

**EVERY VOICE COUNTS:
HEARING FROM YOUNG CHILDREN IN RESIDENTIAL RESOURCES**

By

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ABSTRACT

The importance of involving children and youth in out-of-home care in evaluating and planning child welfare services has gained momentum as government agencies strive to increase their accountability to service users and the general public. Recent research supporting their participation has also revealed a strong link between children being heard, and protecting them from harm and abuse. Including the voices of children and youth in decision-making and planning can also increase the likelihood of achieving successful outcomes for children and families.

Young children between 5 and 10 years of age however, are commonly excluded from planning and evaluation activities, which are assumed to be beyond their cognitive capabilities. The project *Every Voice Counts* challenges this exclusion by offering a pragmatic and ethical Interview Protocol to facilitate their participation in service evaluations. The Interview Protocol is easily adapted to facilitate the involvement of young children in child welfare program evaluations and planning activities.

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CHAPTER ONE: HEARING VOICES

Children and youth have been the primary consumers of child welfare services since the first protection legislation was passed in the late nineteenth century. It is only in recent years that the views and experiences of youth in care have been recognized as having any value when child welfare services are being planned or evaluated. Younger school aged children in care (5 to 10 years of age) continue to be excluded from these activities however, and their voices and views frequently remain either unsolicited or overlooked.

The lack of involvement of young children in care in service evaluations is often a reflection of adult views of their competence to evaluate services, combined with a desire to protect them from the harsh realities of the world. Failure to acknowledge their voices can often have the opposite effect of increasing their exposure to abusive care providers, or substandard care. (Aiers & Kettle, 1998; Kendrick, 1998; Euroarcc, 1999; Secretary of State for Health, UK, 2001). As social workers, parents, caregivers, and members of society we need to listen to the voices of young children in care, not only to increase our knowledge of their 'lived experiences' but to strengthen our ability to keep them safe in residential care.

Project Overview

The Project *Every Voice Counts* involved the development of an Interview Protocol that would facilitate the participation of young children in care, in residential resource reviews or other service evaluations. The Interview Protocol was designed to assist young children (between 5 and 10 years of age) to participate, along with other

key stakeholders, in evaluating the compliance of residential resources with established standards of care in British Columbia.

During the year 2001 there were approximately 10,000 children in care in British Columbia (B.C.) with an estimated 2,600 children between the ages of 5 and 10 years. There is an array of residential resources for young children in care, from regular foster care resources to intensive individual or group treatment resources. The Province of British Columbia, Ministry for Children and Family Development has established standards that govern the quality of care service providers are expected to provide for children in care in this province including Standards for Foster Homes (Province of British Columbia, 1998) Practice Standards for Guardianship (Province of British Columbia, 1999) and Standards for Staffed Children's Residential Services (Province of British Columbia, 1998). The researcher based the Interview Protocol on the key quality of care standards identified in the standards for Staffed Children's Residential Services (SCRS Standards) for the following reasons:

1. The SCRS Standards incorporate the key aspects of quality care found in both the Foster care and Guardianship Standards.
2. The standards were developed by a committee of key stakeholders including service providers, provincial government personnel and youth in care .
3. The audit/review program that measures the compliance of residential resources is multi- dimensional. The term multi-dimensional refers to the review/ audit process of gathering compliance information in a variety ways such as, reviewing documents, observing the program, and interviewing with key

informants including staff, service providers, parents or guardians, social workers and youth over 10 years age.

Although children between 5 and 9 years of age were identified in the standards as potential key informants of a review /audit process, the lack of an Interview Protocol for young children prevented their involvement. It is for this reason, and to complete the requirements of my Masters of Social Work degree, that I developed the Interview Protocol described herein to facilitate the involvement of young children in care in residential resource evaluations.

Ensuring that the voices of young children are heard in child welfare resource evaluations is not without its' challenges. During this project I encountered several obstacles and barriers in attempting to involve young children in testing and evaluating the Interview Protocol. Some of the obstacles related to the procedures required when involving young children in care in research or evaluation. Although these procedures were time consuming and complex often involving any number of parents, social workers and caregivers, they were easily overcome. Other barriers were less visible and more difficult to address. These obstacles related to the views and opinions of the adults who control access to the children. Although the project information package addressed some of the questions and concerns I anticipated that they might have about the Interview Protocol , there may have been other unresolved issues that only time and experience can resolve.

In developing the Interview Protocol, I tried to reflect the skills and abilities of school aged children under 10 years of age. I also felt that it was important for the Protocol to be flexible enough to use with any child with less developed language

skills. The decision to design the Protocol for children who are 5 years of age as opposed to 4 years of age was based on the fact that this is the age grouping set out in the SCRS Standards and the Looking After Children Project (which guides the planning and reporting requirements for all children in care in British Columbia). Starting the age grouping at 5 years of age coincides with the age is that most children begin school, and therefore begin to experience having conversations with adults other than their parents. The Interview Protocol however, can easily be adapted for use with a rambunctious 4 year old or a hesitant 12 year old.

The project *Every Voice Counts* was undertaken in four stages:

- ◆ The Development of the Interview Protocol
- ◆ Pre Interview Planning
- ◆ The Interview Protocol Field Test
- ◆ Project Analysis and Reporting

Goals and Objectives

The overall goal of the project *Every Voice Counts: Hearing from young children in residential care* is to increase the involvement of young children in care in residential resource and other service evaluations, and to achieve this goal by meeting the following objectives:

1. To develop a practical and ethical Interview Protocol that would facilitate the participation of young children in residential resource reviews or other service evaluations.

2. To evaluate the effectiveness of the Interview Protocol by:
 - a) Conducting a field test of the Interview Protocol with four or five children who are currently, or have recently resided in a residential resources in the Victoria area.
 - b) Surveying the child participants about their views of the Interview Protocol following their interviews.
3. To identify barriers to the involvement of young children in resource evaluations throughout the project and suggest strategies to overcome these barriers wherever possible.

The project also addressed the following research questions:

- ♦ What barriers exist to the involvement of young children in resource evaluations?
- ♦ What strategies can be employed to overcome these barriers?
- ♦ What communication tools were found to be effective in encouraging the participation of young children in resource reviews?
- ♦ What changes should be made to the Interview Protocol to make it more effective in engaging children in resource reviews?
- ♦ What implications could the project have for social work practice and programs of care?

Rationale

Before proceeding further I would like to explain my rationale for undertaking the project described in this report. As a social worker I have worked in and around the field of child welfare for more than 25 years. Throughout my career, I have always been amazed at the lack of input from children in care in planning and evaluating the services they receive. On the other hand, my work in this field has given me, (and countless other social workers) the opportunity to witness the devastation that can occur when the experiences and views of children are ignored. Despite considerable increases in public accountability for child welfare services with the advancement of outcome based services, freedom of information, and a desire for consumer feedback from youth and adults, children in the younger age groups continue to be without a voice.

Our reluctance to seek the views and opinions of children cannot be fully explained by our concern for their protection or their competence to make decisions in their own best interest. As a parent, social worker, and researcher it has been my observation that some of this hesitation can be attributed to an almost subconscious anxiety about how children view us as parents. This anxiety is often based on the assumption that our children will judge us harshly as parents and care providers. In preparing for the field test of the Interview Protocol I observed several anxious responses by care providers and guardians to requests for their consent for a child's participation in the project. Ellen Galinsky (1999) talked about similar responses among the parents she approached about their child's participation in her study of what children think about working parents:

The parents, who first wonder what their children would say, just as inevitably stop short and add, “I don’t know if I want to know.” “I would feel too guilty.” “My child might say awful things about me.” And for many mothers: “My child might tell me to stop working and stay home.” (p.1)

In the end however, Galinsky concludes that as a society (not necessarily as parents or guardians) we have reached a point where we are willing to overcome their anxieties and take the plunge:

Although many of us have not asked our own children, we are ready to listen.

Over the years that I have worked on issues of work and family life, I have seen an evolution in our interest in understanding social change. At different times, there is a “societal readiness” to take on certain issues. I believe that we are ready to listen because it is finally the right time. More importantly, we are ready to listen because we really need to know (1999, p.2).

If “...we are ready to listen because we really need to know ” as Galinsky suggests, what has led us to this conclusion, and what is it that we need know? The answer to these questions can be found by examining two sources of information. The first source is the recent research about children’s rights and the role and participation of children in our society. The second source is child welfare practice wisdom, developed over time by social workers practicing on the front line of child welfare services. In examining both sources I have arrived at the following list of what we know about children without a voice, what we need to know from these children without a voice, and why we need to know it.

1. There is a strong link between protecting children, and their ability to express their views freely. Children without a voice are more vulnerable and more at risk to be victims of abuse and substandard care. (Euroarrcc, 1998; Aiers & Kettle, 1998; Euroarrcc, 1999.)
2. In recent and historical studies (Festinger, 1983; Raychaba, 1993; Kendrick, 1998; Euroarrcc, 1999; Secretary of State for Health, 2001) involving youth in care, and former children in care, there is a high incidence of reported maltreatment in care.
3. There is no mandated responsibility in British Columbia to involve children under twelve years of age in judicial decisions that affect their lives. The views and wishes of children under 12 are commonly represented by their care providers or their social workers in court and other decision-making proceedings
4. To fulfill their guardianship responsibilities for children in care, social workers need to know what children and youth in care are experiencing in their residential resource placements.
5. Young children have valuable insights about the services they receive and can make plans for their future.
6. Children who are involved in decision making and planning activities are more likely to achieve positive outcomes, including successful family reunification, within shorter time periods than children without a 'voice' in these activities.

CHAPTER TWO: BACKGROUND

Children's Rights

The concept that children should be entitled to the fundamental rights of citizenship began to emerge in Canada following the Second World War. In 1959 the Canadian Government signed the United Nations Declaration on the Rights of the Child, "...a statement of broad moral principles, ideals and aspirations rather than a legally binding agreement" (Covell & Howe, 2001, p.20). Despite its lack of legal sanction the UN Declaration was an important first step in transforming our ideals and values about the role and status of children in our society. (Kufeldt, 1999, p.160). The Declaration acknowledged for the first time that children should be recognized as stand alone citizens of society, with special citizenship rights of provision, protection, and participation.

Some of these principles were incorporated into legislation and policy for the two decades following the UN Declaration in 1959 (Covell & Howe, 2001 pg.21) but for the most part court decisions continued to be guided by the principle of *parens patriae* (the state as parent or father), which had been the standard for court decisions involving children since the beginning of the twentieth century.

Within the framework of *parens patriae*, the state has the right, in the best interest of the child, and for that child's protection, to remove some authority from the family through its legislation and court systems, to define good and bad parents behavior, to enunciate safe living conditions for children, to propose possible outcomes for the young persons involved... (E. Macintyre, 1993, p.22).

In recent years the principals of *parens patriae* had been expanded in legislation to include the concept of the 'best interests of the child'.

In 1991 the Government of Canada signed the United Nations Convention on the Rights of the Child. The UN Convention differed from the 1959 UN Declaration in that the rights of children were clearly defined and it was a legally binding agreement committing Canada "...recognizing children's rights and improving the quality of their lives..." (Canadian Coalition for the Rights of Children, 1999, p.7). Although children's rights were now legally sanctioned, there was a great deal of resistance to the principles before and after the UN Convention was ratified in Canada.

Opposition to the advancement of children's rights has been voiced by several groups during the 1990s. Some opponents were concerned "... that recognizing children's fundamental freedoms could undermine the role of parents" (Canadian Coalition for the Rights of Children, 1999, p.27). Other opponents were staunch supporters of parental rights, and advocates of 'family values'. These views were espoused throughout North America during the 1990s by some religious fundamentalists and right wing politicians. The Premier of Alberta, Ralph Klein reported that:

Albertans have expressed the view that while these sections may be well intended, they may in fact negatively affect the ability of parents and care-givers to provide a healthy, nurturing, and stable environment in which to raise their children (Premier Ralph Klein, January 13th, 1999 cited in the Canadian Coalition for the Rights of Children, 1999, p.27).

In the United States during this period politicians like Newt Gingrich had a considerable amount of influence in shaping American social policy. Interestingly, the United States and Somalia continue to be the only two countries that have not yet ratified the UN Convention on the Rights of the Child.

Resistance to the Convention was also found among two groups who support the principles of children's rights. Covell & Howe (2001) refer to these groups as the child liberationists and the child protectionists. The liberationists held the view that children should have the same rights of adults such as voting, working, and the right to self-determination (p.21). For the child protectionists:

Children are not seen as fully rational beings and as lacking in wisdom... in a critical sense they cannot know their own best interest... Thus they need looking after, they need protecting and they need to have their needs met rather than their rights upheld (Roche, 1999, p.477).

Framers of the UN Convention (1991) attempted to satisfy the concerns raised by parental rights and 'family values' supporters with strong statements about strengthening families, and the rights and duties of parents, extended family and community. An example of these statements can be found in Article 5 of the United Nations Convention on the Rights of the Child (1991) states that:

Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide in a manner consistent with the

evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention (Human Rights Directorate of the United Nations, 1991, p.4).

The participation rights of children declared in the Convention (Article 12) were unique, and if honored, could have a profound effect on the status and participation of children in our society. Article 12 is considered to be a key article of the Convention and it is intrinsically linked to Article 3 concerning the best interest of the child. "It is imperative that these two articles are considered jointly when decisions are being made about a child's life. For how can we determine what is in a child's best interests without considering the child's view" (Rights Awareness Project, 1995, p.1).

Article 12 also asserts that it is the duty of all legal or administrative institutions directly responsible for the daily care of children, (e.g., police departments, social work agencies, courts, and schools) to ensure that children's participation rights are being respected. Unfortunately it is some of these traditional institutions where progress in the advancement of children's rights has been the slowest. "Most of the restrictions that children face on a daily basis are not entrenched in law, but are part of school policies or are rules of the family" (Canadian Coalition for the Rights of Children, 1999, p.3). This is especially true for children under the age of 10 whose views are rarely solicited by adults when evaluating services or making decisions that affect children's lives.

Our reluctance to involve children under 10 years of age can often be rooted in the belief that young children are incapable of forming or expressing their opinions

about the services they receive or that they should be shielded from the responsibility of participating in major decisions affecting their lives. However, as Cowell and Howe, 2001, point out:

It is particularly important for the child's well being that the child have a sense of control over events that are anxiety-evoking, events such as removal to foster care and the resolution of custody disputes. Frequently, however, children are not consulted in these decision-making areas. Professionals believe themselves better able than the children to make decisions that are in the child's best interest. Perhaps they are, but the child can still participate in the decision (p.122).

In British Columbia the *Child, Family and Community Services Act* which was enacted in 1996, incorporated the ideal of children's participation rights. The guiding principles in the act stipulate that "...the child's views should be taken into account when decisions relating to the child are made" (Section 1, (2) d) p.2). The act also outlines special rights for children in care including their right to be "...consulted and to express their views, according to their abilities about significant decisions affecting them. (Section 70 (1) c 1996). Although these principles appear to ensure that children have a voice in decision making, the legislation only requires that the views of children over 12 years of age be considered by the court when making decisions about their care.

In addition to the legislative mandate, the quality of care children receive in residential resources is governed by a plethora of regulations and policy directives. Since the proclamation of the *Child Family and Community Services Act* in 1996,

standards of care and practice have been developed in accordance with the legislation. These standards, which govern most aspects of child welfare practice, include the rights of children and youth to express their views and to have a voice in the services they receive and services they need. Evidence of this new approach is most apparent for children who are over 10 or 12 years of age.

The decision to exclude children, especially children under 10 years of age, from decision-making and service evaluations is often based on negative assessments of their competence in this area. In fact, arguments about the lack of competence of young children are frequently used to rationalize the exclusion of young children in decision-making and service user evaluations. Thomas and O’Kane (1998 a) in their study of children ‘looked after’ in middle childhood, found that these rationalizations were also used to determine the weight given to children’s views. It was their experience that “ In theory and in practice these dilemmas (about children’s competence and the weight given to their decisions) are perhaps the sharpest, not in relation to very young children or with adolescents, but (with children) in middle childhood” (p.141).

Later in this article Thomas and O’Kane (1998 a) shared their views and the views of a foster parent, about the debates regarding competency of young children. “ One trouble with discussions about competence is that there is often an unspoken assumption that, where children use different criteria for making choices, those (criteria) are necessarily defective or at least inferior to adult criteria. But adults do not have a monopoly on wisdom” (p.151). In other words as the foster parent they interviewed put it, “ ‘So really it’s, they can make decisions as long as they don’t

disagree with the adult views and perceptions of what's going on; because if they do (disagree) then obviously they don't understand the situation' ” (p.151).

Many of our views about children and their competence to evaluate or express their views are based on longstanding societal beliefs about children and childhood. These beliefs have often been informed by the developmental psychology.

Developmental psychology which is the underpinning discipline for most early childhood education work, suggests that children, especially young children, are not competent witnesses to their own experience...essentially young children are seen as being at an early stage on the road to adulthood...” (Penn, 1999, p.5).

The UN Convention on the Rights of the Child (1991) however, has been a catalyst for research that challenges the traditional developmental view of children (Garbarino & Stott, 1989; Penn, 1999; University of Ghent, Children's Rights Centre, 1999; Willow, C., 2000).

In recent years the United Kingdom has undertaken a major project about children 5-16 years of age:

... to explore various aspects of the children's lives as a lived experience.

The main themes of the research are Children and Household Change; Shaping Children's Every day Activities; Children's Values and Identity; Children as Participants in Organizations and Institutions; and Children as Users of and Contributors to the Physical and Built Environment” (Penn, 1999 p.4).

The outcome of this research and similar studies of childhood underway in Europe, the United States and Canada (The Rights Awareness Project, 1995; Children's Rights Centre, 1999; Penn, 1999; Thomas & O'Kane, 1998 a) have challenged the notion of children as developing adults. This new research suggests that children have a separate and unique identity from adults in our society "...as consumers of services in their own right, who can be consulted about how they are treated. If children themselves can provide informed comment on what they experience, then this too should influence the nature and shape of provision" (Penn, 1999, p.5).

At this juncture however, we need to ask, What impact has the UN Convention on the Rights of the Child and recent research had on our views of childhood, the role of children in society, and the participation of children in decision-making and service evaluations? In 1999, ten years after the Convention on the was passed by the United Nations, the Canadian Coalition for the Rights of the Children undertook a study to assess Canada's progress in adopting the principles of children's rights. Some of the key findings they reported are as follows:

Children are usually not recognized as subjects of human rights and adults can place arbitrary limits on children's fundamental freedoms. Teachers and principals, for example, have broad discretionary powers and can restrict students' freedoms with little, if any, accountability. There are few redress mechanisms available to children. Most of the restrictions that children face on a daily basis are not entrenched in law but are part of school policies or rules of the family. In these situations, children's fundamental freedoms are

very dependant on the good will of adults (Canadian Coalition for the Rights of Children, 1999, p.3).

The Children's Alliance in England reported similar findings to the Canadian Coalition:

We don't live in a society that treats or perceives children and young people as competent people with the capacity to make decisions and influence their own lives or others. School is one of the principle influences on children and young people. As an institution, school teaches children and young people to curb their individual personalities and depend on others to decide when, where and how they spend their time....The main factor that inhibits their effective inclusion in decision-making is the way adults do business (Willow, 2000, p.2).

In his examination of the participation and citizenship rights of children, Roche (1999) concurred with the Alliance and added that the exclusion of children in social service and other professional settings could also be due to the fact that "...many adult professionals are just not able (or used to) dealing with children as partners" (p.478).

The acquisition of power in industrialized nations is significantly tied to economic status of citizens within that society. In their 2001 Report on the Progress of Children in Canada the Canadian Council on Social Development stated that:

One of the most worrisome trends in the lives of school age children is the increasing gap between affluent and poor families in Canada. The income equality gap is clearly widening, which means that groups of children are becoming increasingly marginalized (p.3).

Canada, in fact, has a very poor track record for alleviating child poverty. “ In 1998, 19% of Canadian children lived in poverty. According to UNICEF, Canada has one of the worst child poverty rates among 16 industrialized nations” (Canadian Council on Social Development, p.5). Recent cutbacks and reductions in the social safety net have only served to institutionalize child poverty in Canada and British Columbia. Poor children and families become more and more marginalized and invisible as the numbers in their ranks increase and, as we all know too well, “ Children (and families) who are socially and economically excluded have diminished access to exercising legal rights” (Roche, 1999, p.404).

Even in ideal circumstances, however, actualizing the rights of young children to participate and share their views is not without its challenges. In the next section I will be discussing some of the research that has been undertaken with young children in care, some of the obstacles researchers have encountered and what their research has contributed to our understanding of the experience of young children in care.

Research with Children In Care

In a review of the literature the researcher found very few studies or service evaluations that directly involved children, and to some extent, youth. This is particularly concerning in the field of child welfare, where children have been the

primary service recipients since the first child welfare legislation was enacted in the late nineteenth century.

As one of the earliest champions for the participation rights of children in care in
Canada, Kathleen Kufeldt undertook a study in 1984 that directly involved interviews
 with young children about their experiences in care. Although Kufeldt's study was relatively small, Fanshel and Shinn (1978) had commenced a very large comprehensive longitudinal study of children in care, almost a decade earlier in New York. In her study Kufeldt not only interviewed the children but she asked the children the same questions (altered to be age appropriate) that she asked the adults. Her intent was to test the assumption "...that if children are treated as rational people with worthwhile opinions, they are likely to respond accordingly." In her final analysis she reported that "...their responses justified this expectation." (1984, p.258).

Despite the successes of Kufeldt (1984) and Fanshel and Shinn (1978) the number of studies or service evaluations involving the voices of young children did not increase significantly over the next ten years. Wilson and Conroy (1999) confirmed this trend, "Despite the increasing number of children in out of home care, few studies document their satisfaction with their current homes, the services they are receiving, and the quality of their lives" (p.54).

Wilson and Conroy's (1999) research was one of the first major studies involving the direct input from a large number of children and youth in care (1100 children and youth 4 to 17 years of age were interviewed) since Fanshel and Shinn's landmark study in New York in 1978. Wilson and Conroy's study was also unique because the interviews took place over a 4-year period as part of an ongoing annual client

evaluation of child welfare agencies in Illinois. Although consumer feedback had already become a vital part of evaluations in many human service agencies, children were rarely included in these reviews. Wilson and Conroy (1999) suggest that, “A holistic evaluation of the quality of out of home care should include interviews with children” (p.54).

Due to the large numbers of children interviewed over the four-year period Wilson and Conroy were able to challenge some of the established thinking about “... children’s ability to report on their own circumstances and assess their own needs” (pg.54). Kufeldt continued to conduct research with children in care in the years that followed, and in 1999 she presented a summary of this work at the First Canadian Roundtable on Child Welfare Outcomes. Her report stressed the importance of including children’s voices in child welfare service evaluations, “... children and youth provide a more balanced view of child welfare services. They can identify both positive and negative aspects of their experience and can thus help focus on what aspects most need reform (1999, p.16).

Some of the early studies about the experiences of children in care involved interviews with older or former children in care (Barth, 1990; Raychaba, 1993; Rest & Watson, 1984). Although these studies were primarily retrospective accounts of the individual’s experience they contributed a great deal to our knowledge of the ‘in care’ experiences for children and youth, and the critical need to listen to children in care. The title of Festinger’s retrospective study in 1993 “No one ever asked us” summarizes clearly what the former or older foster children had to say about their experiences.

Abuse Investigations in Residential Care

Another source of information about the experiences of children in out of home care has been the major investigations into abuse and neglect in residential resources for children and youth. These investigations have often been in response to public concern over the conditions in residential resources for children or a tragic event such as an alleged preventable death or injury of a child in these resources. Interestingly these investigations, without exception, have involved in depth interviews with all the children who are residing in, or have resided in the resource past and present. This practice of course, is not unusual, but a requirement when investigating reports of child abuse or neglect. The reports following these investigations however, have all placed a strong emphasis on the need for systemic changes that would allow the voices of children to become an integral part of the ongoing program of care, and periodic evaluations of residential resources.

Andrew Kendrick (1998) in his study of investigations in residential resources stated recent surveys in the UK "...identified 305 investigations of reported abuse in foster care during the year under study... with over one fifth of the cases substantiated" (p.171). In the United States "...the calculated rates of maltreatment in care settings in the state of Indiana between 1984 and 1990... (were) at least seven times the rate in any other type of out of home placement" (Spencer & Knudsen, 1992 as cited by Kendrick, 1998, p. 151).

Kendrick (1998) reviewed the abuse investigations from several countries in an attempt to isolate some of the factors present in each of the care settings. His study revealed that safe residential resources paid a great deal of attention to "...listening to

children; the selection, support and training of staff and carers; and promoting openness through the involvement of families and the community” (p.169). Kendrick later states that “...the most crucial lesson from cases of abuse in residential and foster care is the need to listen to children and young people” (p.175).

Listening to children and young people is only the first step in safeguarding children in care. Children and youth need to have a way of reporting abuse, neglect or simply complaints about their care without fearing retribution from their care providers. This however, can be extremely difficult to provide. In many circumstances this function has been left up to their social workers who have a statutory obligation to meet with them without their care providers at pre-determined intervals. As many of the retrospective studies (Festinger, 1983; Raychaba, 1993; Utting, 1991) and major investigations of abuse in residential care (Aldgate & Stratham, 2001; Euroarrcc, 1999; Kendrick, 1998; Secretary of State for Health, 2001) convey, relying on children to disclose abuse to people in authority or their social workers is often unrealistic. This expectation is also contrary to what we know about the weight given to the opinions of adult authorities compared to that of a child.

For young children this presents an even greater dilemma. Kufeldt suggests that our attitudes about the abilities of young children are likely due to “... prevailing values and historical events (that) still tend to take precedence over theoretical knowledge” (1999, p.159). Young children in care are more likely than their older counterparts to feel helpless when faced with abusive authoritarian caregivers, who often suggest that they are incapable of knowing what is in their best interest.

Children, especially young children, need to have opportunities to express their views or complain about their care.

With the establishment, in recent years, of standards for residential resources, care providers have been obligated to develop conflict resolution and complaint procedures for children and youth to voice their views and concerns about the care they receive. Aiers and Kettle (1998) in a recent review of the experiences of children and youth with complaints procedures in residential care reported that:

Many people in the children's rights movement & child care professionals continue to believe that a complaints procedure does not constitute an adequate safeguard: in an abusing setting, it is unlikely that vulnerable and powerless residents would be in a position to be able to make use of it (p.8).

Despite these concerns Aiers & Kettle (1998) report that children's complaints and views continue to be represented by adults who "... believe that they know, by virtue of their greater experience, what are the best interests of children and young people" (p.9). In their report *When Things Go Wrong* they argue that children and youth need to be heard even if adults feel they are more competent to act in their best interests.

Although there is a place for adults to act as advocates, this is no substitute for children and young people themselves being able to express their views and have them taken seriously. The question of a young person's competence is not at issue here: any person has the right to speak for themselves regardless of circumstances or attributes" (p.9).

Value based systemic barriers to the involvement of children in research or service evaluations are only some of the obstacles facing researchers wishing to

involve children in research. As many researchers who have involved children's voices in their studies report (Gil & Bogart, 1982; Kufeldt, 1984; Euroarrcc, 1998; Kufeldt, 1999; Euroarrcc, 1999; Wilson & Conroy, 1999; Lewis, 2000) there are many pragmatic challenges to involving children. Berrick, Fox, & Frasch (2000 b) suggest that "Despite the importance of including children's voices in child welfare research, their relative absence is not surprising. Administrative, political, legal and pragmatic barriers all conspire to limit researchers' access to and contact with foster children" (p.120).

The absence of children's voice in research and evaluations may also be a reflection of the researcher's choice of methodology. Researchers, who employ structured and inflexible interview methods with young children often do so on the premise that by maintaining the objectivity of the process their results will be able to be generalized to children in similar situations. Children, however, are often unresponsive to these quantitative scientific approaches, which can lead researchers to believe they are incapable of forming opinions about their experiences.

The inclusion of young children in research and evaluation will require the use of effective and ethical 'child friendly' methodologies that are more in tune with the way children communicate to adults and other children. One of the primary ethical considerations in research involving young children is the inherent power imbalance between the adult interviewer and the child participant. Thomas and O'Kane (1998 b) found that one of the most effective ways to redress this imbalance was to employ a participatory action research approach:

The use of participatory techniques assisted in breaking down imbalances of power, not only by giving the children greater control over the agenda and more time and space to talk about the issues that concern them, but also by creating an atmosphere in which there were no right or wrong answers and even some opportunities for children to interpret and explain their own data. In addition the meetings were more fun! (p.343).

Participatory techniques are easily adapted for use in conjunction with other interview approaches, some of which have a longstanding history in social work practice. In developing the Interview Protocol for *Every Voice Counts* I incorporated many of the participatory techniques and approaches into an adapted Step Wise Interview Format (Province of British Columbia, 2000, p.53) commonly used by social workers in investigative interviews. Approaches similar to this one have also been used successfully by other groups (Euroarrcc, 1998; Euroarrcc, 1999) seeking feedback from children about the services they are receiving, including groups seeking input from disabled children with limited speech (Lewis, 2001).

As Thomas & O’Kane suggest that the effectiveness of any interview format for young children will ultimately be judged by its’ ability to engage and hold the interest of the young children who are interviewed. Engaging and holding the interest of children can often be a formidable challenge for researchers, because it requires making the experience fun.

In the next chapter I will be describing the participatory techniques I employed in developing the Interview Protocol. The use of participatory approaches in research with young children encourages their participation in the research process, and

provides them with opportunities to demonstrate their competence in evaluating services. As Thomas and O'Kane (1998 b) suggest participatory approaches accomplish this:

By creating space for children to make these choices, and playing an active role in the research process, shaping the agenda, speaking about matters that concern them, and reflecting upon our methodology, we may learn a great deal from them (p.346).

CHAPTER THREE: METHODS AND PROCEDURES

The following chapter includes a discussion of the theoretical framework used in designing the Interview Protocol and the methods employed to meet the objectives of the project Every Voice Counts. The chapter also includes a description of how the participants were recruited, the ethical considerations in research with children and the materials and procedures followed during the field test of the Interview Protocol.

Theoretical Framework

In developing the Interview Protocol it was important to adopt an approach that was flexible enough to meet the challenges of interviewing young children while minimizing the power imbalances between the researcher and the participant. The participatory evaluation approach which is based on the principles of participatory action research and evaluation, seemed best suited for the task. In this approach research subjects take a more active role in shaping the research process than they would in traditional research approaches.

The easiest way to illustrate some of the differences between this approach and more traditional research approaches with children and youth is to examine an earlier study involving children in care. In 1982 Gil and Bogart undertook a study to explore the views and experiences of children and youth in care of a particular child welfare agency on behalf of the area child abuse council. The study entailed interviews with 100 children in care from the agency who were between 8 and 18 years of age at that time. To recruit their participants the researchers took a random sample from the agencies' records, of 50 children residing in group care and 50 children residing in

foster care. Agency staff were asked to inform the care providers about the research to ensure their cooperation, prior to contact by the researchers. The researchers informed the children immediately prior to their interviews (in front of the caregivers) that they wished to interview them about their experiences in care. The child abuse council overseeing the project decided that the children should not be told about their involvement because this might bias their survey responses. Foster parents wishing to assist the children in the completion of the structured questionnaire were politely escorted out of the room where the children were being interviewed. The children were told following their interviews that they would get a letter about the research in the mail, and the letters were sent out 4 months after their interviews.

Gil and Bogart's (1982) study was one the earliest projects to involve interviews with children and youth. Their procedures were considered to be both valid and reliable, having met the standards for research rigor that existed at that time. Although the children and youth in care interviewed by Gil & Bogart in 1982 may have been asked about similar aspects of their experiences in care as those addressed in a participatory evaluation, the two approaches differ significantly in other ways.

Participatory approaches require the approval of all the key stakeholders in the research, including the participant, prior to the scheduling of interviews. Great care is also taken to ensure that their consent is voluntary, and that they understand the purpose and outcome of the research. Participatory approaches stress that children need to be asked for their consent to participate in the project on an ongoing basis, as the understanding of the project and their nature of their involvement increases. This practice not only acknowledges their increasing awareness about the project, but

effectively reduces the influence of interviewers, care providers, parents, and social workers in this decision. In a participatory approach if the questions were too difficult for a child they would be reworded in language more suitable to their level of understanding.

In 1982 when Gil and Bogart were conducting their research, participatory approaches to evaluation would likely have failed tests of research rigor. Recent research suggests however, that participatory approaches meet other ethical standards for research with children and youth by using procedures that allow them to demonstrate their competence in evaluating services. In a participatory evaluation the researcher and the subject of the research each assume the role of participant researcher roles throughout the research process. Participatory approaches are considered to be ethical methodologies in research with young children because they minimize the inherent power imbalance between the researcher and the child participant, and they allow children to exert some control over the research agenda.

Participatory approaches have been employed in recent studies involving children in care in the United Kingdom (Thomas & O'Kane, 2000) and the United States (Berrick, Fox & Frasch, 2000 b). Both studies employed age and stage appropriate interview formats and made the interview sessions fun by allowing children to choose from a variety of verbal and non-verbal response tools. Thomas and O'Kane reported that:

... the reliability, validity, and the ethical acceptability of research with children can be augmented by using an approach which gives children control over the research process and methods which are in tune with children's ways of seeing and relating to their world (1998 b, p.337).

More importantly participatory approaches effectively address many of the ethical concerns of research such as consent, confidentiality and participant abuse, and for children, the inherent power imbalances between adult interviewers/ evaluators and child participants. For these reasons the Interview Protocol was designed using a participatory evaluation framework.

Recruiting Participants

Gaining access to young children in care. Gaining access to young children in care for the field test of the Interview Protocol presented the researcher with several challenges that are discussed more fully in the first part of the next chapter. As a result of these challenges and ensuing time constraints, only two children, not the anticipated four or five children participated in the Field Test of the Interview Protocol.

After receiving approval to conduct a field test of the Interview Protocol from the Director of Child Protection, the Quality Assurance Manager, and the UNBC Research Ethics Board, the researcher approached the Acting Chief Executive Officer for the Ministry of Child and Family Development (MCFD), Vancouver Island Region Jane Cowell, for her approval to conduct the field test in the Capital Region. Once approved Jane Cowell briefed the Contract Manager responsible for the management of the Residential Resource Teams in the capital region. The Contract Manager referred the researcher to the Team Leader responsible for Child Welfare Resources in Victoria. The Residential Resource Team Leader met with the researcher and put her in touch with the Intake Resource Social Worker who

maintains an up to date listing of all the children in residential resources in the Victoria Area. The Intake Resource Social Worker provided invaluable assistance and became the researcher's ongoing contact on the Residential Resource Team.

Although I had initially planned to involve young children in group care, along with children in regular and specialized foster care resources in the capital region, at the time of the pilot there were no eligible young children residing in group residential resources in the Victoria area. The Team Leader and Resource Social Workers from the Residential Resources Units in Victoria and Sooke provided me with a great deal of support and assistance in identifying eligible children in care in the capital region. Eligible child participants were described as follows:

1. Young children in care between the ages of 5 and 10 years, who had resided in a foster home or a group residential resource in the capital region, for more than 30 days during the past 6 months.
2. Young children in care identified by their guardianship social workers as children who would not be adversely affected by the interview process.
3. Young children who were in temporary or continuing care of the Director of Child and Family Development or those in care via a Voluntary or Special Needs Agreement.
4. Young Children in care whose parents, guardians and service providers consented to their involvement in the project.
5. Young children in care who verbally agreed to participate on an ongoing basis throughout the project.

Although the Interview Protocol was based on the Standards for Staffed Children's Residential Services (SCRS Standards) it was readily apparent that children in this age group resided almost exclusively in foster care resources in the capital region. As noted in Chapter One this did not present any particular difficulties for this researcher because the SCRS Standards incorporate the critical Foster Care Standards and the Interview Protocol is general enough to be adapted for use with children in foster homes as well as those for group care facilities.

Obtaining consent. The researcher with the assistance of the Intake Resource Social Worker identified 44 potential young participants and contacted their Ministry of Children and Family Development Supervisors and Guardianship Social Workers to introduce herself and briefly describe the project. The Supervisors and Social Workers were then provided with an information package about the project that they could share with parents and /or foster parents (Appendices A to E). The researcher contacted Guardianship Social Workers a day or two after they received the project information to answer any further questions they had about the project.

The Guardianship Social Workers who felt the identified child might be appropriate to participate in the project then contacted the child's parent / guardian (if required) with information about the project or let them know that the researcher would be contacting them with further information and to request their written consent for their child's participation. If the child was a Continuing Care ward of the Director of Child Protection their Guardianship Social Worker has been delegated by the Director to provide consent in writing for their participation in the project field test of the Interview Protocol.

The Guardianship or the Resource Liaison Social Worker also contacted the child's foster parents to inform them about the project and to inquire about any concerns they might have about the child's participation in the project or the child being interviewed in the foster home. Since the researcher was delegated by the Director of Child Protection as an employee of the Ministry of Children and Family Development, she was able to contact the child's parents and foster parents directly following their initial contact by the Guardianship or Resource Liaison Social Worker.

Despite concerted efforts by the researcher only two children in care, not the four or five planned for, were approved at all levels to be interviewed for the field test of the Interview Protocol (discussed further in Chapter Four). The two children interviewed were 7 and 8 year old boys who were continuing care wards that were permanently placed in the same foster home.

The researcher met with the foster parents and asked them for additional information about each child's communication style, cognitive ability, interests, attention span, and what they had told the child about the project. At the conclusion of the meeting with foster parents, arrangements and dates for the children's interviews were agreed upon and the foster parents introduced the researcher to the children.

The details of the researcher's initial meeting with the children are discussed fully in the Field Test Procedures section however, regarding consent, the boys were asked at this time for their initial verbal consent to participate in the project. Requests for their verbal consent were then repeated throughout the project. The children were

not asked for written consent because this would assume that they had some previous knowledge of the process they were consenting to, and an understanding of the impact of their consent (Lewis, 2000; Berrick, Fox & Frasch, 2000 a; Thomas & O'Kane, 1998 a).

Ensuring confidentiality. Confidentiality is often a major concern for both participants and researchers. To address this concern the following steps were taken to safeguard the confidentiality of project participants:

1. Children were not identified by name they were assigned a number. The interview data only identifies the child participants by their assigned number. Any identifying information will be kept in a secure location until the project was completed. Following the completion of the project report the identifying written or taped information will be destroyed.
2. Confidentiality will be maintained with the exception of circumstances where the researcher has reason to believe that the participating child, or another child had been or was likely to be harmed or that an adult in authority had used one of the prohibited behaviour management techniques identified in the *Standards for Staffed Children's Residential Services* (1998). See Appendix H *Child Protection Disclosure Protocols*.

Designing the Interview Protocol

An extensive review of the literature revealed that few studies had been conducted involving interviews with children under 10 years of age. Consequently the researcher needed to review and adapt information from a variety of sources, and

incorporate this information when developing the Interview Protocol. Information was sought from the following general areas:

1. Child Development - the cognitive, emotional, and psychosocial considerations in interviewing with young children; social constructs of children and childhood.
2. Participatory Evaluation Research – current research involving young children as informants in evaluations of a) child welfare services and b) community development projects in the third world.
3. Social work Practice Wisdom – including strategies employed in interviews with young children in clinical and forensic settings.

As noted previously, the questions for young children were based on the *Standards for Staffed Children's Residential Services* (SCRS Standards) in British Columbia, which were enacted as mandatory standards for all staffed residential resources in British Columbia in 1998. There are currently thirty-two SCRS Standards organized under eight key headings. Each standard has a list of expected outcomes for children and youth, and practical steps for service providers and program staff to achieve the expected outcomes.

Compliance with these standards is measured in a multi-dimensional review/audit process. The process is described as multi dimensional because compliance is measured using a number of data collection techniques from a variety of information sources such as:

- ◆ A review of the resource documents
- ◆ Program Observation

- ◆ Key informant Interviews with service providers, Ministry of Children and Family Development personnel, resource staff, parents/guardians and youth over 10 years of age.

The first task in designing the interview questionnaires for young children was to drastically reduce the number of standards that would be covered by the questions themselves. Although several standards had been evaluated in the interviews with youth during recent compliance reviews of Staffed Children's Residential Resources review/audit program with older children, this researcher surmised that younger children would need a more flexible time consuming approach to understand both the process and the intent behind the questions.

In examining information from the committee responsible for the initial development of the SCRS Standards and the SCRS Review Program, this researcher found that this committee had initially prioritized the standards that they felt were critical to quality care in residential resources for children. In addition to the committee's information the researcher consulted the current Canadian child welfare outcome research for their views about the essential aspects of quality care for children in residential resources. Both the committee and the research identified the following key areas that should be addressed in all residential resource reviews to ensure the ongoing safety and well being of children in residential care.

1. *Safety*. The personal safety and protection of children in the residential resources.

Questions that address such things as the child's feeling of safety, the use of physical restraint and/or abusive behavior management methods by the staff, bullying by other residents, and their knowledge of emergency procedures.

2. *The service environment.* Questions concerning the quality of care provided for the children, including their personal accommodation, their privacy, and programs that promote healthy growth and development.
3. *The involvement of family and community.* This includes questions about the involvement of their families and significant others in the program, as well as their involvement with children and activities in local community activities.
4. *Children's voice.* Questions about their knowledge of the rights of children in care and the complaints resolution process as well as the children's involvement in decision making and planning that affects their lives.

Field Test Procedures

The initial meeting with the participating children. Prior to their interviews the researcher met with the participating children at their foster home. During this initial meeting the researcher ensured that the children understood the following information:

1. The purpose of the interviews and the format that would be followed during the interviews.
2. That unlike other times when adults had asked them questions, there were no right or wrong answers to my questions.
3. Their answers would be kept confidential, unless they disclosed information that indicated that they, or another child, has been or may be harmed. The researcher briefly reviewed the Child Protection Disclosure Protocol.

4. Their participation was voluntary and they could choose to 'pass' on questions or stop the interview at any time if they felt uncomfortable.
5. The researcher gave each child the option of having their interview audio taped or recorded by the researcher taking notes.
6. Their Guardianship Social Worker would be talking to them after their interview to make sure that they were not upset or confused following the interview.
7. There would be a variety of communication tools available to aid them in responding to the interview questions.
8. And finally, the researcher told them that she would be asking for their feedback about the Interview Protocol at the end of their interviews.

Pre-interview on site planning. During the initial in person visit with the children and their foster parents the researcher was able to observe their interactions with adults and the other children (when they were present). During this visit the foster parents assisted me in identifying a room suitable for the interviews with the children. A suitable room was one that was private, with few distractions, that allowed the child and the interviewer to be on the same level (i.e. sitting or on the floor). The room needed to be one that the children did not have a negative association with e.g., the time out room.

As noted earlier, during the pre-interview visit to the foster home the researcher reviewed the children's communication styles with the foster parents and asked them about their interests and favorite activities. The foster parents were also asked to identify a toy or gift the child would be enthusiastic to receive. These presents were then wrapped and presented to the children following their interviews.

The present giving was only a small incentive for the children to complete the interview because they were told that they would be given the presents at the end of their interview whether or not they completed the questionnaire. The presents also represented my appreciation for their agreement to be interviewed and some recognition of the effort they put in, and the time they had given up, to participate in the project. At the conclusion of this visit dates and times for the interviews with the children were confirmed.

The interviews with young children. The children's interviews followed a format adapted from Dr. Yuille's Step Wise Interview Protocol (Ministry of Children and Family development, 2000, p.53). Although this protocol is often used in investigative interviews with children, it is also suitable for interviews when the interviewer does not have an ongoing relationship with the child. Since my interviews were intended to be far less threatening than an investigative interview, Yuille's Rapport Building and Narrative Interview Stages were combined and modified.

Following brief introductions and a review of the purpose of the interviews, the children were asked if they could show the researcher around their foster home and introduce her to their foster family and the family pets (where these were present). The researcher had advised the foster parents during the initial resource visit that the children would be asked to give the researcher a tour of their foster home with particular emphasis on their room. When the children showed the researcher their room they were asked to point out where they kept their special things and how they had decided to decorate the room to make it more their own. With an instamatic camera the researcher

took three pictures of the children in their room with a special emphasis on the parts of the room they liked the best.

With the pictures in hand the children accompanied me back to the room chosen for their interviews, and the pictures were placed so they could be easily refer to them throughout the interview. The information acquired during this modified free narrative stage of the interview was used throughout the interview in a continuous rapport building process. The researcher interviewed both children separately, while the other child stayed in another room with the foster mother.

Due to factors discussed more fully in Chapter Four there were only two children in care interviewed for the Interview Protocol field test. The children were initially asked for their consent to participate in the interview, and for the interview to be audio taped. The children were then asked to repeat their consent when the tape recorder was turned on. Their taped consent was followed by a brief review of the confidentiality and disclosure issues discussed in the previous sections above. The children were asked throughout the interview for their consent to continue with the interview.

Asking the children for their consent on an ongoing basis throughout the interview is a participatory approach that recognizes their progressively increasing knowledge and experience with the field test process. This approach was also effective in reducing the impact of the power imbalance between the adult interviewer and the child participant and it allowed the children to exert direct control over their participation in the project.

Most researchers stress that interviews with young children in care need to realistically reflect their limited attention span, their language skills and the possibility that they may have behavioral or emotional difficulties that could inhibit

their ability to participate in 'normal' interviews. To overcome some of these difficulties I have drawn upon the wisdom of several researchers (cited with the description of the prop) who have gone before me, and developed communication tools or interview props to assist children to express their views in a non-threatening way.

The props included signs and symbols (adapted from Lewis 2001) that made it easy for the children to give me direction. The symbols were placed on small signs, which my daughter made for the project, depicting the instructions; stop, pass, yes, no, okay, and I don't understand. At the beginning of their interview the children were given time to practice using the props. The props used during the interview with the two young boys were as follows:

- ◆ A Feeling flip chart (Adapted from Thomas & O'Kane, 2000) feeling faces and response cards that they could use to identify how they were feeling at the moment, or their feelings during specific events they were describing.
- ◆ The photos taken of the children in their rooms (Save the Children UK, 2001).
- ◆ Drawing tools – drawing paper and a variety of drawing tools (UK Save the Children, 2001; Alridge & Wood, 1998; Garbarino & Stott, 1989) that they could use at any time during the interview to express themselves or just to doodle.
- ◆ A Narrative story of a young girl facing a crisis in a group home (adapted from Sandalowski and Docherty 's 1999).

The examination of the props marked the beginning of the Questioning Phase of the interview. A full description of the questions and props used during this phase of the interview are contained in Appendix B. The following information is contained with each section of questions:

- ◆ The key topic areas covered by the questions
- ◆ Interview Questions and in some cases Alternate Interview Methods
- ◆ Comments or cues related to the questions *in Italics*.

Post interview debriefing. At the end of their interviews the children were asked if they had any questions they would like to ask me about the project, or any issues that came up for them during the interview. They were also reminded that an adult would be talking to them later to see if they had any unanswered questions, and they were told that their foster parent knew how to contact me if they needed to talk about the process.

When the children indicated that they did not have any further outstanding issues, they were asked if they would help me to evaluate the interview process and the communication tools. They were told about the importance of their feedback for the project and how it would help make the Interview Protocol a better tool for communicating with younger children such as themselves, in the future. To assess the effectiveness of the Interview Protocol the children were asked the following questions:

1. Did you have any trouble understanding the questions?
2. Were there too many questions?

3. Did you think these questions covered the most important things about being in a foster home?
4. In your opinion / view what are the most important things about living in foster homes?
5. What did you think of some of the different ways (with signs etc.) of answering questions? Did it make it easier to answer the questions?
6. Do you have any questions you would like to ask me?

After these final questions the children were thanked and given their presents.

The interviews with the children went very well and both boys were able to complete their interview questionnaires, although the older boy was quite restless by the end of the interview. There was a need to explain more of the questions and use alternate formats and examples with the 8 year old, as compared to the 7 year old. Although both boys had been diagnosed as having symptoms of Fetal Alcohol Syndrome, the older child appeared to have more cognitive difficulties. The flexibility of the Interview Protocol allowed the researcher to adapt the questions and use alternate formats that the older child could understand, although his interview was a little longer than his younger sibling's. The interview with the oldest boy was completed in 45 minutes and his brother's interview lasted approximately 40 minutes. These interview times included the completion of the researcher's feedback questions regarding the Interview Protocol.

CHAPTER FOUR: FINDINGS

The following chapter contains a summary of the researcher's findings during the project *Every Voice Counts*. This discussion will include the success in achieving the project objectives and the barriers and challenges encountered in undertaking research and evaluation with young children. The chapter will also include an analysis of the Interview Protocol Field Test.

Barriers and Challenges

One of the objectives of the project *Every Voice Counts* was to identify the barriers to the involvement of young children in care in resource evaluations, and strategies to overcome these barriers. Some of the barriers discussed in this section were identified when the researcher reviewed reports of similar studies involving young children in care, and others became apparent during the field test of the Interview Protocol. The researcher's extensive experience in the field of child welfare and familiarity with the inner workings of the Ministry of Children and Family Development also informed the discussion of the barriers and challenges of research with young children in care. Information from these sources indicated that the barriers to the involvement of young children in care could often be characterized as procedural, administrative or perceptual barriers. For the purposes of this report, administrative barriers have been defined as those obstacles related to the mandated provincial child welfare agency. Some of the administrative barriers the researcher encountered resulted from the changes occurring within the Ministry for Children and Family Development. The project was undertaken during a period of significant

upheaval in the BC Ministry of Children and Family Development. The Ministry was, and continues to be in the process of decentralizing service delivery to Regional Child Welfare Authorities and reducing both staff and programs. Social workers to these pressures and the need to reduce the number of children in care, and provide more services to families to prevent children from coming into care.

Perceptual barriers on the other hand, are those issues related to the perceived role of children in society, and children's rights. These barriers, which were discussed more fully in Chapter Two, related to the importance we place on hearing and understanding the lived experiences of children in care. Information from the sources noted above seems to indicate that there are three possible ways we approach gathering input from children in our society:

- ◆ We ask them for their opinion but we don't listen to their response.
- ◆ We ask them for their opinion and pretend to listen to their response.
- ◆ We ask for their opinion, value their responses, and act on what they have to say.

Administrative and perceptual barriers can be difficult to address because they often require changes to the political and social structures of society. Although researchers can experience a great deal of difficulty in overcoming some of the procedural barriers inherent in this type of research, these barriers are often addressed by the use of ethical methodologies such as a participatory action approach to research with children.

The most commonly reported procedural barriers are those related to the recruitment of child participants. Recruitment barriers include difficulties in gaining access to the children, and in obtaining consent for their participation. Both of these obstacles presented me with unique challenges during this project and eventually led to a reduction in the number of children involved in the Interview Protocol field test.

Since the purpose of the field test was to assess the effectiveness of the Interview Protocol, rather than the specific responses of the children, it was important that child participants were not unduly impacted by other unrelated distress, or adversely affected by the interview process. I decided that the best way to safeguard the mental health of these young children in care, was to ask their guardianship social workers to determine each child's suitability first before proceeding further in gaining consent for their participation in the project.

Over a four-week period in March 2002 the researcher met with the Intake Resource Social Worker at the Victoria Child Welfare Resources Unit on three separate occasions to identify children who met the project eligibility criteria. During these sessions over a four-week period 44 children were identified as potential project participants. Once identified the researcher, as noted previously, contacted the child's Guardianship Social Worker with information about the project and for their initial assessment of the child's suitability for the project. In many cases the child's situation or status had changed or differed from the information that I had from the Intake Resources Social Worker.

Of the 44 children identified as possible project participants 13 (30 %) did not meet the eligibility criteria for the project for the following reasons:

- ◆ six children had been discharged from care and had not resided in a residential resource for more than 6 months
- ◆ two children had been placed for adoption
- ◆ two children had just recently been placed in a new resource
- ◆ three children had just been returned home

The researcher did contact the mother of two of the children who had recently been returned under the supervision of the Director of Child Protection. This mother was identified by her social worker as someone who had really worked hard to have her children returned to her, and someone who was amenable to being contacted about the project. Although this mom sounded enthusiastic when I first talked to her after several unanswered phone calls and missed appointments I realized that she was likely feeling too vulnerable to consider having her children participate in the project.

In addition to the children who did not meet the project criteria, the researcher was unable to make contact with the Guardianship Social Workers for 10 identified children (23 %), despite several efforts on my part to do so. The researcher was contacted by the Guardianship Social Workers for 3 of these children after the completion of the field test, but the availability of these children was not confirmed. Further, the researcher was unable to identify the Guardianship Social Workers for 5 of the 44 eligible children in care.

Of the remaining 16 children:

- ◆ the parents of three of the children were identified by the guardianship social worker as hostile to the ministry and unlikely to consent to their child's

participation, the parent of two of these children had disappeared following the last court hearing.

- ◆ the parents of three children received information about the project, but would not answer subsequent phone calls despite several efforts to contact them.
- ◆ the parent of one child withdrew consent just prior to his child's interview.

The remaining two children (5.0%) were interviewed for the project and the results are presented in the next section of this chapter.

Field Testing the Interview Protocol

The purpose of the Interview Protocol field test was to evaluate the effectiveness of the Protocol, by a) interviewing children who are, or have resided in a residential resource in the Victoria area in the past 6 months and b) by asking the children who participated in the field test to assess the Interview Protocol from their perspective.

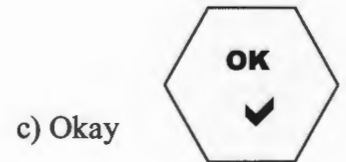
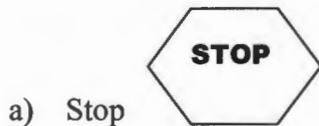
The field test of the Interview Protocol was only intended to include four to six children. Despite a concerted effort on the part of the researcher over a six-week period in March and April 2002, only two young children in care who were 7 and 8 years of age were able to successfully complete the interview questionnaire. As noted in the previous section the researcher encountered several obstacles in identifying child participants for the field test of the Interview Protocol. Two children were

interviewed, and the information that emerged from these interviews is certainly worthy of analysis.

The results of the field test will be reported in two segments. In the first segment I have listed the special communication tools and strategies utilized during the interviews with the children followed by an assessment of their effectiveness and some tips for their use in interviews. The second segment examines the effectiveness of the interview questions in addressing the four key outcomes in the provision of quality care.

Employing Participatory Techniques

1. *Signs with symbols*



d) Thumbs up (good, yes)



e) Thumbs Down (not good, no)



f) I don't understand



Commentary and analysis. The signs with symbols were very popular with the young children. The signs were pasted on cardboard and had a Popsicle stick for a handle. The signs were small and light enough so the children could access them easily to respond to the questions. If there are too many signs the children have difficulty knowing what to choose so it is important to limit the number. This problem was resolved by having two sided signs. For example, one sign had stop on one side and pass on the opposite side. This to kept the number of signs at a manageable level (three) while providing the children with a way to immediately respond to the researcher's questions and express their views. The children who were interviewed used the signs frequently throughout their interviews.

2. *Taking pictures.* During the Rapport Building and Free Narrative stage of the interview the researcher took 3 instant Polaroid pictures of the kids in their rooms.

Commentary and analysis. Again this was very popular with the children. They enjoyed showing me their prized possessions and their room, posing for the pictures with their things, and referring to the pictures during the interview when we talked about their rooms. The children especially enjoyed keeping the pictures at the end of the interview. Polaroid pictures are an easy accessible tool to help children visualize concepts and understand the meaning of questions.

3. *Resource tour.* As part of the Rapport Building / Narrative stage of the interview the researcher asked the children to take her on a tour of the foster home, introduce her to their foster family and pets, and end with the room tour mentioned in number two.

Commentary and analysis. The process was very successful in building rapport with the children by allowing them to initiate conversation (free narrative) about their family, their home environment, their interests, their special places and things. The researcher used this information during the interviews with the children to assist them in understanding the questions, or to reframe a particular question. .

4. *Drawing tools.* Paper for drawing pictures, crayons and scented felt pens with flavors like apple and strawberry were placed for easy access by the child if they chose to respond by drawing a picture or to doodle during the interview. Prior to beginning the interview, the children were shown the drawing tools and encouraged to use them when they wished to draw a response.

Commentary and analysis. In the two interviews I conducted the two boys did not chose to use the drawing tools to respond to questions or doodle but the scented felt pens were a big hit. I think the presence of the drawing tools is important because it provides the children with another method of exerting control over the interview process, or for the child who finds doodling relaxing, a method of maintaining their focus.

5. *Feelings flip chart.* The emotions flip chart was a small table top flip chart depicting a cartoon character making different faces with the emotion noted underneath the face. At the beginning of their interviews the researcher went through the faces and the emotions on the flip chart. The children were encouraged to use the flip chart as a way of providing the researcher with immediate feedback about their feelings throughout the interview.

Commentary and analysis. The boys had a lot of fun with the feeling flip chart. The researcher was told at several points that they were 'bored' and 'frustrated'. The flip chart was also a good indicator for the researcher of the children's focus and energy level at various points throughout their interviews, and it made the process fun for them. A flip chart with a smaller number of less sophisticated emotions would probably be more effective and require fewer explanations. Nonetheless, both boys accessed the chart quite a few times and I think the idea is a good one that allows interviewers immediate feedback about the impact of particular questions or the interview process as a whole.

6. *Charting the rights of children in care.* In discussing the rights of children in care a chart was constructed listing their rights in age appropriate language, with examples and pictures in some cases. At the beginning of this discussion each child was asked to define, in their own words the meaning of the word 'right' and to describe some of the rights of children in care. The researcher went through the chart and talked about each of the rights listed. The children were given happy face stickers, and after the discussion of each right they were asked to place a sticker beside the right if they felt that the right was respected in the resource or by their foster parents or social worker.

Commentary and analysis. Although the two children who were interviewed may have gained some understanding and knowledge of their rights as children in care, this was not the intended purpose of the exercise. The exercise was intended to provide feedback about how and if their rights were being honored in the resource. Of the two children that were interviewed the first professed no knowledge of children's

rights and the second had only a peripheral idea of what his rights might be. This is not to suggest that they had not been told about their rights but they lacked knowledge about how honoring their rights might be related to their day to day lives and their future plans.

7. *Storytelling.* The story was used during the first part of the questionnaire to stimulate discussion about child safety and protection issues, and it specifically related to the issue of bullying by other children in a resource.

The story is about a 10-year-old girl who lived in a group home in Vancouver. The young girl, named Sarah, was in her secret hideout writing in her diary when she witnessed, without being observed, a young boy being bullied by two older boys from the group home. Sarah has a crush on one of the older boys who is bullying the young boy and she had just been writing about this in her diary.

The story goes on to tell about Sarah's dilemma as a witness to this assault by someone she likes, and her concern for the young victim. At the end of the story there is a list of questions to stimulate discussion about the child's feelings and insights about the story and to relate some of their own experiences in similar situations. The story is not only useful in encouraging discussion about bullying but it can be used throughout the interview to assist interviewers in explaining or describing other aspects of the story covered by the questions.

Commentary and analysis. Story telling was one of the most successful communication tools employed during the field test. It not only opened up a discussion about bullying and child safety but the researcher was able to use it as a reference point throughout the interview when topics related to the story were raised. The story was especially successful with the older child (age 8) who had learning difficulties associated with Fetal Alcohol Syndrome. The story seemed to capture his attention, which he demonstrated when responding to the questions following the story. Although it was an effective communication tool, the language should be adjusted slightly in the body of the story and the discussion questions to enhance the children's understanding, and the story should be a bit shorter.

The Questions For Young Children

The questionnaire for young children is divided into four sections that correspond to the four key areas of quality of care for children in residential resources. The following is a review of the key topics covered in each section of the questionnaire and an assessment of the success of the questions in addressing the key issues.

1. *Child safety and protection.* There were three key issues that the questions in this segment were intended to address:
 - ◆ Do the children feel safe at the resource with the staff or foster parents, the other kids, or other people at the resource?
 - ◆ Do the children know whom they can talk to if they are feeling unsafe?
 - ◆ Do the children know what to do in an emergency?

Commentary and analysis. The questions concerning the child's feelings of safety covered the required topic areas, however the children had difficulty at times making the leap from what they were familiar with as safety rules – primarily road safety rules, and issues related to their personal safety in the resource. In that sense the questionnaires may need to be revised to provide more initial information about personal safety issues related to child protection concerns. The introductory information should also include some examples of personal safety that encourage the children to share their experiences with being safe and unsafe.

Another way of addressing these issues would be to incorporate them into the story. Sarah's story was an effective way of helping the children identify their personal safety issues related to bullying, and it might be adapted to address personal safety in other areas as well. The questions about who they could talk to if they were feeling unsafe were also addressed more accurately after the story than as stand alone questions without context.

The children's responses to questions about what to do in an emergency or if the smoke detector went off were more related to TV emergencies they had watched than emergencies in the real world. Short examples of day to day emergencies may be helpful in evaluating their response to a 'real crisis'.

2. *The service environment.* The key issues to be addressed by the questions in this segment of the interview were:

- ◆ How the children felt about living in the resource, was it a home to them or just a place they were living in at the moment?

- ◆ The quality of the children's relationships with their care provider and other people who lived in the resource.
- ◆ The effectiveness of the program of care in addressing their physical emotional, social and educational growth needs.

Commentary and analysis. The questions in this section were more easily understood by the children because they related to concrete issues like the rules in the resource and what their rooms were like. The questions covered several key issues but the children required fewer explanations than the questions in the first section. There are two charts one for regular weekday activities and the other covering weekend activities. The charts were not that useful in my interviews with the two young participants because their day to day routine in the foster home were less structured than one might expect to find in a residential group care setting. The chart therefore, was not needed to help them expand on their daily or their weekend routine. The children could easily tell me all about the rules and the consequences for disobeying the rules and they enjoyed pretending to be in charge.

4. *The involvement of family and community.* In this section of the questionnaire the questions were intended to reveal:

- ◆ the nature of the child's ongoing relationships with family, friends, and their community
- ◆ the child's views about their initial placement in the resource
- ◆ the child's understanding of a) why they have been placed in the resource b) the goals of their placement, and c) their discharge plans.

Commentary and analysis. The questions in this section were similar to the ones in the previous section in that they required relatively straightforward brief responses about tangible issues. The researcher was directed by the foster parents not to ask the boys too many questions about their family of origin. The foster placement was a permanent placement for both boys and they had lived there for five years (or since they were quite young). Both boys referred to their foster parents as their parents, and they called them mom and dad. The specialized needs of these two young boys were greatly advanced with their permanent placement in this home and the researcher was very careful in her discussions of their family of origin.

In some cases the researcher replaced the questions about their family of origin with questions about their social worker. Unfortunately the older child did not reveal any awareness of who his social worker was, or their role in his life, however he stated later in the interview that his social worker sent him fifty dollars for his birthday. The children were quite happy to talk about their friends at school and in the neighbourhood, and both boys were aware that they would be living with their foster parents until they grew up.

3. *Children's voice.* The questions in the last section of the interview were intended to reveal the following information:

- ◆ how well informed the children were about their care plans
- ◆ the extent of their involvement in their future plans and in the development of their Comprehensive Plan of Care

- ◆ their knowledge and experience about how to lodge a complaint and the complaint resolution process.

Commentary and analysis. A number of the issues identified here were reviewed in more detail in the section above on Charting the rights of children in the *Participatory Tools and Strategies* section of this chapter. With respect to their knowledge and understanding of the rights of children in care, the younger boy was the only one to acknowledge that he was aware of the rights, but his understanding was minimal. I must add however, that this is not that unusual for children their age (1 boy was 7 years old and the other child was 8 years old). Although the younger child had some knowledge of his rights and some interest in learning more about them, the older boy was not interested in knowing about his rights.

Children in government care in British Columbia for more than 30 days are expected to have formalized plans of care. In the Ministry of Children and Family Development in British Columbia this formalized plan of care is called a *Comprehensive Plan of Care*. These plans of care identify the child or youth's current status and their service needs, in the critical growth and development areas of their lives such as their placement, education, health, relationships with family, social skills, and identity. Social Workers are expected to develop a plan to meet these needs in collaboration with their caregivers, their parents, involved professionals, and the children and youth themselves.

When interviewed the two boys did not express any awareness of their formalized plans of care. Although this is an expectation for all children in care, their lack of awareness is not unusual. Progress in implementing this policy has been slow,

which is partly due to the fact that not all social workers have received training in this area, and the primary focus to date has been with encouraging the direct involvement of the older children in their care plans. As younger children learn more about their rights as children in care, their involvement in their care plans will likely increase. In this regard this last set of questions became more of a training session in children's rights and their Comprehensive Plans of Care. Since one of the goals of participatory evaluations is to facilitate ongoing learning throughout the evaluation process, the researcher was comfortable with this result.

Participants' Feedback

Despite the fact that both children were reaching the end of their tether by the last section of questions, they both perked up and were quite agreeable to help me by giving me their views of the Interview Protocol. To assess the protocol the children were asked to respond to six questions about the interview questions and the communication strategies. The following is a summary of their responses:

- ◆ The children both reported that the questions were either good or okay, but one of them felt the interview on the whole was too long.
- ◆ The children both indicated that the questions covered the most important things about living in their home (a foster home).
- ◆ Both children stated that they liked the different ways of answering questions and that these tools made it easier to respond to the questions. One of the

boys indicated that he really liked the flip chart guy depicting various emotions, and the other child felt the signs were very useful.

- ◆ Neither child had further questions for the researcher.
- ◆ When asked for their opinion about the most important things to ask children about living in foster homes, this is what the 8 year old said:
“ Well ..you gotta know the things they (the foster children) like... and then the things they don't like ... and leave out the rest ”.

CHAPTER FIVE: DISCUSSION

The following chapter will include a summary of the project objectives and research questions and an analysis of the researcher's success in accomplishing these goals. Where appropriate this analysis will be followed with recommendations for further research and utilization of the Interview Protocol. The analysis will then lead to a discussion of the researcher's assessment of the potential implications of the project *Every Voice Counts* for social work practice.

Summary and Recommendations

In undertaking the project *Every Voice Count* the researcher hoped to achieve three objectives and address the research questions related to these objectives.

First objective. To develop a practical and ethical Interview Protocol that would facilitate the participation of young children in care in residential resource and other service evaluations.

Analysis. The researcher was successful in meeting the first objective of developing a practical and ethical Interview Protocol for young children in care. The Interview Protocol incorporated a participatory evaluation approach within a Step Wise Interview format, which was adapted to better suit an informal, flexible interview process. The use of participatory techniques gave the methodology an ethical soundness in that it allowed the children to demonstrate their competency in evaluating services, and to participate in an evaluation process.

The Interview Protocol is both pragmatic and easily adjusted to suit evaluations in a variety of service areas. The communication tools and strategies developed are

simple devices that cost very little to replicate. Storytelling, for example, can be adapted to address a wide variety of issues that children find difficult to talk about or resolve in their own lives. In talking about how a fictional character deals with a dilemma, the child learns to explore options and identify ways of resolving problems in their own lives. To achieve this goal researchers and reviewers need to realistically reflect the language and experiences of young children in the stories, and present dilemmas that allow the children to suggest what the fictional character might be thinking or feeling. By interjecting their own thoughts and feelings into the fictional dilemma, children can more easily relate the stories and the problem solving strategies to their own life experiences.

Second objective. To evaluate the effectiveness of the Interview Protocol by:

- a) conducting a field test with four or five children in care who are currently, or have recently resided in a residential resource in the Victoria area.
- b) Surveying the child participants about their views of the Interview Protocol following their interviews.

In conjunction with this objective the researcher wanted to identify communication tools that encouraged the participation of young children in resource reviews, and changes that would increase the effectiveness of the Interview Protocol

Analysis. Although the researcher initially planned to interview four or five young children in care during the field test, she was successful in field testing the Interview Protocol with two young children in care. Despite this limitation the field test provided the researcher with valuable information about the effectiveness of the

Interview Protocol in encouraging the participation of young children in resource reviews and service evaluations.

The children who participated in the field test responded enthusiastically to the non-verbal communication devices such as signs with symbols, and a flip chart depicting a variety of emotions. These devices were not only popular but effective in overcoming some of the language barriers that have prevented the participation of young children in decision-making and service evaluations in the past. The non-verbal tools also provided the researcher with instant feedback about the children's feelings while allowing them to exert some control over the interview process.

The response options were limited to a few basic words or symbols which the children were able to access effortlessly to alert the researcher that specific topic areas were okay to talk about, and others were taboo subjects. For example during her interview with the eight-year-old, the child used the flip chart of emotions to let the researcher know that he was bored. In response to the child's emotion the researcher initially adjusted the interview question to make it more interesting, then chose an alternate method that the child found more acceptable. Increased use of the Interview Protocol with young children will add to the repertoire of communication strategies and ways to adjust the process to make it more acceptable or fun for young participants.

Although there are specific procedures that should be followed prior to the interviews with the children, the questions themselves are organized in a way that allows for continuous adaptation of the material. The questionnaires are divided into four sections representing the four key outcomes for quality service provision in

residential resources. The sections are, child safety and protection; the service environment; the involvement of family and community; and children's voice. In each section there is a description of the topic areas to be covered by the questions, followed by suggested ways that the issues can be addressed in questions, stories or by using other communication tools. The Interview Protocol can thus be seen as a framework for organizing the interview process with young children.

Like many participatory evaluation projects however, *Every Voice Counts* is a work in progress. Although the field test was successful in providing valuable insight about the lived experiences of the two children who participated, and in identifying necessary revisions (see Chapter 4) the results are limited due to the small number of children interviewed. The researcher therefore recommends the following:

Recommendations:

- ◆ That a further field test of the Interview Protocol should be undertaken with two or three children in care to further confirm its' effectiveness and practicality in involving young children in care in service evaluations.
- ◆ That, upon the successful completion of a further field testing with 2 or 3 young children, the Interview Protocol should be adopted for use in resource and other service evaluations to gain feedback from young children in care (as service users) about their 'lived' experiences in care.

Third objective. To identify potential barriers to the involvement of young children in care in these evaluations, and suggest strategies to address these obstacles.

Analysis. The researcher was successful in identifying many of the barriers and challenges of research with young children in care (see Chapter 4). Although administrative, procedural or perceptual, barriers were identified, strategies to effectively address administrative and perceptual barriers were beyond the scope of this study since they often involved changes to the social and political structures of society. The procedural barriers most frequently encountered by the researcher were related to the recruitment of young children in care for the field test of the Interview Protocol. The barriers included difficulties gaining access to young children in care, or consent for their involvement in the field test of the Interview Protocol. After following up on 44 children who appeared to fit the eligibility criteria for the project, the researcher only received approval to interview two children during the field test of the Interview Protocol. Each child's suitability to participate in the project was determined by their social worker, their parents, or their caregivers, who functioned as gatekeepers controlling the children's access to researchers and evaluators. Although their gatekeepers performed an important function in safeguarding the emotional well being of the young children in care, it was not always apparent that equal consideration was given to the impact of limiting their opportunities to exercise their right to participate in decisions and express their views.

As noted earlier, the barriers to children's involvement in decision-making can often be the result of adult perceptions and assumptions about how young children will respond to opportunities to 'have their say'. Thomas and O'Kane (1998 a) refer to these perceptions as prevailing adult fantasies, that children's participation means they will be making the decisions and that children's input will usually conflict with

adult decisions made in their best interest. To encourage social workers to challenge their assumptions about young children, Thomas and O’Kane (1998 a) asked a group of young children in care to rank, in order of importance, the reasons they wanted to be involved in making decisions about their lives.

Consistently at the top of the list they put ‘to be listened to’, ‘to let me have my say’ or ‘to be supported’; and at the bottom they put ‘to get what I want’ or ‘to help adults make good decisions’... Interestingly, when we repeated the exercise with groups of social workers and asked them to rank the statements as they thought the children would, several groups put ‘to get what they want’ firmly at the top of the list” (p.148).

Moreover, a closer look at how decisions are made often reveals an inverse relationship between individuals exerting the most influence over decisions concerning young children and those who are directly impacted by the decisions.

Implications for Social Work Practice

Adopting the *Every Voice Counts* Interview Protocol has significant implications for social work practice, and programs monitoring the quality of services provided for young children in care (Quality Assurance and Quality Improvement Programs). Employing communication strategies that allow young children to express their views will inevitably enhance the social worker’s ability to protect children from further harm and abuse and increase the likelihood of achieving successful outcomes for children and families. In the following two sections I will discuss more fully the implications for programs monitoring child welfare services for young children in

care in British Columbia, and for the social workers and caregivers providing direct services for these young children.

Monitoring quality care. Prior to recent strategic shifts within the British Columbia Ministry of Children and Family Development, the quality of services provided by social workers and caregivers has been a centralized function performed by the Provincial Practice Analysis Unit, based in Victoria. The recent shifts however, have led to changes in focus of reviews /audits employed by the Ministry of Children and Family Development and changes in the level of government responsible for this function. The five Regional Authorities throughout the province will now monitor practice and service quality within their regions, and it is anticipated that most regions will employ recently developed multi-dimensional review programs to fulfill this function in most program areas.

Multi-dimensional review programs reflect the Ministry of Children and Family Development's shift to more open and accountable community based service delivery of child welfare services. Since multi-dimensional reviews require participation from all informants and stakeholders directly involved in child welfare service delivery, they are more effective in reflecting the cultural diversity of communities and the needs and wishes of all service users, including children and families. Information gathered during multi-dimensional reviews should also be used to identify future outcomes that are more effective measures of success for children, families and communities.

The *Every Voice Counts* Interview Protocol was developed to gather input from young children in care, to add to the information provided in interviews with key

informants and stakeholders, and a review of relevant file documents. In adopting the Interview Protocol MCFD reviewers will need to familiarize themselves with the protocol's participatory communication techniques and plan for the additional time required for pre interview visits, with the child and caregiver. The interviews with young children will likely take more time than similar interviews with older children in care, and it is extremely important that post interview supports are identified and available following their interviews.

Implications for social work practice with young children in care. Although the implications of adopting the *Every Voice Counts* Interview Protocol for social workers involved in direct service are often less tangible they have the potential to be more significant. Some of the potential implications for child welfare social workers are:

1. Social workers responsible for young children in care who are interviewed as part of a multi-dimensional review process, may find that the experience expands their awareness of the 'lived' experiences of the children in the resource. This in turn may result in changes in their approach to this particular child in care, or others in similar living situations.
2. The *Every Voice Counts* Interview Protocol employs participatory communication techniques to address the power imbalances between the adult interviewer and the child being interviewed. Children who are interviewed during resource reviews, therefore, often feel empowered by the experience of having a 'voice' in their care, and may want to continue to participate in decisions affecting their lives.

3. The Interview Protocol is pragmatic and the communication tools can be easily adapted to other areas of social work practice. Social workers in other jurisdictions have used similar non-verbal communication tools to facilitate input from young children in assessment interviews and planning reviews (Sloper, 2002). The Interview Protocol is not suitable however for protection or investigative interviews with young children.
4. Social workers who employ the *Every Voice Counts* Interview Protocol send a strong message of acceptance and respect for each child's right to participate in evaluating services and in decisions that affect their lives. Their participation in turn will often increase both their self-esteem and their motivation to engage positively in processes that will result in positive outcomes for themselves and their families.
5. When choosing to adopt this approach however, child welfare social workers will need to plan for the additional time needed to become familiar with the communication tools and minimize the power imbalances between child and interviewer. Social workers will also need to inform the children about the limits of confidentiality.
6. Adopting the Interview Protocol will expand social workers' level of accountability to include young children in care. Providing young children in care with a 'voice' will enhance their understanding of the children's 'lived' experiences, and increase the ability of child welfare social workers to protect young children from further harm and abuse.

7. To utilize the Interview Protocol effectively social workers will need to take time to:

- understand each child's view of the world
- increase their use of non-verbal participatory communication tools
- listen intently and acknowledge what the children are saying, and
- provide children with opportunities to direct the conversation.

It is not coincidental that this approach sounds familiar to many social workers, since it draws heavily from the principles of traditional social work approaches and social work practice wisdom. Thomas and O'Kane (2000) found in conducting their research that it was "...ironic that as researchers we used methods that had been developed in social work practice, while in many cases the social workers we met were not using such methods " (p.831). Social work practice in fact has a longstanding history of non-judgemental, non-confrontative, empathic approaches with children and families. Some of these approaches however, have been abandoned over the years and replaced with more structured, investigative, quantitative approaches used by other disciplines.

The *Every Voice Counts* Interview Protocol combines some traditional social work approaches with non-verbal participatory strategies that are more effective with young children and with children from difference cultural backgrounds and disabilities that limit their understanding of the English language. In using these communication strategies we respect the rights of these individuals to participate in decision-making and planning activities, and ensure more effective decision-making

and improved service delivery. Young children who participate in decision-making learn new skills in problem solving and democratic process that in turn increases their feelings of self-worth and control over their environment.

Concluding Comments. Adopting the *Every Voice Counts* Interview Protocol in service evaluations may be a small step, but it is a significant one, with potential far reaching implications for social work practice, child welfare policy development and programs monitoring the quality and effectiveness of care provided for children. Child welfare social workers however, are not the only community partners responsible for ensuring that children's rights are respected. Educators, health care providers, politicians, and parents must also meet and respond to this challenge.

Young children in care have valuable insights to share with us about their 'lived experiences' in care. As Roche (1999) suggests however, we need to be genuine in our acceptance of the voices of young children. Participation is not just about hearing what the children are saying, it requires being open to their view of the world, to their ideas, and to their suggestions for change. If we are open to their views, the voices of young children can help us to achieve more successful outcomes for children and families.

Current strategic shifts within the Ministry of Children and Family Development in British Columbia reflect the need for community based service delivery systems that are responsive to the needs of children and the community they serve. Multi-dimensional review processes strengthen community based service models because they recognize that "In order to be effective intervention needs to be multi-systemic

and address the child, parent and community level factors that put children at risk” (Trocme, 1999 p.44).

Although multi-dimensional reviews involving input from service users and key stakeholders are a relatively new concept for child welfare agencies, as Wilson and Conroy (1999) note:

Evaluation by service recipients is a break with tradition, whether the recipients are children, persons with developmental disabilities or those who are elderly. It is not a fleeting trend but an essential tool that will lead decision-making in out-of-home care into the next century (p.67).

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APPENDIX A: LETTER OF INTRODUCTION FOR PARENTS & GUARDIANS

Noreen O'Keefe

2780 Cedar Hill Rd. Victoria British Columbia V8T 4Y7 * Tel: 250 370-9883 * Email:
nokeefe@shaw.ca

Date: _____

Name: _____

Address: _____

Re: The Project: *Every Voice Counts:*

Hearing from Young Children in Residential Care

My name is Noreen O'Keefe and I am a Master of Social Work student at the University of Northern British Columbia and an employee of the Ministry of Children and Family Development in Victoria. As a graduate student I have chosen to undertake the project *Every Voice Counts: Hearing from Young Children in Residential Care* to complete my Masters of Social Work degree.

The project involves the development and field test of an Interview Protocol (interview questions and protocols) for interviewing young children about their views and experiences in residential resources in BC. The Interview Protocol is based on the key aspects of quality care for children identified in the *Standards for Staffed Children's Residential Services* (SCRS Standards), that apply generally to all types of residential care in the Province of British Columbia.

As the (parent, guardian, or guardianship social worker) of a child who has resided in a residential resource in British Columbia in the past 6 months, I am

writing to seek your approval and consent for your child's participation in a field test of the Interview Protocol.

As the project researcher it is my responsibility to ensure that the parents, guardians and the guardianship social workers of the children identified as potential project participants, are fully informed about the project before seeking their consent for the child to participate in the project. To accomplish this task I have enclosed the following information sheets about the project:

- 1. A Project Overview:** This document contains detailed information about the project including an overview of project procedures, the process of obtaining consent, the nature of the children's involvement, the content of the questions and the procedures that will be followed and the supports that will be available to prevent the children from experiencing any negative effects because of their participation in the project.
- 2. Frequently Asked Questions:** This information sheet will hopefully answer some of your critical questions about the project. If you have further questions please feel free to contact me at the numbers or address noted above.

In addition to the above documents I have also enclosed a children's brochure which you can share with your child as an starting point in introducing the project. The final enclosure in the information package is the form requesting your consent for the child's participation in the project. Prior to signing this form please review all of the enclosed information carefully. If the information has not answered all of

your questions please feel free to contact me for further details or clarification. At the top of the consent form I will be asking you to verify with your signature:

- a) that you have read and understood the project information and
- b) that you have been provided with enough details to give informed consent for the child's participation in the project.

Although the inclusion of young children in service evaluations can present some unique challenges, recent research, has revealed a strong link between 'hearing the voices of children and our ability to ensure their ongoing safety and well being. If this project is successful it will provide a vehicle for young children to express their views and allow their voices to be added to the voices of children and youth over 10 years of age who are currently participating in resource and service evaluations.

Yours truly,

Noreen O'Keefe BSW , MSW Candidate

Glen Schmidt

Professor, Social Work Program

University of Northern British Columbia

College of Arts, Science and Health Sciences

3333 University Way

Prince George, V2N 4Z9, BC

Phone- 250-960-6629

Dr. Max Blouw

Vice President of Research

Office of Research and Graduate Studies

University of Northern British Columbia

3333 University Way

Prince George, V2N 4Z9, BC Phone- 250-960-5779

APPENDIX B: LETTER OF INTRODUCTION FOR FOSTER PARENTS

Noreen O'Keefe

2780 Cedar Hill Rd. Victoria British Columbia.V8T 4Y7 * Tel: 250 370-9883 *Email:
nokeefe@shaw.ca

Date: _____

Name: _____

Address: _____

Re: The Project: *Every Voice Counts*:

Hearing from Young Children in Residential Resources

My name is Noreen O'Keefe and I am a Masters of Social Work student at the University of Northern British Columbia, and an employee of the Ministry of Children and Family Development in Victoria. As a graduate student I have chosen to undertake the project *Every Voice Counts: Hearing from Young Children in Residential Care* to complete my Masters of Social Work degree.

The project involves the development and field test of an Interview Protocol (interview questions and protocols) for interviewing young children about their views and experiences in residential resources in British Columbia. Although the Interview Protocol is based on the *Standards for Staffed Children's Residential Services* (SCRS Standards) they are general in nature and apply to children in other out of home care placements such as foster homes and specialized resources.

As the researcher it is my responsibility to ensure that the parents, guardians, caregivers and the guardianship social workers of the children identified as potential

project participants, are fully informed about the project. To accomplish this task I have enclosed a **Project Overview** including:

- a description of the project & project procedures and
- the nature of the children's involvement
- the issues covered in the children's interview questions and
- the supports that will be available to prevent the children from experiencing any negative effects of their participation in the project.

In addition to the Project Overview I have enclosed a Children's Brochure which you can share with the child participating in the project.

Although the inclusion of young children in service evaluations can present some unique challenges, recent research, has revealed a strong link between 'hearing the voices of children and our ability to ensure their ongoing safety and well being. If this project is successful it will provide a vehicle for young children to express their views and allow their voices to be added to the voices of older children and youth over 10 years of age who currently participate in evaluating the services they receive.

Yours truly,

Noreen O'Keefe BSW , MSW Candidate

Glen Schmidt

Professor, Social Work Program

University of Northern British Columbia

College of Arts, Science and Health Sciences

3333 University Way

Prince George, V2N 4Z9, BC Phone- 250-960-6629

Dr. Max Blouw

Vice President of Research

Office of Research and Graduate Studies

University of Northern British Columbia

3333 University Way

Prince George, V2N 4Z9, BC Phone- 250-960-5779

APPENDIX C: PROJECT OVERVIEW

Purpose

The purpose of the Project Every Voice Counts can be summarized as follows:

- ◆ To identify potential barriers to the involvement of young children in resource evaluations and strategies to overcome these barriers.
- ◆ To develop an Interview Protocol, including questions and non-verbal communication techniques, which will encourage and facilitate the involvement of young children in reviews and evaluations of residential resources or other services they are receiving.
- ◆ To evaluate the effectiveness of the Interview Protocol by:
 - a) Field-testing the Interview Protocol with 5 or 6 young children from a residential resource in Victoria or the surrounding area.
 - b) Requesting feedback about the Interview Protocol from the young participants following the field test.

The information gathered during the project will provide the Ministry of Children and Family Development with information about effectiveness of the Interview Protocol with young children. A project report including an analysis of the data and an evaluation of the Interview Protocol will also be submitted to the University of Northern British Columbia Faculty of Social Work, as partial fulfillment of the requirements for my MSW degree.

Stages of the Project

There are two major components or stages to the project Every Voice Counts:

Hearing From Young Children in Residential Care:

1. **Stage One:** The development of an Interview Protocol, including questions and non verbal communication techniques, for interviewing young children, between 5 and 9 years of age, about their experiences in residential resources.
2. **Stage Two:** A field test of the Interview Protocol with a small group of 5 or 6 children in this age group who are currently or have recently resided in a residential resource.

Project Participants

Selecting children's residential resources. With the assistance and support of the Ministry of Children and Family Development in the Capital Region, particularly the Resource Unit staff in Victoria and Sooke, I have been able to identify several foster homes in the capital region who have agreed to participate in the project.

Selecting Eligible Child Participants

Eligible young participants are children between 5 and 10 years of age who have resided in a foster home or residential resource in the capital region for more than 15 days during the past 6 months. Since your child meets this criteria they have been identified as a possible candidate (pending your approval) to be interviewed during this field test.

Obtaining Consent

Consent from parents or guardians. As the parent or guardian of a potential child participant it is very important that you feel that you have been fully informed about the project. If you have outstanding questions after reviewing this Information Sheet please feel free to contact me at the addresses noted at the end of this document. Before your child is approached about participating *in* the project however, I will need your written consent for their participation in the project, and to tape record (audio tape) their interview sessions (Consent Form enclosed in this Information Package).

Consent from the Child Participants. If you consent to your child's participation in the project I will be asking for your help in identifying the best way to approach your child about the project. The children who are eligible to participate in the project, will be informed about the project in language they can understand with clear statements that:

- ◆ their participation in the project is voluntary and it can be withdrawn at any time
- ◆ They can request that an adult of their choosing be present during their interview for support.

Since informed consent implies knowledge of the process and an understanding of the impact of their consent, written consent from young children has little or no value, and therefore it will not be sought during this project. Rather than written

consent each child will be asked for verbal consent to participate throughout the project.

At the beginning of each child's interview I will ask for their consent to tape record their interview. If they do not want me to record the interview I will let them know that I will need to take notes during their interview. I will then ask each child once again if they are willing to continue with the interview and their consent to participate will be recorded on the audio tape or in my notes. In recognition of the inherent power imbalance between an adult asking for a child's consent, the children will be asked for their consent on an ongoing basis throughout the interview process, to confirm their continued willingness to participate.

The Interview Protocol Field Test

The initial meeting with participating children. Prior to conducting the interviews with the children I will meet with them to:

- ◆ Ensure they understand the nature and purpose of the project
- ◆ Make sure they understand that their participation is voluntary, and that they can withdraw their consent at any time during the project.
- ◆ Request their permission to audio-tape their interview session(s). I will also let them know that if they are uncomfortable with being recorded on tape or if they do not want the interview to be taped I will take notes during their interview.

- ◆ Let them know that their answers will be kept confidential, unless they disclose information that indicates they, or another child, has been or may be harmed. I will also let them know that if they disclose information that leads me to believe that they, or another child may be, or has been harmed by an adult I will need to give this information to their social worker, who may need to talk to them about their disclosure.
- ◆ Let them know that their social worker or another adult will be talking to them after their interview to make sure that they are not upset or confused about any part of their interview with me.
- ◆ Stress that, unlike other times when adults have asked them questions, there are no right or wrong answers to my questions.
- ◆ Let them know that they can opt 'to pass' on any questions or ask to stop the interview at any point. They can also ask for a break during the interview, or for questions to be explained more fully with examples if necessary.
- ◆ Tell the children about some communication tools that will be available to them to answer the questions.
- ◆ Confirm that if they have asked for an adult support person, that these people have been identified and they are available to attend the interview.
- ◆ Let the children know that at the end of the interview I will be asking for their feedback about their interview process and the materials used.

The interviews with the child participant. The interview questions for young children are based on four key areas of quality care in residential resources. The areas covered in the questions are:

- ◆ The Safety and Protection of Children
- ◆ The Resource Service Environment and Quality of Care
- ◆ The Involvement of Families and the Community in the Resource Program
- ◆ The Voice of Children (their level of participation in decision making and planning)

The interview sessions will take place at the foster home or their parent's home and they will be no longer than 1 hour in length. If it is apparent during their interview session that a child is unable to maintain their focus for a full hour, I will stop the interview session and ask their permission to return for an additional interview session to complete the questionnaire. If the child agrees to a second interview session and I will make arrangements with the service provider, and where appropriate, their parent or guardian for an additional interview session to be scheduled as soon as possible. If a second interview session is required it will also be less than 1 hour in length.

The questions will be in age appropriate language and flexible enough to allow for the differing language and cognitive abilities of each child. The children will be asked a series of questions about their experience in the resource related to the key areas identified above. They will also be provided with a number of communication tools that will help them respond to the questions.

Post Interview Debriefing. Following their interviews I will ask each child how they are feeling and if they have any questions about the interview or things that they thought about during the interview. I will also ask the children for their assessment and views about the Interview Protocol and the communication strategies employed during their interviews.

After I have finished all of my questions their guardianship social workers, or another significant adult, will be available to help the children debrief following their interviews and ensure that they are not suffering from any negative effects as a result of the interview process. The guardianship social workers will be asked to follow up with the children a few weeks after their interviews to ensure that they have not experienced any negative repercussions from the participation in the project.

Following the interviews and the children's debriefing session I will discuss the general themes arising from the interviews with their foster parents and ask for any comments they might have about the interview process. Feedback from parents or guardians about the Interview Protocol would also be greatly appreciated. If you wish to comment on this process please feel free to contact me by phone or email in the week following the interviews with the children. Project review sessions will be provided for the Capital Region staff of the Ministry of Children and Family Development and Child Protection Division, Quality Assurance personnel upon their request.

The final project report which will include a review of relevant literature, and an analysis of the Interview Protocol will be submitted to the University of Northern

British Columbia and the Ministry of Children and Family Development at the conclusion of the project. Information collected during this project will be securely stored for the duration of the project and destroyed following the completion of the report.

If you wish further details or clarification of the information provided in this overview please feel free to contact me at:

250-370-9883 (leave a message) or at the email address nokeefe@shaw.ca.

Complaints or concerns about the project should be directed to the:

Dr. Max Blouw

Vice President of Research,

Office of Research and Graduate Studies

The University of Northern British Columbia

3333 University Way

Prince George, V2N 4 Z9 BC Phone - 250-960-5779.

APPENDIX D: FREQUENTLY ASKED QUESTIONS ABOUT THE PROJECT EVERY VOICE COUNTS

1. **What is the Project *Every Voice Counts* all about?** My name is Noreen O’Keefe and I have undertaken the project *Every Voice Counts: Hearing from Young Children in Residential Care* as part of the requirements for my Masters in Social Work from the University of Northern British Columbia. There are two stages to the project. **Stage 1-** the development of interview questions, protocols and alternate communication strategies (an Interview Protocol) for interviewing children between 5 and 9 years of age about their experiences in residential resources. **Stage 2** – a field test of the Interview Protocol. During stage 2 of the project I will be interviewing young children who have resided in a residential resource in the past 6 months.
2. **What will you be asking the children to talk about?** The interviews are based on four key areas of quality care in residential resources that are identified in the *Standards for Staffed Children’s Residential Services* (SCRS Standards). For more information about the interviews see section 5 of the Project Overview.
3. **What happens if I do not want to be involved?** If you or your child do not want to be involved, that is fine. I will not pressure you or your child to take part. All of the children will be asked for their consent to participate on several occasions before and during their interviews with me. Every time they are asked for their consent they will be told that **it is okay to say ‘no’**. If you or

your child decide not to be involved, or you withdraw your consent this will not affect any of the services you are currently receiving from the Ministry of Children and Family Development.

4. What if my child (child in care) criticizes the resource?

The children will be encouraged to speak freely about their views and feelings about the residential resource. The children's views will be kept confidential and no names will be included in any reports or discussions about the project. The only exception will be if they disclose that they or another child has been, or is likely to be harmed. In this case the information will be shared with their social worker and they may need to talk to the child about their disclosure.

5. What will you do if my child (child in care) is upset by the questions? At

the beginning of the interview the children will be given three signs – PASS and STOP which they can hold up at any point in the interview. If a child is upset I will encourage them to talk about their feelings and give them some time to decide if they want to continue with the interview. Following the interview I will share any concerns I have about what the child has told me or expressed during the interview with their social worker, parents or guardians. I will also be asking their social workers to talk to the children following their interviews and/ or a week or two after the interviews. If parents, guardians or social workers have any questions or concerns about the interview process I encourage you to contact me by mail or email and I will get back to you as soon as I can.

6. Can my child have someone to support him or her during their interview?

Yes. The children will be told that they can identify an adult support person to be with them during their interview. As their parent or guardian you will be asked to verify that the person they choose is appropriate.

7. How long will their interview be? The interviews will be no longer than an hour in length. If I feel they are struggling to maintain focus for a full hour – I will ask them if it is okay if I continue the interview on another day. If a second interview is necessary it will be no longer than 1 hr in length.

8. How can I get more information ? Please feel free to contact me at any of the numbers listed in the letter of introduction, for any further details you may need.

APPENDIX E: CHILDREN'S BROCHURE (SAMPLE)

WHAT DO YOU THINK ??

Hi Kids !!

My name is Noreen O'Keefe and I need your help
with a school project. The project is about helping
kids tell adults what they think about foster homes.

Do you think you could help me with my Project ?

It is okay to say no.

If you think you could help, I would like to talk to
you and give you some more information about the
project and what I am asking you to do.

THANK YOU FOR LISTENING – NOREEN
O'KEEFE

APPENDIX F: PARENT / GUARDIAN CONSENT FORM

I, _____ as the legal guardian of _____

Name of Parent or Guardian

Child 's Name

Born on _____ have received a copy of the **Project Overview** and I
 child's birthdate

child's birthdate

have been fully informed about the project *Every Voice Counts: Hearing from Young Children in Residential Resources* and voluntarily agree to the above named child's participation in the project.

I understand that the project will be conducted by Noreen O'Keefe and involves the field test of an Interview Protocol for young children for the purpose of increasing their involvement in service evaluations, and as partial fulfillment of the requirements of her Masters of Social Work degree from The University of Northern British Columbia.

I understand that the participation of the above named child is contingent upon their ongoing voluntary agreement to participate in the project which will include their involvement in:

1. An initial short meeting with Noreen O'Keefe (See Appendix A)
2. An interview session with Noreen O'Keefe, which will be recorded on audiotape or in the researcher's notes, and be no longer than 1 hour in length. If your child is unable to maintain focus for an hour, the initial interview will be stopped. Noreen O'Keefe will then request the child's permission for a second interview session to complete the questionnaire.

This second interview session will be no longer than 1 hour and will also be recorded on audiotape or in the researcher's notes.

3. Debriefing following their interview when they will be asked for their opinion about the interview process and the communication tools used in the interview.

I understand that during their interview the above named child will be asked about their views and experiences while residing at:

_____ located at _____
Name of the Foster Parents **Foster Home Address**

I understand that the questions will be based on the British Columbia Standards for Staffed Children's Residential Services, Foster Homes & Guardianship.

It is my further understanding that:

1. The children's participation is contingent upon their voluntary agreement to participate in the project, which can be withdrawn at any time.
2. If I decide or my child decides that they do not want to participate in the project this decision will not affect the services we currently receive from the service provider or the Ministry of Children and Family Development.
3. The identity of the children will remain anonymous and confidential during the project unless, in the opinion of the researcher, the information they provide indicates that they or another child has been, or is likely to be harmed or abused. That disclosures of harm or abuse will be reported immediately to a Child Protection Social Worker at the Ministry of Children

and Family Development for further investigation according to the protocols established for the investigation of abuse or harm in child care resources.

4. The researcher will take every precaution at all times during the project to ensure the child participants ongoing safety and well being and to prevent them from experiencing any negative repercussions as a direct result of their participation in the project.
5. The interviews will be recorded on audiotape or transcribed in notes for the use of Noreen O'Keefe in her analysis of the information provided by the child participants and the Interview Protocol.
6. The information provided by the children to will be anonymously reported in a Masters of Social Work Project Report to be submitted by the researcher Noreen O'Keefe, to the *University of Northern British Columbia* and the *Ministry of Children and Family Development*.

Name of Parent or Guardian (Please Print)

Signature of Parent or Guardian

Address of the Parent or Guardian

Date Signed

You may direct any complaints concerning the project to:

Dr. Max Blouw

The Vice President of Research

The Office of Research and Graduate Studies

The University of Northern British Columbia

3333 University Way, Prince George V2N 4Z9

APPENDIX G: INTERVIEW PROTOCOL FOR CHILDREN 5 TO 10 YEARS OF AGE

Stages Of The Interview

Rapport building and free narrative interview stages. At the beginning of each interview a modified version of Yuille's Step-Wise Interview Format (Province of British Columbia, 2000 p.53) approach will be used to build rapport with the child while they give me a tour of the resource, and introduce me to the staff / foster parents and the other children in the residence. Polaroid pictures will be taken of the child's room for use as reference points and cues during the Questioning Phase of the interview. The end of the house will mark the formal start of the interview.

During my introduction to the interview process I will:

- ◆ Re- introduced myself to the children and review the purpose of their interview
- ◆ Request their consent to audio tape the interview & to participate in the project.
- ◆ Stress that the information they tell me will remain confidential – unless they disclose potential or actual harm to themselves or others
- ◆ Give them the opportunity to examine the non-verbal communication tools.

The questioning stage. During the questioning phase of the interview the children will be asked about their views regarding four key aspects of residential care:

- A. Child Safety and Protection
- B. The Service Environment,
- C. The Involvement of Family and Community and
- D. Children's Voice.

Taking into account their varied ages and stages of development, *the information contained for each key area includes:*

1. The key topic areas covered by the questions.
2. *Interview questions and alternate interview methods* for gathering information during the interviews with the children.
3. Comments or cues related to the questions *in Italic*.

This approach will allow me to adapt the questions to each child's ability and test some alternate methods of recording their views. The information they provided during the Rapport Building and Free Narrative Stages of the Interview can then be used to adapt the questions to their particular experience. In addition to the alternate communication tools the interview room will have the following items available or posted throughout the interview:

- ◆ Drawing tools, paper, felts, pencils and paper
- ◆ A small flip chart with a cartoon character expressing a variety of emotions.
- ◆ Signs and symbols for the children to hold up to indicate that they didn't understand a question or they wished to stop the interview or pass on a question.

Questionnaire for Children 5 to 10 Years of Age

Child's Project ID No. _____ Age _____ M _____ F _____

Length of time in Resource _____

A. Child Safety and Protection

Key Topic Areas

The child's meaning of safety; feeling safe at the resource; feeling safe with the staff; feeling safe with the kids; bullying; abuse or neglect issues; physical restraint; and their knowledge of emergency procedures.

Questions

1. The first thing I would like to talk to you about is safety and feeling safe. Do you have a special place where you feel very safe? Yes ____ No ____

If yes can you tell me about that place?

If no can you tell me what a safe place should be like?

(The children will be encouraged to describe a safe place, and the reasons they feel safe in that place. Children without a place can be helped to explore some possibilities)

2. Sometimes when you are around certain people you can feel safe. Do feel safe when you are with the staff here? Yes ____ No ____

3. What would you do, or whom could you talk to if you felt unsafe with a staff member or another adult? *(This discussion should explore the options they are aware of to handle these kinds of situations)*
4. Sometimes the staff or foster parents don't know that kids are being hurt or bullied by someone. Bullies will often hurt kids and tell them that something worse will happen if they tell someone. Sometimes they tease or pick on one or two kids and anyone else who sides with them. Has this ever happened to you since you have lived here?
 - a) No ___ If yes ___ Can you tell me about what happened to you?
5. If this happened to you or someone else who could you talk to about what was

Alternate Interview Method: Questions # 1-4

Materials: Sarah's Story and Discussion Questions

Procedures: Read Sarah's Story & discuss the questions that follow.

Commentary: Storytelling is an effective way of helping children talk about difficult and sensitive issues. The stories can help them remember and talk about similar events in their own lives.

SARAH'S STORY

This is a story about something that happened to a girl named Sarah.

Sarah was about your age, and she was living in a group home in

Vancouver. One day while she was sitting underneath the back deck at

the group home (this was her favourite secret place) writing in her

diary, she heard a ruckus as the patio door to the deck directly above her open.

When she looked up through the deck slats she saw Sean and Jason, two of the older boys who lived at the group home, drag one of the younger boys Peter out onto the porch. Peter was small for an 8-year-old and Sean and Jason, who were at least 2 years older than him, towered over him.

Sarah took a deep breath and froze. She did not want them to see her watching. She knew that if they saw her, she would not only lose her secret place forever, but they would probably give her a dose of what they had in store for Peter. What made it even worse was that she liked Jason – she thought he was cute and she thought he might think the same way about her. In fact she had just written that very thing in her diary.

From where she was sitting Sarah saw Jason and Sean move Peter to a place on the deck where they could not be seen by the staff. Then they punched him in the chest until he fell. When he was down they used their feet to kick his arms and legs. Peter started to cry but they threatened to take him behind the garage where he wouldn't be heard, if he didn't shut up.

After Jason and Sean had given him a 'good lickin' they stole his money, the watch his mom had given him, and anything else he had in his pockets. They told Peter that he must confess to the staff

that he pulled the fire alarm earlier that day, or they would take him out to the garage. Peter—who could hardly talk by this time, told them he would do what they wanted.

In reality Sarah knew it was probably Sean who had pulled the alarm. He had done it before when he thought the staff were going to search his room. Sean always had stuff in his room that he had stolen from the other kids in the group home, along with some things he had ripped off from the staff or his folks. When everyone was outside Sean would stash the stuff outside his room until after the search. Although he had also stolen some of Sarah's CD's she knew she could never snitch on him, he was too popular or feared, and she would be treated like pond scum if she did.

Later on that evening, Sarah felt sick as she watched Peter tell the staff that he had been the one who set off the fire alarm earlier that day. It seemed to Sarah as she watched this all go down, that the staff were not entirely convinced Peter was the guilty party, but they had to accept his confession and punish him. Anything less would mean that the fire alarm would be pulled 24/7

As this was all going on Jason and Sean were sitting across from Sarah on the couch in the living room, laughing their guts out. Sarah felt herself getting more and more angry, until she thought she was going to burst—but all she did was turn beet red. Jason of course

thought this was cute- it meant she liked him. Sarah knew however that she would never think of him the same way again.

What Sarah really wanted to do was go over to them and tell them what 'big men' she thought they were – beating up on a younger kid half their size. She wanted to find someone who would bully them and see if they thought it was so funny. But all she did was sit there fuming until she couldn't stand it anymore and she went for a walk.

Discussion Questions

1. What do you think Sarah is feeling about what happened to Peter?
2. Do you think she should talk to someone about what happened to Peter or her feelings?
3. If she asked you, what would you tell her to do?
4. Have you ever had something like this happen to you? Can you tell me about it?
5. Were you able to tell someone about it? Who did you tell? Did it help?
6. If there was a boy like Peter living here what could you tell him that would help him deal with bullies like Sean and Jason?

7. Bullies often do other things to kids too; they scare them, or threaten to hurt them if they tell anyone. Has that ever happened to you here?
8. Did you tell / or could you tell your foster parent or a staff member if you were being bullied or hurt by someone.
9. Why do you think Sarah was so angry at the end of the story?

6. Have you ever been held, or seen another child held by a staff member or foster parent so you or they couldn't move? Yes ___ No___

(I can show the child by hugging my own body what I mean by being held)

If Yes After this happened did a staff member or the foster parent tell you why they had held you or the other child?

7. What would you do if the fire alarm or a smoke detector goes off?

B The Service Environment

Key Topic Areas

Quality of care issues -suitability of the facility, personal accommodation, and privacy issues; relationships with staff and residents; age appropriate programs that promote healthy growth, emotional development, and self esteem, educational programs.

Questions

When asking the following questions about their room and the foster or group home I will use pictures we took during the tour of the resource or ask them to draw pictures of the rooms.

1. What is the best thing about your room here?
2. If we look at this picture of your room can you point out
 - ◆ Some of the special decorations or pictures you put up or out in your room to make it your own
 - ◆ Where do you put your personal stuff (not your clothes)? Are your things safe there?
 - ◆ Is your room a private place where you can be alone?
3. Tell me what a typical weekday is like around here. When do you get up, then what do you do etc.? (*I will write down with them their normal daily routine from rising to bedtime*)
4. What is your favourite and least favourite activity or part of the weekday you just described? Who is involved in these activities with you?
5. Could you tell me now what a typical weekend day is like here? When do you get up, then what do you do etc.? (*I will write down with them their weekend routine- both days if needed*)
6. What is your favourite and least favourite part of the weekend you just described?

*Alternate Interview Method for Questions # 3-6**Materials:*

- ◆ Two Charts posted – one for a typical weekday, the other for a typical weekend day. Both charts will break down into time blocks.
- ◆ Stickers or stamps in 3 different colours.

Procedures:

- ◆ Ask each child to help me or to put their typical weekday routine on chart 1 and the weekend routine on Chart 2.
- ◆ Have each child put coloured stickers beside their favorite and least favourite activities and parts of the day and describe why they like/ dislike these activities and who is involved with them in the activities.

7. What are the rules around here?

8. What happens when you break the rules?

(What are the consequences, punishments etc.)

9. Do you think the rules and consequences are fair most of the time? Yes ___ No

10. Have you ever felt that you have been treated unfairly?

(I will use cues to explore if they feel targeted or picked on by the staff or foster parent or if there has been a time when they were accused unfairly, or punished unfairly. This question will attempt to explore any use of prohibited behaviour management practices in particular emotionally abusive practices)

11. Pretend you were in charge of this place

- ◆ What rules would you make for the kids here?
- ◆ What rules do you have now that you would get rid of? Why?

C The Involvement of Family and Community

Key topic Areas

The child's understanding of why they are in care, what happened when they first arrived at the foster or group home and their perception of how long they will be in the resource and where they are going after they leave; the involvement of family members and significant others including cultural and religious communities the children are a part of; and the integration of the facility and involvement of the children in the surrounding neighbourhood and community.

Questions

1. I would like to talk a little bit about what happened when you first came to live here, Do you know why you came to live here? Yes ____ No ____

If yes could you tell me about it?

If No Why do you think you are living here?

2. Did you visit here before you came here to live?

If yes Do you think that helped you feel better about coming here to live?

If No Do you think you would have felt better if you had visited here first?

3. How long do you think you will be living here?
4. Where will you be going when you leave here?
5. How often do you see your parents?

6. Do they ever visit you here? Yes ____ No ____

If No Is there a reason that you know of why they don't visit you here?

If Yes How often do they visit you here?

7. Could you tell me about the last time your parent (s) came here?
8. Do your parents ever go with you to the activities here?
9. Are there other adults or family members who visit you here? Who? How often?
10. Do you visit with the friends you had before you came here? Yes ____ No ____

If No Why not?

If Yes How often? Would you like to see them more often? Yes ____ No ____

11. Where are some of the places you visit, spend part of the day or go to for activities that are nearby?
12. Have you met any of the kids or other people who live near here?

D Children's Voice

Key Topic Areas

The *Rights of Children in Care* with special emphasis on:

- ◆ The entitlement of children in care to be informed about the *Rights of Children in Care* and procedures for enforcing their rights in a manner appropriate to their age and stage of development.

- ◆ The right of children in care to be informed about, and participate in, their Plan of Care and other planning activities when decisions are being made that affect their lives.
- ◆ The right of children in care to express their views (including complaints) about the program of care and have their views considered and responded to by caregivers.
- ◆ The right of children in care to privacy and confidentiality.

Questions

1. Have you ever told a staff member or your foster parent that you didn't like something around here? Yes ____ No ____

If yes What happened when you did this ?

Did you feel that you were taken seriously?

Did anything change?

If No What do you think would happen if you complained about something?

Do you think you would be taken seriously?

2. Who could you talk to about things around here if you couldn't tell a staff member or your foster parent?
3. Has anyone ever told you about children's rights or the special rights of children in foster homes and group homes? Yes ____ No ____

4. Can you tell me in your own words what rights you think children have? *(I will continue to make suggestions of rights until they have covered the key topics described above)*
5. Do you think that your rights are being respected here? Yes ___ No ___
If No Which rights do you feel are disrespected here? (I will ask the child to describe situations where they feel their rights are disrespected, to ensure that they distinguish between things they want and things they have a right to.)

Alternate Interview Method for Questions # 4 & 5

Materials:

1. A posted chart of The Rights of Children in Care in plain language with examples and in some cases pictures of children engaging in activities related to their rights.
2. Happy face stickers

Procedures:

1. Discuss each of the rights, with special emphasis on the rights noted in the Key Topic Areas list above. Ask the children to tell me about each right in their own words and to give me an example if they can.
2. After each right is discussed, the child will be told to place a happy face sticker beside the rights they feel are respected in the resource.
3. We will then discuss the rights without stickers.

6. One of the rights we just talked about is your right to have a say about plans that are made for you. Do you feel that you have a say in plans that are made for you?

If Yes Can you tell me about the last time you were asked about plans for you?

If No Can you tell me about plans that were made without you having say?

WELL I HAVE FINALLY FINISHED WITH ALL MY QUESTIONS, AND I WANT TO THANK YOU FOR ALL YOUR HELP, AND YOUR PATIENCE.

Before leaving I would like to ask for your opinion / views about the questions.

1. Did you have any trouble understanding my questions ?
2. Were there too many questions?
3. Did you think these questions covered the most important things about being in a foster home?
4. In your opinion / view what are the most important things about living in foster homes?
5. What did you think of some of the different ways (with signs etc.) of answering questions? Did it make easier to answer the questions?
6. Do you have any questions you would like to ask me?

THANK YOU SO MUCH FOR ALL YOUR HELP WITH MY PROJECT.

APPENDIX H: CHILD PROTECTION DISCLOSURE PROTOCOL

If at any time during the course of this project a child or an adult discloses that a child, has been, or is likely to be abused or neglected or that an adult in authority has or is likely to use prohibited and / or abusive child management techniques the following protocol will be strictly adhered to:

1. The interview with the child will be concluded as quickly as possible without alarming the child.
2. The child will be informed that I will need to report their disclosure to their guardianship social worker and or another child protection social worker, and they will want to discuss the disclosure with them.
3. I will inform the child that although I will not be continuing the interview at this time, I may need to speak to them again at a later date.
4. I will be supportive to the child, but leave the investigation and gathering of information to the guardianship worker or protection social worker.
5. Report the information immediately to a child protection social worker and/or the child's guardianship social worker.
6. I will record all relevant information regarding the child's disclosure and any actions taken following their disclosure.

**APPENDIX I : LETTER OF APPROVAL FROM UNBC ETHICS REVIEW
BOARD**



**UNIVERSITY OF NORTHERN
BRITISH COLUMBIA**

Research Ethics Board

MEMORANDUM

To: Noreen O'Keefe

From: Alex Michalos, Chair,
Research Ethics Board

Date: February 13, 2002

Re: 2001.1012.88
Every Voice Counts: Hearing from Young Children in Residential
Care

Thank you for responding to the Research Ethics Board's concerns pertaining to the above noted proposal. You have adequately addressed each of the concerns expressed by members of the REB. Your proposal has been approved and you may proceed with your project.

Good luck in your research.

A handwritten signature in black ink, which appears to read "Alex Michalos", is written over the typed name.

Alex Michalos, Chair
Research Ethics Board

**APPENDIX J : UNITED NATIONS CONVENTION ON
THE RIGHTS OF THE CHILD**

Adapted by Save The Children Canada

Article 1 Definition of Child

Every person under 18, unless national law grants majority at an earlier age.

Article 2 Freedom from Discrimination

Rights in the Convention apply to all children without exception; the State is to protect children from any form of discrimination or punishment based on family's status, activities or beliefs.

Article 3 Best Interests of Child

The best interests of the child to prevail in all legal and administrative decisions; the State is to ensure the establishment of institutional standards for the care and protection of children.

Article 4 Implementation of Rights

The State is to translate the rights of this Convention into actuality.

Article 5 Respect for Parental Responsibility

The State is to respect the rights of parents or guardians to provide direction to the child in the exercise of the rights in this Convention.

Article 6 Survival & Development

The Child's right to life; the State is to ensure the survival and maximum development of the child.

Article 7 Name & Nationality

The right to a name and to acquire a nationality; the right to know and be cared for by parents.

Article 8 Preservation of Identity

The right to preserve or re-establish the child's identity (name, nationality and family ties).

Article 9 Parental Care & Non-Separation

The right to live with parents unless this is deemed incompatible with the child's best interests; the right to maintain contact with both parents; the State is to provide information when separation results from State action.

Article 10 Family Reunification

The right to leave or enter any country for family reunification and to maintain contact with both parents.

Article 11 Illicit Transfer and Non-Return

The State is to combat the illicit transfer and non-return of children abroad.

Article 12 Free Expression of Opinion

The child's right to express an opinion in matters affecting them and have their opinion heard.

Article 13 Freedom of Information

The right to seek, receive and impart information through any media.

Article 14 Freedom of Thought Conscience & Religion

The right to determine and practice any belief; State is to respect the rights of parents or guardians to provide direction in the exercise of this right.

Article 15 Freedom of Association

The right to freedom of association and freedom of peaceful assembly.

Article 16 Protection of Privacy

The right to protection from arbitrary or unlawful interference with privacy, family, home, or correspondence, or attacks on honour and reputation.

Article 17 Media & Information

The State is to ensure access to information and material from a diversity of national and international sources.

Article 18 Parental Responsibilities

The State is to recognize the principle that both parents are responsible for the upbringing of their children and that parents or guardians have primary responsibility; the State is to assist parents or guardians in this responsibility and ensure the provision of child care for eligible working parents.

Article 19 Abuse & Neglect

The State is to protect children from all forms of abuse, neglect and exploitation by parents or others, and to undertake preventive and treatment programs in this regard.

Article 20 Children without Families

The right to receive special protection and assistance from the State when deprived of family environment and to be provided with alternative care, such as foster placement or Kafala of Islamic Law, adoption or institutional placement.

Article 21 Adoption

The State is to regulate the process of adoption (including intercountry adoption), where it is permitted.

Article 22 Refugee Children

The State is to ensure protection and assistance to children who are refugees or are seeking refugee status, and to cooperate with competent organizations providing such protection and assistance.

Article 23 Disabled Children

The right of disabled children to special care and training designed to help achieve self-reliance and a full and decent life in society.

Article 24 Health Care

The right to the highest attainable standard of health and access to medical services; the State to attempt to diminish infant and child mortality, combat disease and malnutrition, ensure health care for expectant mothers, provide access to health education, develop preventive health care and abolish harmful traditional practices.

Article 25 Periodic Review

The right of children placed by the State for reasons of care, protection or treatment to have all aspects of that placement reviewed regularly.

Article 26 Social Security

The right, where appropriate, to benefit from social security or insurance.

Article 27 Standard of Living

The right to an adequate standard of living; the State to assist parents who cannot meet this responsibility and to try to recover maintenance for the child from persons having financial responsibility, both within the State and abroad.

Article 28 Education

The right to education; the State to provide free and compulsory primary education, ensure equal access to secondary and higher education and ensure that school discipline does not threaten the child's human dignity.

Article 29 Aims of Education

The States Parties' agreement that education be directed at developing the child's personality and talents; to prepare the child for responsible life in a free society, develop respect for the child's parents, basic human rights, the natural environment and the child's own cultural and national values and those of others.

Article 30 Children of Minorities

The right of children of minority communities and indigenous populations to enjoy their own culture, practice their own religion and use their own language.

Article 31 Leisure & Recreation

The right to leisure, play and participation in cultural and artistic activities.

Article 32 Child Labour

The right to be protected from economic exploitation and from engaging in work that constitutes a threat to health, education and development; the State is to set minimum ages for employment and provide sanctions for effective enforcement.

Article 33 Narcotics

The State is to protect children from illegal narcotic and psychotropic drugs and from involvement in their production or distribution.

Article 34 Sexual Exploitation

The State is to protect children from sexual exploitation and abuse, including prostitution and involvement in pornography.

Article 35 Sale and Trafficking

The State is to prevent the abduction, sale and trafficking of children.

Article 36 Other Exploitation

The State is to protect children from all other forms of exploitation.

Article 37 Torture, Capital Punishment and Deprivation of Liberty

The State is to protect children from: torture or other cruel, inhuman or degrading treatment; capital punishment or life imprisonment for offenses committed by persons below the age of 18; and unlawful or arbitrary deprivation of liberty. The right of children deprived of liberty are to be treated with humanity and respect, to be separated from adults, to maintain contact with family members and to have prompt access to legal assistance.

Article 38 The Supremacy of Higher Standards

The State is to respect international humanitarian law, ensure that no child under 15 takes a direct part in hostilities, refrain from recruiting any child under 15 into the armed forces and ensure that all children affected by armed conflict benefit from protection and care.

Article 39 Rehabilitative Care

The State is to promote the physical and psychological recovery and social reintegration of child victims of abuse, neglect, exploitation, torture or armed conflicts in an environment which fosters the health, self-respect and dignity of the child.

Article 40 Juvenile Justice

The right of accused children to be treated with dignity. The State is to ensure that: no child is accused by reason of acts or omissions not prohibited by law at the time committed; every accused child is informed promptly of the charges, presumed innocent until proven guilty in a prompt and fair trial, that the child receives legal assistance and is not compelled to give testimony or confess guilty; that alternatives to institutional care are available.

Article 41 Supremacy of Higher Standards

The standards contained in this Convention not to supercede higher standards contained in national law or other international instruments. (Save the Children Canada, 2000).

APPENDIX K : THE CHILD, FAMILY AND COMMUNITY SERVICE ACT

Section 70 : The Rights of Children in Care

The rights of children and youth in care are enshrined in the act as legal requirements that are enforceable. The rights must be affirmed and respected by everyone working with children and youth in care including social workers, caregivers and program staff. It is the responsibility of every caregiver to ensure that any services they provide to children are consistent with the rights.

Anyone who believes that the rights of a child or youth in care have been violated can make a complaint to the Ministry for Children and Families. The ministry will attempt to resolve the concern through informal consultation. If the concern is not resolved in this manner, it can be submitted to the ministry's formal complaint resolution process. If the complaint remains unresolved, the Children's Commission has authority to hear and resolve the complaint.

Under section 70 of the Child, Family and Community Service Act, children in care have the following rights:

- to be fed, clothed and nurtured according to community standards and to be given the same quality of care as other children (including the caregiver's children) in the placement;
- to be informed about their plans of care

- to be consulted and to express their views, according to their abilities, about significant decisions affecting them;
- to reasonable privacy and to possession of their personal belongings;
- to be free from corporal punishment ;
- to be informed of the standard of behaviour expected by their caregivers and of the consequences of not meeting their caregiver's expectations;
- to receive medical and dental care when required;
- to participate in social and recreational activities if available and appropriate and according to their abilities and interests;
- to receive the religious instruction and to participate in the religious activities of their choice;
- to receive guidance and encouragement to maintain their cultural heritage;
- to be provided with an interpreter if language or disability is a barrier to consulting with them on decisions affecting their custody or care;
- to privacy during discussions with members of their families, subject to any court order made after the court has had an opportunity to consider the question of access to the child;
- to privacy during discussions with a lawyer, the Child, Youth and Family Advocate, the Ombudsman, a Member of the Legislative Assembly or a Member of Parliament;
- to be informed about and to be assisted in contacting the Child, Youth and Family Advocate;

- to be informed of their rights under the act and the procedures available for enforcing their rights. (Province of British Columbia, Ministry for Children and Families, 2000, p.7)