step are the absolute minimum amount of time required. These times can be lengthened considerably, especially if you choose to add stories from either the Primer Anthology or the DVD or you chose to show the videos, or your audience would benefit from discussion times after each step. In some cases, classes have chosen to explore one theme per class, effectively making the Primer training into an 8-week course.

1. Image Surveys   = 5 minutes minimum   (Appendix B)
Time, Instructions & Equipment
(1) Hand out Image Survey before being introduced
(2) Instruct participants NOT to write their names on the paper
(3) Ask participants to write down in 3 words their "IMAGE" of a youth in care
(4) Have them set the paper aside
(5) After the presentation ask them to write down in 3 words their "IMAGE" of a youth in care on the back of the page
(6) Inform participants that this information will be used as part of a research project and if they consent to use of their information, they should turn their paper in to you

2. Introduction   = 10 minutes minimum
ɣ Introduce yourself, your co-presenter and your adult support
ɣ Explain what the National Youth In Care Network is and what they do
ɣ Show Coast 2 Coast Video (NYICN) if time permits
~Overhead A: National Youth In Care Network
~Overhead B: Overview of Youth In Care in Canada

3. Main Themes   = 40 minutes minimum (this will need to be longer if using additional stories from Primer Anthology or Primer DVD)
In this section you will highlight the 5 main themes as identified by youth in care as the most pressing issues.
ɣ Transiency (8 minutes)
~Overhead C
ɣ Leaving Care (8 minutes)

~Overhead D
ϒ Stigma (8 minutes)
ϒ ~Overhead E
ϒ Voice (8 minutes)
~Overhead F
ϒ Emotional Healing (8 minutes)
~Overhead G

4. Ideal Qualities of Interveners   = 10 minutes minimum
In this section you will highlight what the youth who were surveyed recommended as ideal qualities Interveners should possess.
ϒ Caring
ϒ Trustworthy
ϒ Attentive
ϒ Available
ϒ Real
ϒ Flexible
ϒ Knowledgeable
~ Overhead H

5. Emerging Trends   = 30 – 70 minutes minimum
In this section you will show selections of the video Wards of the Crown and discuss issues such as chemical and pharmaceutical management, abrupt termination of care and the consequences.
ϒ Chemical Management
~Overhead I
ϒ Wards of the Crown: Video
~Overhead J

6. Resilience and Empowerment   = 8 minutes minimum
In this section you will highlight key factors to increase a young person's resilience and strategies on how to empower youth to take ownership over their lives.
ϒ Resilience
~Overhead K
ϒ Empowerment
~Overhead L

7. Recommendations   = 12 minutes minimum
In this section you will highlight the strategies the National Youth In Care Network promotes that will improve the system for all children and youth.
ϒ National Standards of Care
ϒ Protection for youth 16-18
ϒ Extended Care and Maintenance Increased to 24
ϒ Flexible Funding as youth transition to independence
ϒ Education Plans

~Overhead M

8. Conclusion   = 2 minutes minimum
In this section you will wrap up the presentation and present the final messages.
(Appendix C)

9. Question and Answer Period   = 10 minutes minimum
If time permits, the participants may ask questions and discuss the issues.

10. Administer Image Survey again   = 3 minutes minimum
See instructions Image Survey Section

11. Distribute Evaluation Forms   = 5 minutes minimum
(Appendix D)

12. Debrief with co-presenters and support (after presentation that night or within 2 days)

Telling Your Story

The opportunity to present your story is your choice throughout this presentation. Highlighting examples with personal examples is a way to strengthen the presentation. As mentioned earlier, reclaiming your story is about reclaiming your voice. However, be cautious in what you share and how you share it. Remember you are not obligated to share and you can choose to share what you feel is important. As a general rule, this presentation has been designed to focus on the experiences of young people while in care, not before.

Recommended Reading

Speak the Truth in a Million Voices - It's Silence that Kills. (2004) NYICN.

Chapter Three: *Transiency*

Introduction

The youth who participated in the consultation coined the term "placement bouncing" for this phenomenon of constant moving from group home to group home or foster home to foster home.

The negative impact of moving too many times can be seen in the lack of stable personal relationships and the inability to trust. Without a stable home environment it is difficult to build stability in outside aspects of the Youth's life. According to the Casey Family Foundation, each time a youth in care moves, it set them back 6 months in school.

> *Each time a youth moves, he or she must readjust to a new foster family or group home setting. The move may also mean a readjustment to a new school or even a new school board. This can take away from the time and attention that they are able to focus on school, both academically and interpersonally.*
> *(p. 5, Who Will Teach Me To Learn)*

Youth should be moved as infrequently as possible. They should be moved to placements that have been assessed as appropriate for their personality and temperament. Social service providers need to work closely with youth to ensure that the placement is positive and in the best interests of the child. Not every placement is in the best interest of the child. It is the determination of the most appropriate moves that will make moving not so hard.

Key Theme

Explore the frequency that young people in foster care/group care move, types of placements and the effects.

Learning Outcome

Interveners will have a better understanding of what it means to move frequently and how that can be positive or negative depending on the preparation provided. This ties in with Voice as if you are part of the process the decisions are collaborative rather than adversarial.

Questions

(1) Explain why moving can have a negative impact on a young person's life
(2) Explain why moving might be a positive experience?

(3) Explain how interveners could make moving easier?
(4) What are other alternatives to moving?
(5) Describe types of placements?

Resources

Who Will Teach Me To Learn (2002) NYICN.
www.youthincare.ca

Casey Family Foundation
www.casey.org/Home

Primer Anthology: Sharing Our Stories To Make A Difference - A Compilation of
Stories and Research. (2006) NYICN.

Primer: DVD Presentation. (2006) NYICN.

Overhead

Overhead C

Quotes

"I think that the amount of times that we are forced to move is an issue."

"I'd say too much moving around."

"Instead of dealing with problems, they ship us from group home to group home."

Time, Instructions & Equipment

Time: 8 Minutes

Instructions:
(1) Explain Placement Bouncing/Moving
(2) Explain how the process of moving works
(3) Provide positive and negative examples of situations where youth in care were moved
(4) Provide quotes from youth who were surveyed
(5) Provide quotes from your perspective, network or your experience (only if comfortable doing so)

Equipment: Overhead Projector and Screen or LDC Projector and Power Point

Chapter Four: *Leaving Care*

Introduction

Transition age youth are those youth that are approaching or have passed the age of majority and must prepare for the transition to independence. Each province and territory has their own legislation governing the age range and benefits each young person can receive as well as their own rules regarding financial support for those who extend their care services for the purposes of achieving higher education. (See Appendix B, Child Welfare in Canada) Common terms around Canada for after care services include: extension of wardship, post guardianship services agreement, care and maintenance agreement, post majority services program, and extended care and maintenance (Child Welfare in Canada, Federal-Provincial Working Group on Child and Family Services Information).

The issues raised by the youth respondents in relation to "life-after care" center around financial and emotional support requirements.

> *A normally disruptive period in the lives of all young people is made even more disruptive for youth in the process of leaving care. All formal support networks are dismantled with termination of care: the result is added instability during a period of fast-paced changes. The young person must leave the group home or institution regardless of how long he/she has called it "home". Foster care is also terminated; the foster parents are no longer paid and the individual is very often asked, in fact expected, to leave as well. Without the financial assistance of children's aid society or social services, most foster parents are economically unable to maintain the fostered individual past the age of majority. (p. 54, To Be On Our Own)*

Youth who are at the age of majority without extended care and maintenance are symbolically and literally dumped out of the system. Many youth commented on their fears and anxieties over their futures with a lack of life skills and independence training. Also lacking financial and emotional support, the road can be long and winding. In fact being able to make it through high school to be able to consider post-secondary education or training is extremely difficult. A more long- term plan of financial and emotional support is needed. The educational needs of youth cannot be effectively separated from their personal and social needs. (p. 3, Who Will Teach Me To Learn?)

Key Theme

Explore the experiences of young people as they prepare for Independence or conversely, their forced exit from the care system.

Learning Outcome

Interveners will understand the process of moving out from care, the resources and services that exist or don't for young people as they prepare to leave.

Questions

(1) Explain the process of Transitioning from care?
(2) Discuss the difference between provinces emancipation ages: 18,19,20,21, etc.
(2) Explain interveners could make transitioning easier?
(3) What are the alternatives for young people who are transitioning?
(4) Are there programs available?

Resources

Child Welfare League of American
www.cwla.org/programs/fostercare/fostercaremonthnfyac.htm

Primer Anthology: Sharing Our Stories To Make A Difference - A Compilation of Stories and Research. (2006) NYICN.

Primer: DVD Presentation. (2006) NYICN.

Overhead

Overhead D

Quotes

"A lot of issues. The main ones aren't to do with youth in care but what is going to happen to me after. So it is going to go-how am I going to make it, deal with this, without that support, without that extra well-being?"

"I'd have to say, transition period from leaving care. Another one is after you leave care you have nobody to depend on, there is no college fund set up, you don't have someone to fall back on when you fuck up and you have no where to go."

"Financial assistance with the extended care and trying to get through school and into some type of trade of profession. Like going to college, trying to figure out how you are going to get a job, what you are going to do after being in care."

"Pressure at 18 to leave care."

Time, Instructions & Equipment

Time: 8 Minutes

Instructions:
(1) Explain emancipation from Care
(2) Explain the services and resources that exist to help youth make the transition
(3) Provide positive and negative examples of situations of who have left the system
(4) Provide quotes from youth who were surveyed
(5) Provide quotes from your perspective, network or your experience (only if comfortable doing so)

Equipment: Overhead project and screen or LDC projector and Power Point

Chapter Five: *Stigma*

Introduction

The stigma attached to being a youth in care is an overriding concern for youth in care. They have already faced the challenge of being forced to leave their home because their home lives are disruptive and unhealthy for a multitude of reasons. Unfortunately for youth in care, the next challenge they face is trying to fit back into a society that asks them; "What did you do?" They are continually forced to the periphery of society due to further victimization, marginalization and criminalization.

Another recurrent comment made by youth in care during this consultation and other forums is the negative portrayal of them in their case files. The files do not necessarily portray an accurate overall picture of them. These records read like rap sheets with full documentation of negative behaviors and attitudes without the balance of their positive gains in school and other successes due to lack of time, problem-oriented processes, staff, risk assessment models of operation and being unaware of the negative impacts. The system as it stands records mostly negative behaviors and attitudes because its resources - time, finances, and people - are limited. However, the pictures presented in each case file are often skewed negatively as a result.

In addition, youth in care are further stigmatized by their inability, due to money issues or constraints of group home life, to participate in extracurricular activities, sleepovers and other activities many teens take for granted. This further marginalizes and separates youth in care from their peers.

Key Theme

"What did you do?" is a prevailing misconception about young people in care. The stigmatization by case files, peer groups and institutions is frustrating.

Learning Outcome

Interveners will understand that stigmatization is harmful and perpetuated by case files, public perception, funding for extracurricular activities or lack therefore, and it can be internalized by young people in care.

Questions

(1) Define stigma and how it affects a young person's life in out of home care.
(2) Why does society think young people in care have done something wrong?

(3) How would you like society to view young people in care?
(4) Define strategies on how interveners can address stigma?

Resources

Represent: The Voices of Youth In Care Magazine
www.teenwire.com/infocus/2005/if-20050401p097-represent.php

Primer Anthology: Sharing Our Stories To Make A Difference - A Compilation of Stories and Research. (2006) NYICN.

Primer: DVD Presentation. (2006) NYICN.

Overhead

Overhead E

Quotes

"I think sometimes the stigma of being in care: it's hard, it takes a lot of work and effort and good people to support youth"

"The way the public looks at youth in care: the public has a lot of stereotypes, they don't understand youth in care."

"Public opinion: the public needs to know that a youth in care is not a bad person, but just someone who has had a hard life and social workers need to have enough time to get to know youth and what they are going through."

Time, Instructions, Equipment

Time: 8 Minutes

Instructions:
(1) Explain what we mean by Stigma
(2) Provide examples of how society makes young people feel especially when they ask "What did you do? "
(3) Provide examples of situations where youth in care would face stigmatization
(4) Provide quotes from youth who were surveyed
(5) Provide quotes from your, perspective network or your experience (only if comfortable doing so)

Equipment: Overhead Projector and Screen or LDC Projector and Power Point

Chapter Six: *Voice*

Introduction

Youth in care feel that their voices are not being heard. The notion of having a voice and being heard is crucial to the development and empowerment of young people. There are different ways for youth in care to have a voice. Being involved in directing one's own life is the cornerstone of successful transition planning. Voice in plan of care was one of the main issues most youth in care identified. Youth in care want to be heard. As taken from the UN Convention on the Rights of the Child, article 12 states: "children and youth have a right to express their views on anything that affects them and for their views to be listened to." Provincial legislation decrees that youth beginning at age 12 are legal to participate in the design of their care and plan agreements. However, despite the legislation, the decisions and subsequent outcomes rarely reflect the needs, desires and input of a young person.

Key Theme

Young people need to be incorporated into the decision making process with onus over the course of their lives.

Learning Outcome

Interveners will know that youth in care have rights and these can be found within provincial legislation as well as the UN Convention on the Rights of the Child. They will understand that youth need to be involved in the decision making process.

Questions

(1) Why is it important for young people to be involved?
(2) What are positive outcomes for involving youth?
(3) Are there negative outcomes from involving youth?
(4) How would you include a young person in the decision-making process?
(5) How would you encourage interveners to include youth in the decision-making process?

Resources

ϓ Provincial Legislation
http://canada.gc.ca/
ϓ UN Convention on the Rights of the child

www.unhchr.ch/html/menu3/b/k2crc.htm

Primer Anthology: Sharing Our Stories To Make A Difference - A Compilation of Stories and Research. (2006) NYICN.

Primer: DVD Presentation. (2006) NYICN.

Overheads

Overhead E

Quotes

"My voice being heard."

"Not being understood, not being listened to, the main issue is that when we have an issue and we call our worker, it takes weeks to call back."

"You should be able to have some say in who is your guardian**."**

Time, Instructions & Equipment

Time: 8 Minutes

Instructions:
(1) Explain what is meant by "Voice". This means being involved in the decisions, having some say over the actions that are taken.
(2) Discuss examples of where Voice in decision-making is important
       * Plan of Care: placements, timelines, etc.
(3) Provide examples of situations where youth could provide their Voice
(4) Provide quotes from youth who were surveyed (Quotes)
(5) Provide quotes from your perspective, network or your experience (only if comfortable doing so)

Equipment: Overhead Projector/Screen or LCD Project and Power Point

Chapter Seven: *Emotional Healing*

Introduction

Youth indicated that while they were taken from their homes and placed in pseudo families they were not given appropriate access to healing resources. The issues that they have to deal with such as serious physical, emotional and sexual abuse are not erased because they are removed from the home. Youth in foster care and group home settings suffer punitive sanctions and/or medical restraint due to behaviors that spring from feelings such as anger, grief, fear, frustration, loneliness, low self-esteem. They are punished for acting up without an investigation as to why these behaviors are occurring. Youth are searching for services and resources to address emotional needs and these should be ready and available as soon as the youth asks for them, not waitlisted or pushed to the bottom of the pile.

Key Theme

Explore the concept of emotional healing and how young people in care cope, what types of resources exist and how their interveners can help them.

Learning Outcome

Interveners will understand the physical and psychological stressors youth in care may be facing and be educated on resources and strategies that can help them help youth.

Questions

(1) Explain why moving can have a negative impact on a young person's life
(2) Explain why moving might be a positive experience?
(3) Explain how interveners could make moving easier?
(4) What are other alternatives to moving?
(5) Describe types of placements?

Resources

Primer Anthology: Sharing Our Stories To Make A Difference - A Compilation of Stories and Research. (2006) NYICN.

Primer: DVD Presentation. (2006) NYICN.

Overhead

Overhead G

Quotes

"Another issue for youth in care is stress management and anger management, and I don't know - but we go through a lot of mixed emotions and mixed feelings, and getting proper management of those feelings so we can grow up healthy, is an issue."

"I'd say, depression, loneliness and low-self-esteem and healing from...I'd say overcoming past experiences."

"I think that issues of dealing with abuse of different sorts with youth in care. There is not enough support offered for that."

Time, Instructions & Equipment

Time: 8 Minutes

Instructions:
(1) Explain Emotional Healing from physical, psychological and
(2) Explain how the process of moving
(3) Provide positive and negative examples of situations where youth in care were moved
(4) Provide quotes from youth who were surveyed
(5) Provide quotes from your perspective, network or your experience (only if comfortable doing so)

Equipment: Overhead projector and screen or LDC projector and Power Point

Chapter Eight: *The Powerful Role of Interveners….*

Introduction

Youth were asked what specific changes their interveners/caregivers could make in order to improve the quality of relationships and care provided for them while they are growing up in the care system. Youth were realistic in their comments, recognizing the work that is being done and acknowledging the difficulties of working within a "system".

Qualities

Attentive
Caring
Knowledgeable
Trustworthy
Available
Real
Flexible

Key Theme
Examine the qualities that interveners should possess.

Learning Outcome
Interveners will be challenged to examine their existing style of interactions and reasons for becoming an intervener.

Questions
(1) What are the 7 qualities that were identified by the youth respondents?
(2) How can interveners improve their relationships?
(3) What should interveners do to engage with their clients/youth?

Resources
Primer Anthology: Sharing Our Stories To Make A Difference - A Compilation of Stories and Research. (2006) NYICN.

Primer: DVD Presentation. (2006) NYICN.

Overhead

Overhead H

Quotes

Takes time to get to know you, like personally, someone who genuinely cares, I think this is very important, but someone who lets you express yourself freely and encourages you to express yourself freely.

Caring, listens, sympathetic and empathetic, willing to put child's best interests above others and experience, tangible experience with actual system.

Supportive, it's important to be there when you need them.

Believes that children deserve to know why decisions are made for them and that children are allowed to be involved in decision making whenever possible

Trust, you know if you say something, they will not use it against you. Honesty, they let you know everything, and a friend, give you space and not always bugging you.

Additional Quotes
Appendix E

Time, Instructions & Equipment

Time: 10 Minutes

Instructions:
(1) Explain "Qualities of an Intervener"
(2) Explain each individual quality
(3) Provide positive and negative examples of intervener qualities
(4) Provide quotes from youth who were surveyed
(5) Provide quotes from your perspective, network or your experience (only if comfortable doing so)

Equipment: Overhead projector and screen or LCD projector and Power Point

Chapter Nine: *Current Trends*

Wards of the Crown

Introduction

Following the transition period of four young people in the Ottawa area who are leaving care, Andree Cazabon (filmmaker), captures the lived experiences examining the defining moments of each participants life.

Key Theme

Transitioning from care can be a lonely experience filled with uncertainty. The abrupt emancipation from care can have severe consequences such as street involvement and unsafe living arrangements.

Learning Outcome

Interveners will be provided the opportunity to view a clip of the movie and assess the common themes in the video and the Primer Survey. Interveners will be able to dialogue on strategies to help young people transition from care safely and in a timeframe that matches their preparation.

Questions

(1) What are the main themes explored in Wards of the Crown?
(2) How do these themes relate to the Primer Survey?
(3) How can interveners assist youth prepare for their transition?
(4) How can youth help prepare for their transition to independence?

Resources

Wards of the Crown Video

Overhead

Overhead I

Quotes

Time, Instructions & Equipment

Time: 20 Minutes – 60 minutes
        10 Minutes Video Clips (or 45 minute full video, depending on time)
        10 Minutes Discussion

Instructions:
(1) Explain the movie and who Andree Cazabon is (Appendix C)
(2) Screen a portion of the movie (10 minutes) or the whole movie (45 minutes)
(3) Provide positive and negative examples of transitions from care
(4) Questions and answers from the audience
(5) Provide quotes from your perspective, network or your experience (only if comfortable doing so)

Equipment: TV/VCR and an overhead projector/screen or LCD Projector/Power Point

Chemical Management

Introduction

Young people are increasingly being introduced to pharmaceutical and chemical management within their institutions. While the pilot sample size was very small (n=7), the information gathered from the interviewees coupled with the twenty youths attending Summer Camp 2004 sensitized us to five main areas of concern. The five main areas of concern that were identified by our participants include:

1.Medications are prescribed immediately upon entry into the system.
2. Youth are not given information or explanation about the medications they are given, nor is their consent required.
3. Medication is used because it is seen as the quickest, easiest and cheapest route to dealing with youth.
4.Medications are used by staff to control behaviour, to reinforce compliance, and to restrain aggression
5.Healing needs are not addressed, and medications and other drugs become a means of prohibiting dealing with issues stemming from the young person's life

Goal Our research goal is three-fold.
1. Document and map the use of pharmaceutical and chemical management of youth in various systems contexts across Canada.
2.Document and map how this effects youths' future risks for substance abuse, psychiatric and social adjustment, and identity formation.

3. Empower and give voice to systems youths, to help them see their potential as contributing and knowledgeable citizens who can help to foster positive change for youth, and we aim to empower professionals to join in this endeavour.

Key Theme
Overuse of medication can have long-term consequences for youth in and from foster care.

Learning Outcome
Interveners will explore the issue of chemical management as it related to emotional healing and the available resources to assist youth heal and adapt to their new life circumstances.

Questions
(1) What are some of the contributing factors for youth being prescribed medication?
(2) What are some alternatives?
(3) What do you think are the ethical concerns?
(4) What are your recommendations for youth if they need medication?

Resources
Chemical Management Report
www.youthincare.ca

Overhead
Overhead J

Quotes
When a kid goes into care, they're angry. They miss their families, their whole routine is fucked, everyone automatically thinks the kid has something wrong with them because of how they act, so they start medicating them.

They forget that "youth have a lot of anger/outrage and need to be dealt with and not medicated. They need to deal (with their issues) through discussion and dialogue, and not dulled out/numbed out (with drugs).

When [I] was restrained, I had no energy, a lack of individual thought, I would wander around with no desire to anything like call my family and friends. It was total complacency, they got you to do what they wanted you to do . . I was numbed with no

emotion – I don't think I could have cried, even if I wanted to. . . maybe because of the trauma, and maybe because of the drugs.

Time, Instructions & Equipment

Time: 10 Minutes

Instructions:
(1) What are the different types of chemical and pharmaceutical management?
(2) What are the positive and negative outcomes of using chemical/pharmaceutical management
(3) Provide positive and negative examples
(4) Questions and answers from the audience
(5) Provide quotes from your perspective, network or your experience (only if comfortable doing so)

Equipment: Overhead projector and screen or LCD projector and screen

Chapter Ten: *Resilience & Empowerment*

Introduction

Resiliency
Resiliency describes the ability to bounce back. If something is said to be resilient, it is flexible and malleable. According to the Oxford dictionary, resilience/resilience is the quality of quickly recovering the original shape or condition after being pulled, pressed, crushed, etc. In addition, it is a dynamic process constantly evolving depending on the equation of risk and protection from risk. (Lose, 1992; Kelly, 2000; Vanistendael, 1992). Resiliency is related to an overall holistic approach when working with people that recognizes their individuality and their ability to participate meaningfully in their lives.

Empowerment
" Despite the best intentions of any adult, empowerment cannot be bequeathed: it can only be nurtured, encouraged and promoted. (Raychaba, 1992)

Raychaba (1992) looks at youth empowerment as the key component to helping youth in the transition to adulthood by encouraging and teaching the skills that will last a lifetie. Raychaba discusses the importance of a model for youth that is based on competencies and assets rather than deficits. Raychaba also examines the notions of empowerment from a historical perspective. He discusses Freire's pedagogy (1973, 1981: cited in Pain lots of Pain, Raychaba, 1992) of empowerment, which focuses on "doing with instead of being done to". Empowering young people, providing them with life skills to make decisions and affect the outcomes of their lives creates a more independent young person ready for the role of adult.

Key Themes
Resilience and Empowerment are two key protective factors that will promote an individual's wellbeing and strengths.

Learning Outcome
Interveners will understand the concept of resilience and empowerment and how they should be incorporated into their working relationships with young people in care.

Questions
(1) What is resilience?
(2) What are the risk factors?

(3) What are the protective factors?
(4) What is empowerment?
(5) Why is it important to work with youth in care?
(6) How do these themes relate to youth in care?

Resources

Recommended Reading: Primer literature review

Primer Anthology: Sharing Our Stories To Make A Difference - A Compilation of Stories and Research. (2006) NYICN.

Primer: DVD Presentation. (2006) NYICN.

Overheads

Overhead K
Overhead L

Quotes

"Authentic empowerment requires dialogue and collaboration between oppressed individuals or groups and those who wish to work with them. Participation in decision-making is essential if the oppressed are to alter their political and social landscapes. Equally important is the existence of options and real choice. Conversely, disempowerment or dehumanization is apparent in paternalistic approaches that fail to offer any semblance of authentic choice, control or participation, where there is monologue instead of dialogue and where persons are done to rather than encouraged to do themselves" Raychaba, 1992

Time, Instructions and Equipment

Time: 8 Minutes

Instructions:
(1) Introduce the concepts of resilience and empowerment
(2) Highlight how these can be incorporated into your work to benefit the lives of youth in care
(3) Questions and answers from the audience
(4) Provide quotes from your perspective, network or your experience (only if comfortable doing so)

Equipment: Overhead projector and screen or LCD projector and Power Point

Chapter Eleven: *Recommendations*

Introduction

The following are the recommendations from a National perspective of what it will take to improve the lives of children and youth in care while holding all levels of government responsible and accountable for the quality of services and life it provides to its children: youth in care.

- ϒ National standards of care for all youth in care.
- ϒ Protection for youth between the ages of 16-18
- ϒ Emancipation at 24 as a minimum
- ϒ Education Plans
- ϒ Flexible funding as youth transition to interdependence

Key Theme

Improving the quality of care received by young people in foster care.

Learning Outcome

Interveners will have a clear vision of what is needed to improve the lives of children in care.

Questions

(1) What are the 5 major recommendations?
(2) Who needs to be the champion of these recommendations?
(3) Are there other recommendations that you think should be included?

Resources

Primer Anthology: Sharing Our Stories To Make A Difference - A Compilation of Stories and Research. (2006) NYICN.

Primer: DVD Presentation. (2006) NYICN.

Overhead

Overhead M

Quotes

Time, Instructions & Equipment

Time: 10 Minutes

Instructions:
(1) Introduce the recommendations
(2) Highlight each example and how it would improve the lives of youth in care
(3) Questions and answers from the audience
(4) Provide quotes from your perspective, network or your experience (only if comfortable doing so)

Equipment: Overhead projector and screen or LCD projector and Power Point

References and Resources

References:

Child Welfare In Canada. (1994). The Role of Provincial and Territorial Authorities in Cases of Child Abuse. Federal-Provincial Working Group On Child and Family Services Information.

Cicchetti, Dante; Toth, Sheree L. and Rogosch, Fred A. (2001). The Development of Psychological Wellness in Maltreated Children. In Cucchetti, D., Rappaport, J., Sandler, I., & Weissberg, R. (Eds.) The Promotion of Wellness in Children and Adolescents. Child Welfare League of America.

Government of Ontario. Statutes of Ontario: Child and Family Services Act R.S.O. 1990, c. C.11, s. 107. Toronto: Queen's Printer.

Hilton, L.J. (1994). Voices of Youth. Suggestions for intervention and policy. Children Worldwide. The Family and Child Resilience.

International Catholic Child Bureau/North America. (1992). Building on People's Strengths. Institute Prospectus Child Resilience and the Family.

Jackson, S. and Martin P.Y. (1998). Surviving the care system: education and resilience. Journal of Adolescence, Vol. 21, 569-583.

Jackson, S., Born, M. and Jacob, M. (1997). Reflections on risk and resilience in adolescence. Journal of Adolescence, 20, 609-616.

Kelley, Thomas M. (2000). Thought Recognition, Locus of Control, and Adolescent Well-Being. Adolescence. Fall. (Findarticles.com)

Kufeldt, Kathleen; Vachon, Jacques; Simard, Marie. (2000). Looking After Children in Canada-Final Report. Fredericton: University of New Brunswick.

Losel, Friedrich. Resilience in Childhood and Adolescence. Children Worldwide, the Family and Child Resilience.

Martineau, Sheila. (2000). Resiliency: The Risky Business of Translating Resiliency into Advocacy Practice. Focus on Children and Youth. 5(1).

Miller, Carol T. (2001). A Theoretical Perspective on Coping with Stigma. Journal of Social Sciences. Spring. (Findarticles.com)

National Children's Bureau. (1977). Who Cares? Young people speak out.

National Youth in Care Network. (2001). Who Will Teach Me To Learn? Creating Positive School Experiences for Youth in Care. Ottawa: National Youth in Care Network.

National Youth In Care Network. (1996). Into the Hands of Youth-Youth In and From Care Identify Healing Needs. Ottawa: National Youth in Care Network.

O'Leary, Virginia E. (1998). Strength in the face of adversity: individual and social thriving. (Thriving: Broadening the Paradigm Beyond Illness to Health). Journal of Social Sciences. Summer. (Findarticles.com)

Osborn, Albert F. Resilience and Intervention Strategies. Children Worldwide. The Family and Child Resilience.

Oyserman, Daphna. (2001). Stigma: An Insider's View. Journal of Social Sciences, June. Findarticles.com

Raychaba, Brian. (1992). Doing and Being Done To. Voices of Youth. Ottawa: National Youth in Care Network.

Raychaba, Brian. (1992). Commentary-"Out of Control": A Youth Perspective on Secure Treatment and Physical Restraint." Journal of Child and Youth Care, Vol. 7, No. 1 pages 83-87.

Raychaba, Brian. (1993). Pain…Lots of Pain. Family Violence and Abuse in the lives of Young People in care. Ottawa: National Youth in Care Network.

Raychaba, Brian. (1988). To Be On Our Own With No Direction From Home. Report on the Special Needs of Youth Leaving the Care of the Child Welfare System. Ottawa: National Youth In Care Network.

Rutman, Deborah; Barlow, April; Hubbersty, Carol; Alusik, Daniela, and Brown, Erinn. (2001). Supporting Young People's Transition From Government Care: Research Project. Sage 1 Report. Victoria, British Columbia: Child, Family and Community Research Unit, University of Victoria & The Victoria Youth In Care Network.

Rutter, Michael. (1988). Pathways from Childhood to Adult Life. Journal of Child Psychology and Psychiatry, 31 (1), 23-51.

Rutter, Michael. (1987). Psychological Resilience and Protective Mechanisms. American Journal of Orthopsychiatry. 57(3), July.

Smith, Dana K. (2001). Placement Disruption in Treatment Foster Care. Journal of Emotional and Behavioral Disorders, Fall. Findarticles.com

Snow, K & Finlay, J (1998) Voices from Within: Youth in Care in Ontario Speak Out. Office of Child and Family Service Advocacy. Toronto: Queens Printer.

Steinhauer, Paul. Attachment Disorder.

Tiet, Quyen Q. (1998). Adverse life events and resilience. Journal of the American Academy of Child and Adolescent Psychiatry. November. Findarticles.com

United Nation (1997). Convention on the Rights of the Child: Geneva: High Commissioner for Human Rights.

Vanistendael, Stefan. Resilience: As old as mankind. Children Worldwide, The Family and Child Resilience.

Wiley, Angela and Rappaport, Julian. (2000). Empowerment, Wellness, and the Politics of Development. In Dante Chicchetti, Julian Rappaprt, Irwin Sandler, Roger P. Weisberg. (Eds.) The Promotion of Wellness In Children and Adolescents. Washington, DC: Child Welfare League of America.

Resources:

National Youth in Care Network Publications:

Regularly. *The Networker*, our quarterly youth in care newsletter
Annually. *Funk'd*, our annual youth in care magazine
Semi-Annually. *Bifocal*, our semi-annual magazine geared at adult supporters and service providers
2006, Primer Anthology: Sharing Our Stories to Make a Difference – A Compilation of Stories and Research
2006, Primer DVD Presentation
2004, Speak the Truth in a Thousand Voices – It is Silence That Kills: Stories for Change
2004, Broken Fairytales: Teenage Parenting and the Child Welfare System – Research Report
2004, Broken Fairytales: Teenage Parenting and the Child Welfare System – Stories for Support and Strength
2003, The Power of Support: A Guide for Supporters of Youth in Care
2003, Primer: An Educational and Sensitivity Training Program for Caregivers
2001, From the Roots Up: The History of the Development of the Canadian Youth in Care Movement
2001, Who Will Teach Me To Learn: Creating Positive School Experiences
2000, The Network Connection: the Guide to Network Development
1999, Coast 2 Coast: A Nation of Youth United
1997, The Real Deal: Rights and Resources for Youth in Care
1995, Gambling With Our Lives: Consumers of Social Programs Speak Out
1995, Into the Hands of Youth: Youth in and From Care Identify Healing Needs
1993, Pain, Lots of Pain: Family Violence and Abuse
1991, Thursday's Child – Child Poverty in Canada: A Review of the Effects of Poverty on Children
1991, The Choice the Struggle Upward: Caring for Children and Youth Who Have Been Sexually Abused
1989, Literacy and Youth in Care
1988, To Be On Our Own
1987, The Special Needs of Youth In/From Care of the Child Welfare System
1987, Who Cares What I Have To Say - Nobody Cares. Nobody!

1987, On The Other Side

Overhead A: *The National Youth in Care Network*

National Youth In Care Network

Increase the awareness of the needs of youth in and from government care by researching the issues and presenting the results to youth, professionals, and the general public through publications and speaking engagements, etc.

Promote the improvement of child welfare services; facilitate support, skill building and healing opportunities for youth in and from care; support the development of local and provincial Youth in Care Networks

Ensure youth at risk are given the opportunity to participate and be included in the social decision-making that affects their lives.

Overhead B: *Canadian Youth in Care Context*

Youth In Care in Canada

➢ F/P/T working group estimates 76,000

➢ 88,000 estimate by Anne Tweddle, Sept.2005

➢ 25,000 young people are involved in the criminal justice and mental health systems (Huffman, 2004)

➢ 30-40% are First Nations/Aboriginal youth (FNCFCS)

Overhead C: *Transiency*

TRANSIENCY

"I think the times we are forced to move is an issue."

"I'd say too much moving around."

Overhead D: *Leaving Care*

LEAVING CARE

"The pressure to leave at 18."

"I'd have to say, the transition period from leaving care, you have no one to depend on, there is no college fund, you have no one to fall back on, and you have no where to go."

Overhead E: *Stigma*

STIGMA

"I think the stigma of being a youth in care, it's hard, it takes a lot of work and effort and good people to support us."

"The way the public looks at youth in care, they just don't understand us."

Overhead F: *Voice*

VOICE

"My voice being heard."

"Choice of worker, you should be able to have some say in who is your guardian."

"The main issue is that when we have an issue and we call our worker, it takes weeks to get a call back."

Overhead G: *Emotional Healing*

EMOTIONAL HEALING

"I'd say, depression, loneliness, and low self-esteem and healing from past experiences."

"Transitions, new homes, placements, independent housing and psychological wellbeing."

Overhead H: *Interveners*

INTERVENER QUALITIES

ATTENTIVE
CARING
KNOWLEDGEABLE
TRUSTWORTHY
AVAILABLE
REAL
FLEXIBLE

"Communicate, listen to me, catch up on my life, take me shopping, spend time doing something I like doing. Be there when I need someone to talk to and calls back."

"Understanding, supportive and someone you feel you can talk to without them jumping to conclusions and overreacting."

"Spending time with us, its nice to talk about what is going on."

"They care about the child, they like call every once in a while just to check up, and not having us call them when we need something, they call us, just to say hi and that kind of crap, just to be really friendly."

Overhead I: *Wards of the Crown*
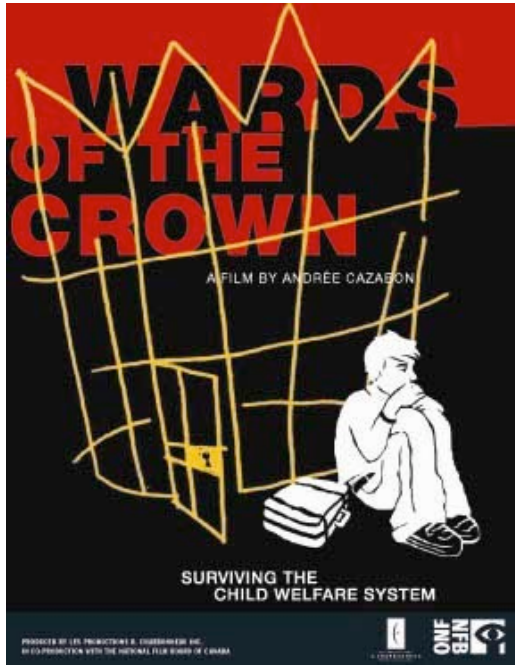
Wards of the Crown
A Film by Andrée Cazabon

A co-production of Les Productions Robert Charbonneau Inc and the National Film Board of Canada

In association with CBC Newsworld In collaboration with Radio-Canada et le Réseau de l'information

At age 13, Andrée Cazabon was briefly placed in a group home. Marked by this experience, she decided to track four young people for 10 months as they prepared to leave foster care. "I wanted to reveal the impact of an institutional upbringing," she says. "When these young people were brought in, they were told they would be taken to someplace safer and better…..But were they really?"

The result is ***Wards of The Crown / Enfants de la couronne***, a stirring documentary about a little-know reality, available in both an English version and a French version.

Wards of The Crown / Enfants de la couronne provides a telling portrait of the system, showing both positive and negative attributes and makes a case that all Canadians need to provide the support necessary for children to grow and prosper.

Overhead J: *Chemical and Pharmaceutical Management*

Chemical and Pharmaceutical Management

While the pilot sample size was very small (n=7), the information gathered from the interviewees coupled with the twenty youths attending Summer Camp 2004 sensitized us to five main areas of concern. The five main areas of concern that were identified by our participants include:

1.Medications are prescribed immediately upon entry into the system.

2. Youth are not given information or explanation about the medications they are given, nor is their consent required.

3. Medication is used because it is seen as the quickest, easiest and cheapest route to dealing with youth.

4.Medications are used by staff to control behaviour, to reinforce compliance, and to restrain aggression

5.Healing needs are not addressed, and medications and other drugs become a means of prohibiting dealing with issues stemming from the young person's life

When a kid goes into care, they're angry. They miss their families, their whole routine is fucked, everyone automatically thinks the kid has something wrong with them because of how they act, so they start medicating them.

<div align="right">Youth in Care</div>

They forget that "youth have a lot of anger/outrage and need to be dealt with and not medicated. They need to deal (with their issues) through discussion and dialogue, and not dulled out/numbed out (with drugs).

<div align="right">Youth in Care</div>

When [I] was restrained, I had no energy, a lack of individual thought, I would wander around with no desire to anything like call my family and friends. It was total complacency, they got you to do what they wanted you to do . . I was numbed with no emotion – I don't think I could have cried, even if I wanted to. . . maybe because of the trauma, and maybe because of the drugs.

<div align="right">Youth in Care</div>

Overhead K: *Resilience*

RESILIENCE

Barriers to Resilience
(Kelley,2000)

■Isolation

■Lack of stable relationships

■General sense of lack of control over one's life.

Pathways to Resilience
(Cowen,1994)

■Attaching

■Acquiring age appropriate skills

■Exposure to settings that favor wellness

■Ability to control one's destiny

■Coping effectively with stress.

Overhead L: *Empowerment*

EMPOWERMENT

"Despite the best intentions of any adult, empowerment cannot be bequeathed it can only be nurtured, encouraged and promoted."

Raychaba (1992)

Overhead M: *Recommendations*

RECOMMENDATIONS

National standards of care for all youth in care

Protection for youth between the ages of 16-18

Emancipation at 24 as a minimum

Education Plans

Flexible funding as youth transition to interdependence

APPENDIX A: *Prepared Power Point Presentation*

SEE ATTACHMENT

APPENDIX B: *Image Survey*

Date: _____

Location (city or province only): _____

Audience: _____
(e.g. foster parent, social worker, police, bachelor level course, etc.)

Instructions:

Step One:
At the beginning of this presentation, please write down in 3 words your "image" or "perception" of a youth in care.

Step Two:
At the end of this presentation, please write down in 3 words your "image" or "perception" of a youth in care.

Before:

1.

2.

3.

After:

1.

2.

3.

These Image Surveys have been used to collect information on the pre-and post- attitudes of interveners as a mechanism to gauge the effectiveness of the Primer presentation. The image surveys are also collected and analyzed by the National Youth in Care Network on an-ongoing basis to be able to advocate for improved training and preparation for interveners. If you consent to us using this information (no names are collected)
Please return completed form to the National Youth in Care Network for ongoing data analysis.

APPENDIX C: *Final Messages*

"Don't judge us by what you read."

"It's not always the child's fault."

"Deal with children, don't work around them, it's their lives you're affecting the most."

"I would like to say that interveners should understand that youth in care are humans."

"Foster parents and interveners, …it seems, they don't understand very well, they need to be educated on that."

"Identity: some youth in care have a really hard time knowing who they are because they are going through so much shit. Some people like myself and my friends grew up in care and we had a hard time figuring out where we came from. I think that is a big deal."

"The bad rep is a problem for sure, being put into foster homes without your input, you really do not have any choice, like you are treated like you are junk."

"Make sure that youth in foster homes know they are not alone in the world."

APPENDIX D: *Evaluation Form*

Evaluation Form: Part 1

1.   The objective of the presentation was clear

Totally   Disagree   Not sure   Agree   Totally
Disagree   Agree

2.   The objective of the presentation was achieved

Totally   Disagree   Not sure   Agree   Totally
Disagree   Agree

3.   The information was presented in a logical sequence

Totally   Disagree   Not sure   Agree   Totally
Disagree   Agree

4.   The presentation has made me more aware of issues facing youth in care.

Totally   Disagree   Not sure   Agree   Totally
Disagree   Agree

5.   The overheads were useful

Totally   Disagree   Not sure   Agree   Totally
Disagree   Agree

6.   The use of anecdotal information complimented the presentation

Totally   Disagree   Not sure   Agree   Totally
Disagree   agree

7.   The recommendations are feasible

Totally   Disagree   Not sure   Agree   Totally
Disagree   Agree

8.   The recommendations have affected my personal philosophy

Totally   Disagree   Not sure   Agree   Totally
Disagree   Agree

9.   The issues presented are relevant to my course of study

| Totally | Disagree | Not sure | Agree | Totally |
| Disagree | | | | Agree |

10.   This was an effective way to learn first hand about issues facing youth in care.

| Totally | Disagree | Not sure | Agree | Totally |
| Disagree | | | | Agree |

11.   I was familiar with National Youth In Care Network?

| Totally | Disagree | Not sure | Agree | Totally |
| Disagree | | | | Agree |

12.   This presentation added to my knowledge about the National Youth In Care Network

| Totally | Disagree | Not sure | Agree | Totally |
| Disagree | | | | Agree |

Comments:

EVALUATION: Part 2

Group Discussion

1.   How well did we use our time?

2.   Are we using the right methods/tools? Personal stories, anecdotes, overheads?

3.   Should we have one presenter, or more presenters?

4.   Is the sequence of the presentation appropriate?

5.   How are you feeling about this presentation?

6.   Did you feel the question period answered your questions satisfactorily?

7.   Did we provide you with any information you were not aware of?

8.   Did you find the recommendations useful and meaningful?

9.   How has your image changed regarding youth in care?

APPENDIX E: *Additional Quotes*

Good relationship, someone you feel comfortable with, responds, calls you back if you want to talk with them and caring, someone who isn't fake and really seems to care about you and what you are going through.

They should have the ability to not be a machine. They have the ability to adapt to different situations. Not every child in care is in the same situation and they are all not the same, right, as an individual in care, I know that I am an individual and I am not one big group of the same people.

A good intervener can adapt to that one individual and meet the needs of that person, as opposed to the needs of everybody**.**

When I first went into care, I felt so lonely and like the only person I knew was my worker, so, it just helps for them to call back even for that two-minute conversation that you would probably have with them.

They have to have experience, understanding of many concepts from several disciplines, (like political economy and psychology). It's a practice not a profession and they have to care.

"Like, they gotta understand, we aren't acting up to be rebellious, we're acting up because something is hurting us inside."
Youth In Care

Child welfare work has two purposes: one, the social control task of policing parenting; and two, the provision of surrogate parenting to those children whose natal parents fail to meet the prescribed standards. The orderly rigidity of law and regulation is useful in managing the social control function, but it is poorly suited to the task of surrogate parenting. We describe a ward of the state as a child in care. But we know that there is no guarantee that the child will find authentic human connection-the other meaning of care-while in child welfare care."
(Martin.2003:261)

"Foster caregivers and other clinicians also need to understand normative adolescent behavior as well as the manifestations of problems commonly experienced by children in foster care such as extensive personal loss, instability, and abusive unhealthy past relationships. Strategies to manage difficult behaviors like aggression and defiance of authority should be therapeutic rather than reactive and punitive. The key is to avoid misinterpretation of behavior, excessive restrictions, disrespect, and lack of individual consideration; to focus on the child's abilities, not limitations, and to provide success-oriented work, school and social experiences." --- Susan M. Kools