



**DON'T CALL ME RESILIENT:
WHAT LOSS & GRIEF LOOK LIKE FOR
CHILDREN AND YOUTH IN CARE**

Office of the Children's Advocate
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A Special Report by the Office of the Children's Advocate

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EXECUTIVE SUMMARY

Even though sometimes on the outside I wouldn't show it, I was always looking for time to spend with foster parents or someone that would give me time and show me comfort. I felt like a lost wolf that strayed from the pack, but now, looking back on it I was a dog that couldn't speak about his pain. I needed someone even though I may have rejected hugs, and laughed at heartfelt sentimental moments, but I was a kid, and I didn't know how to ask for love and comfort let alone handle the feelings of guilt and humiliation of doing so.

Former youth in care (As quoted in Brady, n.d.)

GRIEF IS NORMAL.

When a person dies, we mark the event with spiritual and cultural traditions, rites and rituals: sacred fires, sitting shiva, and other services and ceremonies, according to our own traditions. We acknowledge the family's grief with condolences, flowers, and casseroles. We expect that the bereaved family will feel sorrow and sadness, and will need support as they mourn the death of their loved one.

GRIEF IS NOT EXCLUSIVE.

Grief is something we all have in common and can occur after any kind of loss. For children and families who are involved with the child welfare system, loss and grief are inescapable and profound. From first contact with the child welfare system, many families experience a loss of control and autonomy. If an apprehension of a child occurs, the family loses a child, and the child loses parents and siblings, home and family, community. With every placement change, losses mount and grief multiplies. This can be true whether the disruption is necessary for child safety or other reasons, and whether the separation of family is brief or long term.

GRIEF IS NOT EASY.

The experience of loss and grief comes with emotions of anger, confusion, and fear. Since the process is deeply personal and unique to each individual who is impacted, there is no predictable timetable for grief, and there is no right way to grieve. Grieving can be difficult for an adult who is in familiar surroundings but suddenly without their child, and more so for a child who may be in a new environment and surrounded by strangers, like in a foster or group home. Children don't always have the words or the developmental capacity to say how they feel and their emotions are often expressed through their behaviour. A child who appears depressed, delinquent, oppositional, or ill, may, in truth, be expressing deep sorrow.

GRIEF REQUIRES ATTENTION.

The loss and grief associated with coming into care is largely unaddressed in the current system protocols and procedures. Ignoring this experience common to so many people intensifies the impact of the trauma since grief that is unacknowledged or unidentified can have life-long consequences and far-reaching effects. Attending to grief is an important facet of care if the system strives to operate in the best interests of children and their families.

WHY CHILDREN IN CARE GRIEVE

Whatever the reason for child welfare contact, the involvement of the system is inescapably intrusive and most often occurs without input from or consultation with the child. From the child's perspective, their introduction to the child welfare system may well be illustrated by sudden loss of parents, siblings, extended family friends, pets, school, home, , community, and culture. The child may not know when they will see their family, friends, or school again. This can result in feelings of instability and fear, and loss of personal history, identity, belonging, and control.

My brothers would always phone me...asking when are we going to be together again or when am I going to see you? It kinda made me feel broken because I couldn't do nothing about it... I couldn't talk to anybody. I couldn't- I thought I couldn't trust anyone whatsoever. I came to the point where I just wanted to end everything, like, and end my life because I was upset about the fact that I let my brothers down. (Just TV, 2014)

Children are expected to adjust immediately to a new situation, which may include a new foster family or a group home with other children and shift staff, new rules, food, schedules, school, community, and culture. In an unfamiliar environment, the emotional and physical anchors the child once had are no longer available. They are expected to survive concurrent, life-altering changes with their individual strength and skills, depending on the support and understanding of foster parents and case managers who are strangers to them. Adults often make the assumption that children are resilient because they are young and assume they should be able to adapt to new situations quickly. However, research on trauma and resilience shows that coping with trauma can be especially difficult for children who "have not had the life experiences to teach them that traumatic experiences are an exception and not the rule" (Lindquist, 2015).

'They'll be fine. They're young. They'll get over it. They won't even remember. They just need to toughen up.' I have heard people refer to children like this many times when working with clients, but it is not completely accurate. Many people assume that children are highly resilient and adaptable. Are children really resilient? Of course they are. People in general are resilient. We can endure and overcome heart-wrenching challenges, especially with the support of others. However, just because a person is young does not mean that they can escape unscathed from any situation. On the contrary, children may become more traumatized than an adult might during a given experience (Lindquist, 2015).

It's a new world for the child who is experiencing profound loss, with expectations for adaptation that would intimidate any healthy adult.

...the foster parent just picked us up from school one day. [My worker] was too busy to introduce [my sister and me] to the new placement, so we felt very on our own. - Youth in care, age 16

The grief a child in care experiences is shaped by the reasons they came into care: abuse, neglect, emotional deprivation, exposure to substance misuse, and domestic violence. Grief can be complex due to conflicting and confusing feelings. The child may feel relief after being removed from a difficult family situation, or they may be worried about their mom or dad, or about siblings who are also apprehended

but placed away from them. Grief can be made difficult when there are unanswered questions: *How long will I be in care? Will they let me see mom and dad? Are my sisters okay? Can I talk about my family with the foster family I'm living with?* These questions can also occupy a child who is placed with relatives, as the child may feel confused about loyalty and belonging.

Grief is also made more difficult with multiple placement changes. When they are in care, a child may move frequently between a small number of placements, they may move frequently between numerous



United Nations Convention on the Rights of the Child
Article 3

Adults should make good
decisions for you, especially for
your protection and safety.

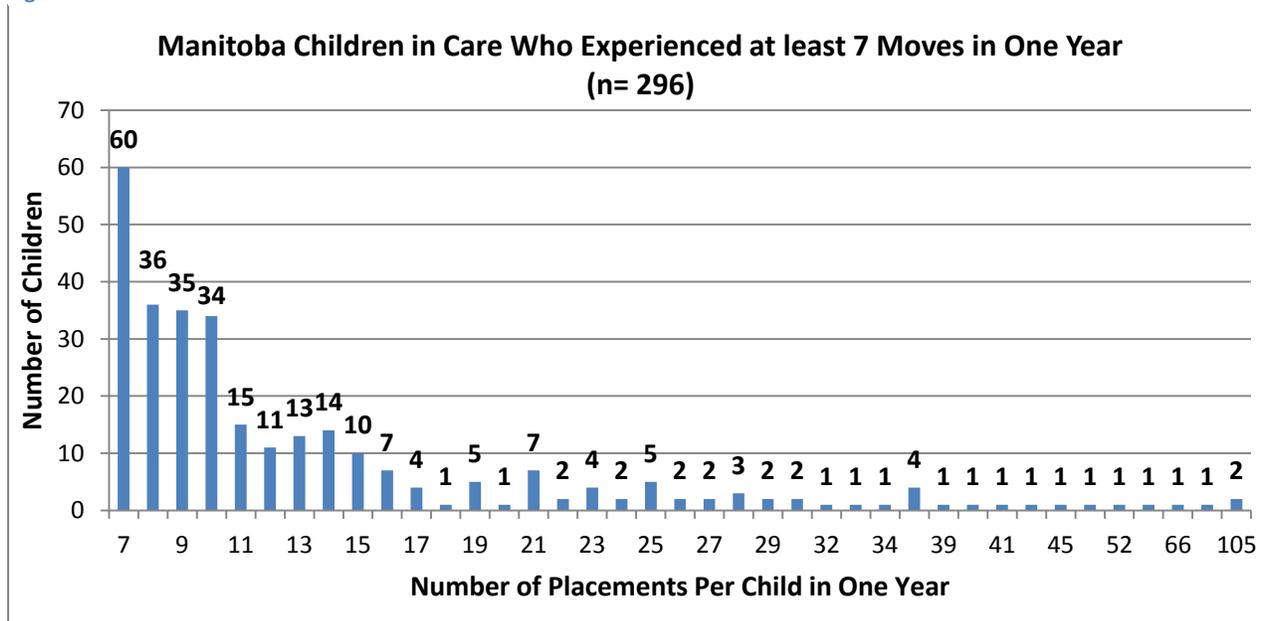
locations, they may enter and leave care repeatedly, or they may be relatively stable while in care and not be subjected to multiple moves. Placements can break down for myriad reasons – if a family ceases to foster, if the needs of the child are not adequately met by the placement resource, if siblings previously separated are being reunited in a different home, if there are allegations of abuse that are under investigation, if a caregiver becomes ill, as the needs of the child change over time, and many others. Some children and youth in care move between their regular placement and then to respite care providers. While it may be a benefit in some ways to have these “planned” placement changes, it is important, from the child’s perspective, to understand the regular changes and moves even if they are brief stays, contribute to a child’s instability while in care. No matter the reason for the placement change, the child can experience further loss and is expected to adapt to another environment. The issue is not necessarily the quality of the placements, instead it is the fact that the moving is

frequent. The commonality between many of the stories we hear in our work is that the weight of moving and adjusting to new environments almost invariably placed on the shoulders of the children themselves. It is the child or youth who must pack their bag and leave what ties they have made behind. According to information requested by our office from Manitoba’s Department of Family Services, between April 1 2014, and March 31, 2015, the data on placement changes for the child in care population reveals a system that is struggling to provide stable environments for a number of children. While many children in care remained in the same placement for the duration of that reporting year, many others did not. Number of moves varied from no moves during the year, to two of the children in care each moving 105 times in one year. (Child and Family Services Division, personal communication, November 17, 2015).

The 2015 report, *Safe for Today* (Office of the Children’s Advocate, 2015b), examined the child welfare system’s struggles to adequately support 10%-30% of the child in care population who have complex needs and who “will always completely challenge the system’s capacity to meet their needs with existing resources” (p. 16). It is important to note that children and youth with complex needs can have amplified challenges understanding the losses they experience and the grief they feel. Many of them may also have limited capacity to articulate their thoughts and feelings, making it especially vital that the professionals and other adults in their lives are vigilant in these issues, such as placement changes, where a child’s emotional security may be implicated. The chart below (Figure 1) depicts the 296

children in care who experienced seven or more placement changes over the span of one year. It is critical to hear the voices of these young people whose living arrangements may not be stable because an unstable environment is a predictor for many negative outcomes for children and youth, most critically their abilities to form and develop secure attachments and healthy relationships. This can be true even if the numerous placements collaborating are themselves positive, healthy supports; the experience of being always on the move and uncertain of where home is can impact young people more deeply, especially those with trauma histories.

Figure 1



Placement change was the most common risk factor between fifty youth who died by suicide in a recent publication by the OCA (Office of the Children’s Advocate, 2015c). As noted in that study:

There is a wealth of research attesting to the importance of sustaining placement stability because experiencing multiple placement changes can have important ramifications for children’s development...Frequent placement moves not only compounds the issue of being separated from one’s parents, but can also result in separation from siblings, relocating to a new geographical area, and experiencing a sense of not belonging; all of which can lead to distress and have a profound negative impact (University of California, 2008, as quoted in Office of the Children’s Advocate, 2015c, p. 4).

The correlation between multiple placement changes and negative outcomes for youth has been well documented. These negative outcomes include behavioural problems (Rubin, O’Reilly, Luan, & Localio, 2007), poor academic performance (Pecora, Williams, Kessler, Hiripi, O’Brien, & Emerson, 2006), difficulty forming attachments, and greater risk factors including substance use, suicide attempts, and psychiatric hospitalization (Farmer, Mustillo, Burns, & Holden, 2008). This concern is also acknowledged by the Manitoba child welfare system and how placement changes are tracked. Social workers receive alerts through the mandatory computer file information system (known as CFSIS) when the file for a

child or youth in care documents eight changes over the life of a file, or five within a 12-month period (Office of the Children's Advocate, 2015c, pp. 13-14).

While the assumption may be that children are inherently resilient and can adapt to new surroundings and new placements with relative ease, research does not support this view, especially for children and youth involved with the child welfare system. Devolld and Rickman (2014) examined the role of attachment fostering for children and youth in out of home care who had experienced multiple placement changes. In their study, the authors make a strong case for prioritizing placement stability as an effective method of addressing loss, grief, and trauma for young people in care:

A child who returns home to their family of origin with a sense of who they are and where they fit in the world will be far more successful than a child who has withdrawn from emotional commitment because they experienced too much grief and loss due to multiple placement disruptions and the initial removal from the home (p. 25).

The authors continue on to describe the importance of minimizing disruptions while children are in care if the goal is promoting a healing process from earlier trauma and grief:

Children who experience multiple placements may see caregivers as objects who can meet their needs rather than people who can be part of a reciprocal relationship (Hughes, 1998). A child who has aged chronologically without a caring adult to protect and provide for them learns self-reliance and hesitates to enter into trusting relationships where vulnerability is a requirement. Maltreatment combined with the experience of multiple placement episodes negatively impacts a child's ability to form attachments with subsequent caregivers and disrupts the child's ability to function (James, 2004). Each placement disruption adds to the barriers the child builds around their emotional state of being (as cited in Devolld & Rickman, 2014, p. 3).

The idea of apprehension, with removal from home and community as the means to provide safety and a better level of care, however necessary, is vastly and inherently unfair to a child. Grieving loss of identity, belonging, family, and community connection becomes inseparable from trust, attachment, and relationships, and the child's cognitive, emotional, and spiritual development. For a child in care, the losses are concurrent and cascading, and grief is always complicated.

You know, not having a family sucks, it really does...You always feel like nobody cares. You wanna...you always want to go home. You always feel like you can never do better. And you think - you always think- *What's the use of living?* - Youth in care, age 11.

CONCEPTS FROM BEREAVEMENT LITERATURE

There are some classic concepts from literature on death and dying that are helpful in understanding the loss and grief experienced by children in care.

AMBIGUOUS LOSS is when a loss "cannot be clarified or verified become traumatic" (Boss, n.d.). These losses, which defy closure can also be seen to describe the experiences of some children in care who do not know how long they will be in care, whether they will ever see their family again, whether or not they will have a visit with their siblings, which school they will be attending, or how long they will be in

their foster or group home, or who cannot identify exactly the loss they have experienced. When the loss cannot be defined, children can be expected to experience a more difficult time grieving that loss.

CHRONIC SORROW describes the impact of recurring experiences of loss for many children in care and their families (Roos, 2002). Multiple and cumulative, losses are not only physical, such as placement moves, but existential, with hopes and dreams, self-concept, identity and belonging profoundly changed. The loss is ongoing, as is the sorrow.

NONFINITE LOSS (also known as lifespan losses) describes the ongoing presence of the loss itself, which is re-experienced throughout the child's life (Bruce & Schultz, 2001). For many children in care, the loss of family, community, culture, and identity is an ever-present reality. Nonfinite loss and chronic sorrow are evident in the legacy of residential schools, and in the stories of people affected by the 60s Scoop.

DISENFRANCHISED GRIEF is when a person has experienced "a loss that cannot be socially sanctioned, openly acknowledged or publicly mourned" (DiBase, 2012). The losses are not seen as legitimate, or grief-worthy, and the person is not deemed to have a right to grieve. This can happen when children are expected to adapt to a new situation, like a new placement or school, or a new culture. Little attention is paid to what it means to them to have left their family, their community, their culture. This issue is one that youth speak about within the Manitoba child welfare system. In a recent focus group with youth in care, once youth shared how they felt discouraged from talking about their sadness and loss of family:

I didn't really get visits with my family and my workers never really wanted to talk about them. I felt the agency wanted to work toward a permanent order, so they didn't want to talk about my family with me or why I was in care. They wouldn't answer my questions when I asked about them. – Youth in care, 14

Another youth in the same focus group spoke about his desire to see his father and that he felt his guardian agency actively dissuaded him and prevented the relationship. The youth shared that he did not feel he was allowed to ask about his father because of the agency's opinion that his father was an unsuitable influence. Despite this, the youth expressed that agencies should have to do what was necessary to ensure visits between children and parents can happen safely:

I kept asking the agency to let me see my dad but they always said no, that he was a bad influence. He was in and out of jail but now he has a place to live and the way they think he is, he's not that way when he's with me. I hate when they make assumptions about people. – Youth in care, age 16

In my third placement my worker told me I had attachment issues, but I don't agree. Really it was because they were strangers and it was a totally different cultural environment. – Former youth in care

In some cases, there is also an assumption that, because the child is coming from a situation that was assessed as less than acceptable for whatever reason, the change will be easy, and in fact the child will be, or should be, grateful for the new placement. These expectations effectively silence the child, limiting their understanding of what has happened and leaving them without permission to grieve. Disenfranchised grief occurs when we ignore or misunderstand the behaviours of children in care, and

see them as sick or bad. It occurs when we do not assist children in acknowledging, understanding, and incorporating their losses into their life story.

In our bid to make things easier for children in care, it is tempting to prevent or avoid situations that might cause them pain. In most cases, family visits are essential for children in care to maintain connections and relationships with parents, siblings and extended family. When the child feels ambivalent or unsure, however, the child's response and reaction may not be straightforward. That does not necessarily mean that family contact or visits should end. It does mean vigilance and attention on the part of workers and care providers to figure out how the child is feeling and the reason behind those feelings. As Fahlberg (1991) noted, "Wanting to prevent emotional upset in children can keep them in a state of limbo where they cannot process their grief or pain or form attachments to new caregivers" (as quoted in Whiting & Lee, 2003).

For me, I would rather people explain to me and tell me what was going on and they were writing files about me. Being honest, 100% honest from the beginning is probably going to do less damage." (JustTV, 2014).

WHAT GRIEF LOOKS LIKE

The expression of grief varies from person to person. It is not a linear process and there is no timetable for resolution. How a child grieves depends on their age, developmental level, personality, and their history of other losses. It depends on the nature of the loss, and what that loss means for the child: this is something specific to each child. It also depends on the supports that are available to the child, and how the loss is explained to the child (Perry, 2001). The stages of grief, whatever paradigm is used, are not exclusive and separate from each other. Each child will have their own cycle of grief, which they may re-experience at each developmental level, at anniversary dates, and which can be triggered anew by subsequent experiences.

Trauma makes you regress so you're stuck in these emotional states where you're still a certain age and people expect-people that are trying to "raise you" are expecting you to be a certain age and you psychologically can't be a certain age because of an experience nobody acknowledged. So that makes it really hard for people to raise anyone in CFS" (Just TV, 2014).

Expressions of grief are often missed or misunderstood. Sadness, anger, guilt, relief, powerlessness, loneliness, abandonment and fear may look like crying, nightmares, anxiety, appetite changes, bed-wetting, tantrums, overcompensation, acting out, difficulty learning, lack of attachment, headaches, fatigue, and risk taking behaviours. As they grow, their ability to verbalize emotions may change.

"There is no shared hierarchy of loss and for each individual the experience will depend on the degree of attachment and how the loss or losses are perceived by the young person. The losses of young people in care are rarely straightforward, are frequently complex and the better they are considered and understood, the better we can begin to help and support the young people."

Child welfare workers are taught about the impact of separation and placement on the cognitive, emotional and social development of children during required Core Competency Training sponsored by

the child welfare system in Manitoba.¹ Some child welfare agencies also provide training to foster parents on the issues of child development and loss, however, loss and grief are not typically addressed directly with children who are entering care.

While the infographic on the following page can provide guidance, it is important to understand that children may not respond according to these categories. Particular attention must be paid to children who have delays or other disabilities. As stated earlier, the processes of grief are complicated by the traumatic nature of a child's losses, often multiple and co-existing. The process and expression of a particular child's grief is uniquely their own (Supporting, n.d.; Berrier, 2001).

For youth in care transitioning to adulthood and independence, experiences of loss will play a part in how they cope with this new stage of their life. Anticipating leaving care or living independently can trigger memories of other losses, and highlight, once again, the fact that the child may have limited access to family and community supports. As pressure builds for a youth to display maturity and competent decision-making abilities, the youth may instead react with non-compliance, apathy, and non-constructive behaviour. It is vital to address the child's losses and grief long before they leave care.

¹Currently Module CC7: *Separation, Attachment and Reunification in Family Centered Child Welfare Services*, previously Module 104: *Separation, Placement and Reunification*.

WHAT LOSS LOOKS LIKE TO A CHILD.

For children who are developmentally on par...



Infant to Age 2

Establishment of trust, attachment, and security are essential for infants. When their sense of security is challenged, infants may cry loudly, withdraw, be apathetic, and cry mournfully. Older children may be clingy, cranky, cry, and have sleep disturbances. They may rock, bite, cry excessively, and demonstrate anxious behaviours.

Between Ages 2 and 5

Toddlers and pre-schoolers have not developed logical thinking abilities, and don't understand cause and effect and permanence. When they experience loss, they may feel sadness, hopelessness, denial and guilt. They may behave as clingy, anxious, and stubborn. They may regress with talking, feeding, or toileting. They may have bad dreams, and temper tantrums.



Between Ages 5 and 9

Children may show grief by crying, regression, anxiety, headaches or stomach aches. They may show hostility, have trouble concentrating, have bad dreams and have school problems. They may hide their feelings. And they may have a strong need to control behaviours but have trouble doing so.

Between Ages 9 and 11

Children are able to understand cause, effect, and time. They begin to form logical and concrete thoughts. There may be learning problems or issues at school, preoccupation and worries. They may exhibit anger or hostility, experience anxiety or physical pain. They might be inattentive.



Between Ages 12 and 18

The primary task of a child at this stage is to form their own identity, and issues of independence and differentiation are occurring. They also want to fit in and feel normal. Grief may take the form of withdrawal, resistance, regression, acting out, or mood swings. They may take part in risky behaviour, like substance abuse, eating disorders, cutting, or delinquency. They may have sleeping disturbances. They may act angry or depressed, including expressing suicidal ideation.



While this list is a general guide, it does not account for children who have delays or disabilities and careful attention must be paid to the unique needs of each child. Grief is a complex process, influenced heavily by the unique experiences of a child's previous trauma and losses. The impact can often be compounded and co-existing.

SOURCES:

Supporting Grieving Children. (n.d.). Ann and Robert H. Lurie Children's Hospital of Chicago. Retrieved from <https://www.luriechildrens.org/en-us/care-services/family-services/programs/heartlight/Pages/supporting-grieving-children.aspx>

Berrier, S. (2001, November). The effects of grief and loss on children in foster care. *Fostering Perspectives*, Vol 6(1). Retrieved from: http://www.fosteringperspectives.org/fp_vol6no1/effects_griefloss_children.htm

WHAT GARBAGE BAGS HAVE TO DO WITH DIGNITY

Voices: Manitoba's Youth in Care Network (Voices), puts faces to the experience of loss for youth in their annual Garbage Bag Fashion Show. Youth in care are joined on the runway by local dignitaries and professionals in the child welfare system to model outfits made entirely from black or green garbage bags in an effort to raise awareness of the importance of planned transition. The message of the annual event is that youth in care must be allowed the dignity of proper transition plans and enough time to pack their belongings and say their goodbyes. While the need for thoughtful, planned transitions for children and youth in care might seem plainly obvious to the general public, it is an area of practice within child welfare where we continue to have significant and ongoing concerns. Frequently we hear of youth having little or no notice that they are being moved from one placement to the next, and their few belongings are tossed into a garbage bag. At the close of the 2013 Garbage Bag Fashion Show, the event emcee told the crowd:

A lot of care and attention went into creating these garbage bag garments. All we ask is that as much care and attention be put into the transition of youth in care from home to home or from a foster home to independent living. We want the time to pack our belongings in proper bags and say our goodbyes. Youth in care deserve to be treated with dignity and respect.²

In January 2016, our office worked with Voices: Manitoba's Youth in Care Network to ask if this practice still continues. The responses from current and former youth in care as well as child and youth care workers were swift and loud. Children and youth in care still often have little notice they are to be moved and frequently their belongings are tossed into garbage bags by workers. It is understandable that youth feel disrespected by this ongoing practice and continue to tell us that it makes them feel 'like garbage.'

"I'm out of care, but just wanted to say i used them all the time. Leaving a home and was given black garbage bags to put my things into and rush out to the next home. It was so degrading and made leaving worse." – Former youth in care

"Actually i remember one home i didn't even get a garbage bag- i was given a box. It was worse to me- I'm not sure why but when chaos has gone down and [you're] leaving- the least you should have is your own suitcase to pack." – Former youth in care

"It honestly makes you feel more homeless than you actually are." – Former youth in care

"We still see kids using garbage bags or plastic bags for clothing and personal belongings." – Current child and youth care worker

"Oh man, the plastic bags. Often the moves were so last minute that my worker and I (or sometimes just my worker if I was at school) would load all my things into garbage bags for transfer. I should have bought shares in Glad. Never moved with anything but garbage bags until I was out of care at 18. I hope things have changed." – Former youth in care

"As a youth care worker in the field. It still happens, all the time." - Current worker

²<https://equitas.org/en/blog/garbage-bag-fashion-show/>

WHAT YOUTH TELL US ABOUT HOW THEY EXPERIENCE LOSS AND GRIEF

There is a long standing and persistent theme of loss when children talk about their time in care. It is a clear message consistently repeated when children and youth open up about their experiences in the system. A 2003 study into the stories of foster children noted that they felt confused about why they were taken into care, and what would happen in the future. The foster children's stories described the loss of many things, including families, friends, and possessions; and resulting feelings of fear and anger (Whiting & Lee, 2003).

In 2007, a study regarding the recollections of former foster youth who experienced multiple placements also noted themes of profound loss. These included children in care feeling loss of:

- Power over their destiny,
- Friends and school connections,
- Personal belongings,
- Relationships with siblings,
- Self-esteem, and
- Normalcy (Unrau, Seita, & Putney, 2008).

As well, the youth reported long term consequences of the losses that included emotionally shutting down, withdrawing from relationships, and significant issues of trust (ibid.).

For this special report, a group of 12 youth age 14 and older who are currently, or who are former children in care, offered information and shared their experiences of loss and grief with the Office of the Children's Advocate. They reflected on what they feel they lost when they came into care and their stories included a range of losses: friends, family, siblings, trust, safety, personal belongings, identity, security, values, happiness, childhood, heritage, culture, and traditions. The following quotes are excerpts from the youth from that day.

"My childhood memories and pictures have all been thrown out, and I'll never know exactly what they contained." – Youth in care

Many of the youth remembered feeling angry, powerless, nervous, isolated, fearful, and panicked when they were first apprehended. We asked them what they had been told about coming into care:

"You just have to figure it out for yourself."

"The agency did not want to discuss it with me."

"I was very young, not told anything."

The youth described the behaviour associated with their emotions:

"It's hard to make friends because I know down the road I will have to leave or they will."

"Defensive, they ask you to do something but you don't do it."

“I just shut down.”

Over time, “[actions] change, even if the feelings are the same. For example, at 8 if I was angry, I’d mess up my room. At 16, I’d punch a hole in the wall.”

“You reject new people because you don’t know them, can’t trust them.”

The group talked about the importance of redefining what “family” meant to them:

“I find my support at school, through my friends there supporting each other.”

“My foster sisters are my sisters.”

Youth tell us clearly that they feel they should be asked to help define their own circle of support. Some youth who are in care prefer to create a family of choice in lieu of their family of birth, and supporting this perspective for children in care could also serve as a way to help them re-establish a sense of personal ownership or influence in a situation that can feel very much out of their locus of control.

ADDRESSING LOSS AND GRIEF

Recognizing, acknowledging, and addressing the loss and grief of children involved with the child welfare system is the responsibility of the adults who are involved in their care: elected officials, authorities, agencies, case managers, and care providers. From the outset, all efforts need to be made to strengthen and support families to provide a safe and healthy life for their children. If it is necessary to remove a child, it must be done with an understanding of the trauma and losses the child will experience. Supportive measures cannot wait for the child or youth to request the help – youth clearly tell us that loss and grief are common, and these stories are confirmed by research that instructs us to expect that being involved – for whatever reason – with the child welfare system can be traumatic and young people need help to understand how their life stories are unfolding. The loss of identity and belonging is difficult to re-establish once interrupted and effects can be life-long.

In Manitoba, where 90% of children in care are of First Nations, Metis, and Inuit heritage, the Calls to Action of the Truth and Reconciliation Commission (2015) are particularly relevant, and speak directly to the importance of understanding the impacts of residential schools on indigenous communities and families; understanding the potential of families and communities to find solutions to heal families; developing and providing culturally appropriate parenting programs for indigenous families; and ensuring culturally appropriate placements for those children who come into care. Maintaining the child’s culture and traditions, and connection to their community is essential to their sense of belonging and identity. It is important that children know where they come from and who their people are, with opportunities to learn their language, participate in ceremonies, and connect with family, community, and their Elders.

CUSTOMARY CARE AND DECOLONIZATION

The Office of the Children's Advocate's (2015) special report, *Permanency Beyond Foster Care*, identified the need to look beyond long term government care for the increasing number of permanent wards in Manitoba, and made recommendations for a review of the regulation regarding financial assistance for adoptive families; the development and implementation of a child rights impact assessment; that any



UNCRC Article 20

If you can't live with your own family, you have the right to be raised respectfully according to your traditions.

new government action or programs be thoroughly assessed for the potential impact on the rights of children and on the rights of indigenous people; and that consultation and engagement occur with youth and indigenous leaders and communities regarding decisions impacting on them. In December 2015, the government of Manitoba proposed an amendment to *The Child and Family Services Act* that would provide for Customary Care of indigenous children as an additional option for child welfare agencies and indigenous communities. Such out of home placements would serve to maintain family, community and cultural connections and values for children in care, and bolster cultural resilience and identity. Sadly, as of March 16, 2016, at the time of this writing, the legislative session closed in advance of a provincial election and several proposed bills were left unpassed. This included Bill 15, *The Child and Family Services Amendment Act (Recognition of Customary Care of Indigenous Children)*.



For some children and youth, their family of origins struggle significantly, necessitating the children and youth to remain in care for a time; some children and youth are unable to return home before they exit the system as adults. For those children in the Manitoba child welfare system who must remain in care for a time, there are a number of programs which are mitigating the impact of loss. Some of these approaches include the use of Family Group Conferencing: the 3-5-7- Model; and the use of life books.

FAMILY GROUP CONFERENCING – RECOGNIZING THE EXPERTISE WITHIN THE FAMILY

One approach used in Manitoba, notably by Ma Mawi Wi Itata Centre Inc. (Ma Mawi), is Family Group Conferencing. Based in indigenous values, the family who is involved with child welfare identifies their support system through their extended family and community connections, which then collaborate in decision-making regarding the care and protection of their children. Strengths and resources are identified and responsibility and accountability are outlined in the family's plan, with a goal of reuniting children and their families.

Family Group Conferencing involves holistic work with families, cultural safety and competence, respect for family worldviews and outreach to extended families utilizing a home based approach (Robinson, 2012). According to information on the Ma Mawi website:

The Family Group Conference process borrows heavily in three major aspects from the decision making practices of Maori people – practices that are uncannily congruent with those of **indigenous** populations in other parts of the world.

Firstly, as many people as possible affected by the issue are gathered together as problem solvers, with everyone present having **equal rights** to participation.

Secondly, as much time as is necessary is taken to examine and **talk through** the issues, seeking to understand what has happened and its impacts rather than to ascribe blame.

And thirdly, there is a **search for consensus**, recognising that consensus is fundamental to collective ownership and responsibility.³

Ma Mawi reports a 79% reunification success rate, with a savings to the child welfare system in excess of \$1 million in 2014-2015.⁴ This approach can effectively mobilize a strong network to wrap around a family and assist them while needs are resourced and change occurs.

THE 3-5-7 MODEL – PREPARING FOR PERMANENCE

One way to help children and youth address loss and grief is the 3-5-7 Model (Henry, 2012). This approach is designed to assist children and youth understand the events of their life, grieve losses, and integrate those experiences in order to build relationships and achieve permanence. The 3-5-7 Model is used by some agencies in the Manitoba child welfare system already and the model refers to:

3 tasks to accomplish:

- Clarification: identification of life events to understand, grieve and reconcile losses
- Integration: understand connections and build meaningful relationships
- Actualization: visualize future goals and establish permanent connection

5 questions to support the work of the three tasks:

- Who am I? (Identity)
- What happened to me? (Separation & loss)
- Where am I going? (Trust & attachment)
- How will I get there? (Relationships)
- When will I know I belong? (Safety & claiming)

7 skills necessary to assist children and youth:

- Engaging children, youth and families in the three tasks
- Listening to them
- Responding
- Affirming their experiences
- Creating safety
- Exploring the impact of the past on their present situation
- Recognizing grieving behaviours as expressions of pain

³See: <http://www.mamawi.com/family-group-conferencing/>

⁴Ibid.

The 3-5-7 Model uses a variety of tools, including life lines, loss lines, life books, and other activities to assist in engaging the child, and integrating past experiences to understand the present and plan for a secure future. This model is also relevant for youth preparing for transitioning out of care, and for those who have less traditional definitions of “family,” as identified by the youth involved in this project.

LIFE BOOKS – UNDERSTANDING THE CHILD’S HISTORY AND NETWORK

Another way of addressing loss and grief is through creating a life book with the child. A life book is, as it says, a record of the child’s life. Particularly for children and youth in care, with movement of workers and multiple placements, basic information about the child’s milestones can easily be lost. Life books can contain photographs, drawings, and stories of the child, their family and friends, and community. It can contain school papers, community accomplishments, and the child’s hopes and dreams. The purpose of a life book is more than the collection of the child’s history: there is practical and therapeutic value in gathering, discussing, and working to integrate the child’s personal history, including the reasons they came into care, and their losses. Tangible and concrete, it honours the child’s story, promotes discussion about relationships and connections, and fosters resilience for the future.

The creation of life books for children in care is referred to in Provincial Program Standard 1.1.4 (3) *Frequency of Contact with Caregivers*⁵:

When a child is in the care of the agency the case manager, in addition to maintaining contact with the family:

- *has face-to-face contact at least once a month with the child’s caregiver(s)*
- *has face-to-face contact at least once a month with the child in the child’s place of residence*
- *gathers information, records, photograph, and other memorabilia to create a life book of a child who is likely to stay in care for more than one year including:*
 - *three month progress reports*
 - *information or records on critical life events such as birthdays, first (for example, tooth, steps, ride a bike, date) and school achievements*
 - *contact names*

In Manitoba, the Foster Family Manual (Manitoba Family Services, 2002) states that the collection of school and achievement records of the child, including photographs, is one of the responsibilities of a foster parent, and that they are to facilitate creating and maintaining a life book for all foster children who are permanent wards. For children who are in temporary care, a record of critical life events should be maintained. Foster parents are encouraged to keep clearly marked and dated photographs, school reports, developmental milestones, awards and achievements. This is information that should be given to the case manager when the child leaves the foster home.

Of the youth who met with our office during the development of this special report, only one had a life book, and she shared with everyone how important her life book was in her understanding of herself and the reasons why she entered care, and remained in care. She spoke about how the information contained in her life book has assisted her in coming to terms with her various relationships with the

⁵See: <http://www.gov.mb.ca/fs/cfsmanual/1.1.4.html>

different members of her family and how it has inspired her in many positive ways as she embraces life as a new mom.

In the Manitoba child welfare system, some authorities, agencies, case managers, workers, and care providers do an excellent job of supporting children and youth who are in care by nurturing connections with family and community and maintaining culture and traditions. Some youth do not experience this kind of wrap around support and as a result, struggle with the impact of the child welfare system in their lives.

Based on the voices of the youth who provided information for this project, supportive interventions and approaches need to be provided more widely, and loss and grief should be addressed more consistently, and more intentionally.

“So let me say again, that I think that we professionals need to hear over and over again that foster youth are grieving. And the way many of them show their grief is through behaviour. And I’m not talking sweet behavior, I’m talking about confused, angry, rejecting, sometimes aggressive and challenging behaviour.”

Jamie Evans, MSW, former child in care, October, 2007,
at the Court Appointed Special Advocates Conference, California.

CONCLUSION

A child’s identity develops over time and is determined by their perception of their place in their family, community, and society. The loss and grief experienced by children in care can threaten their identity, is significant, multi-dimensional, and often intergenerational. The consequences of the significant sorrow of many children and families who are impacted by the child welfare system ripple out, and affect us all.

There are various articles in The United Nations Convention on the Rights of the Child (UNCRC) that are applicable to addressing loss and grief in children. Article 3 states that the best interests of the child shall be a primary consideration in all actions concerning them. Article 8 speaks to “the right of the child to preserve his or her identity” and Article 9 talks about “the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child’s best interest.” Article 20 states that when a child cannot live in their home environment, “due regard shall be paid to the desirability of continuity in a child’s upbringing and to the child’s ethnic, religious, cultural and linguistic background.” These rights are honoured when we understand and respond to the loss and grief of children in care.

All people involved in the care of children who have experienced loss and grief need to address these important issues in children in direct ways that demonstrate an understanding of the unique experiences of each child. This trauma care for children and youth:

- Applies to all children in care, regardless of legal status;
- Is most effective when using developmentally appropriate methods that preserve memories, honour the child’s history, with a goal of integrating loss and respecting the child’s need to grieve;
- Includes educating those who provide day to day care of the child; and

- Assesses the child's need for therapy, which may intensify or diminish at different points during their time in care.

Loss and grief are normal experiences for everyone. Children in care, however, often experience loss upon loss with little opportunity to understand and manage the feelings of grief that follow. They require us to respond intentionally, with empathy, compassion, and understanding, to ensure physical, emotional and spiritual resiliency.

RECOMMENDATION ONE:

The Children's Advocate recommends that the Standing Committee on Child and Family Services, comprised of the CEOs of the four child welfare authorities and the director of child protection invite a delegation from Voices: Manitoba's Youth in Care Network to present on the issue of planned and thoughtful placement changes for young people in care.

RECOMMENDATION TWO:

The Children's Advocate recommends that the Department of Family Services provide grant funding to Voices: Manitoba's Youth in Care Network to contract with a professional curriculum designer. The purpose would be to develop an educational module that is delivered through Manitoba's Core Competency Training program. The resulting mandatory training should reflect the honest experiences of children and youth with respect to loss and grief and be a forum for awareness and compassion training for all workers in the system.

Children in care must have the benefit of workers and care providers who are knowledgeable and educated about loss and grief, and provide empathetic care that is tailored to the needs of the individual child. The losses and grief of children who experience multiple placements, changes in schools, workers, and related disruptions must be acknowledged and mitigated whenever possible. Honest and accurate information should be provided to them about the reason they came into care, their history, and future plans. Children should be encouraged to tell their story and have their feelings validated. Maintaining relationships with family and other people identified as important to the child allows for a sense of belonging and connection. Giving the child ways to exert influence and experience healthy control in their own lives will foster resilience.

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