

**From:** [REDACTED]  
**To:** [CYAA Review](#)  
**Date:** Tuesday, October 11, 2016 11:08:54 AM

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In [REDACTED] I undertook care of a child not related to me under the kinship care arrangement because it was the fastest way to arrange for this child's care as his foster parents, [REDACTED], had burned out after [REDACTED] months of caring for him. This child, [REDACTED] had multiple disabilities and challenging behaviors. His diagnosis were: RAD (reactive attachment disorder), PTSD (post traumatic stress disorder), ADHD (attention deficit hyperactive disorder), FAS (fetal alcohol syndrome), and PDD with NOS (an autistic spectrum disorder). He had been removed from his birth parents at nine months old on a permanent guardianship order because of abuse. This was not the first child of the birth parents that had been taken into care.

[REDACTED] first placement was with a single parent in an apartment who had four other foster babies to care for. I have had [REDACTED] and I can attest to the fact that that is a challenge, never mind taking care of five children under two. He exhibited signs of neglect - banging his head against the crib and was characterized at nine months as being "aggressive" because he crawled over and tried to bite another child. I doubt very much that it is possible for a nine month old child to be "aggressive". He has never exhibited any signs of aggression towards another child in the now almost fourteen years that he has been with me. He did exhibit the following behaviors when he came to me:

he had a severe speech impediment

he often smeared feces on the walls

he tantrumed many times a day, screaming, crying, attacking me (kicking, biting, screaming)

whenever he was asked to do something he did not want to do (i.e. leave the park after being coached and reminded that it was time to leave), because he had no level of trust for any mother figure, given the many placements he had had.

[REDACTED] had had [REDACTED] placements before he came to me. In one of those placements, the family was going to adopt him and had started the process when his birth mother had another child. Due to the "wisdom" of social services personnel and the ruling that families should be kept together, he was removed from this family's care and placed in another foster home with the view that he and this sibling whom he had never met, would be placed together for adoption. This home was later closed because of reports of abuse filed by [REDACTED]. The foster parents had [REDACTED] high level needs children in their care, including [REDACTED], and used abusive methods to cope with the challenges of these children. Despite [REDACTED] being allergic to cigarette smoke, the foster mother and her mother smoked in the home. At one point the family moved and did not notify social services - they were off the radar for [REDACTED] months. The family who had started the process of adoption attempted several times to regain care of [REDACTED] but were denied this. By now, [REDACTED] was exhibiting highly challenging behaviors so the family that was adopting his sibling did not want to adopt him. When the foster home was closed he was placed in a home where staff rotated in to care for him. He was deemed unadoptable because of his behaviors.

When [REDACTED] came into my care, I requested the following immediately:

a contract with a specialist in RAD

a speech pathologist

continuation of the care he had been receiving from a pediatric occupational therapist.

I knew of an RAD specialist in Red Deer whom the department had previously used as a counselor for children in care, so being unaware of the procedure for arranging for contracts, I made an appointment with the specialist (she is a court recognized specialist in RAD, has a Masters in Social Work, is a qualified EMDR therapist) and sent the bill to the department with the request that this be an ongoing arrangement. The social worker was irate and at one point in the conversation told me that because I had had care of [REDACTED] for only a month, he could be removed from my care and I would have no grounds for appeal, should I insist on seeing this therapist.

The social worker who was supposed to be my support in this process, holder of a BA, told me that because the EMDR website was poorly organized, he did not feel that it was a valid method of treatment and would not let any of "his kids" use that modality.

I asked for professional help and was referred to a local therapist who was much cheaper than the Red Deer therapist, and whom I found to be totally inadequate for the challenges that [REDACTED] presented. Her treatment for RAD consisted of spending 20 minutes a day doing something the child wanted to do. This was supposed to provide bonding....

I asked for further help in dealing with his challenges and was told that "you will become the expert on [REDACTED]"....I did, but not because of any help from any of the social workers that I spoke with regarding his challenges. And somehow, according to social services, this was an acceptable method of therapeutic care for a child with high level needs.

What would have been helpful was a range of services including the RAD therapist, a speech and language therapist who specialized in dealing with autistic children, knowledgeable social workers who had actually dealt with the issues that [REDACTED] presented.

It took me a year of massaging the system to get approval for the Red Deer RAD specialist - and the department would not pay my mileage...

It took another five years to get a social worker to approve speech therapy for [REDACTED] -- previously I had been told that it would have to be covered by his school program, a totally ineffective approach, given the severity of his disabilities and his lack of trust for anyone. Once it was approved, we went weekly for three and a half years before he was able to overcome most of the challenges.

It took ten years of intense therapy with the RAD specialist to reduce [REDACTED] stress responses to acceptable behaviors, to build a bond between us that he could trust.

We never did get the continuation of care with the pediatric occupational therapist, even though he obviously has sensory issues.

Pressure was brought to bear by the social worker and the school staff where he attended to have [REDACTED] "medicated" to lessen his behaviors. Fortunately I found a pediatric psychiatrist and a neuro-psych who both agreed that medication (and he had been on an adult dosage of medication in the foster home that was closed) was not the answer. Instead I used diet (no sugars, dyes, organic food etc) and behavioral modification and mostly, just lots of love, reassurance and cuddles. When he

first came to me, [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] gradually working his way through the years he had missed because of trauma.

During this period of time, I moved to a different location for better schooling options for [REDACTED]. This necessitated a change of social workers. At one point, I went for nine months without contact with a social worker, beyond having my expenses paid. Then I got the social worker from hell. Because it had always been my intention to adopt [REDACTED], my initial social worker, when I moved to this new community, had set it up with the school for him to be registered AKA by my last name, with his legal name also on file, with the view that this would present less confusion for [REDACTED]. Because I was really out of her district and had only been able to stay on her case load by special permission, she had arranged informally for me to sign all permission slips at school, for activities, and I had a blanket permission form that allowed me to travel anywhere at any time. I had had this since his initial placement three years ago.

The new social worker saw [REDACTED] last name being registered as mine (it turned out that the computer program from the school did not show the legal name due to lack of space) and had a fit. She refused to allow me to sign for anything, insisted that his name be changed on school records, and generally made life very difficult. There were several meetings at the [REDACTED] in which I was badgered and bullied by staff as we fought over the parameters of care for [REDACTED]. The social worker in charge of [REDACTED] case decided that [REDACTED] should have a male relief worker, and one was assigned without consulting with me, without recognition of the stress that introducing a new person abruptly into his life would create. This person had no training in any of the treatment modalities that [REDACTED] was using. He would obviously have been quite incapable of catching [REDACTED] should [REDACTED] have decided to bolt on an outing, which he frequently did at that stage. He was trying to have [REDACTED] to flips on the trampoline, a move which was very risky for [REDACTED] given his lack of coordination. At another point, he offered to pick [REDACTED] up at school in his vehicle, a move that would have triggered off a massive melt down and panic because of the RAD issues. When I tried to point out these issues, I was told by the social worker that was supposed to be supporting me, that I was "only his worker - not his parent", despite being expected to act as his parent.

I contacted the Advocate, which was really a waste of time, as he made it quite clear in the chatty sessions he had with them before the proceedings began, that he was on very good terms with them and did not want that disturbed. And it was not.

At one point, I contacted my MLA because they were refusing to allow all communication by email (I had decided on this after the first month of caring for [REDACTED] - I wanted a record of all communication because the social worker later denied that she had threatened to remove [REDACTED] from my care over the issues of a therapist). After his visit, communication by email was allowed. I have steadfastly refused to take any phone calls from them.

My travel permission form was revoked and I had to apply for one each and every time I wanted to travel with a detailed agenda. At one point, the supervisor even wanted to know who was paying for

this trip!

When it came time for a higher grade school placement, the social worker from hell told me that SHE would be making the choice - she had met him a total of 4 times, but felt that she was best able to assess where he should be. Fortunately the director of special ed in this district was able to put her in her place by clarifying how many years she had worked successfully with social service department heads in doing school placements. I was allowed to chose school placement.

Another day she showed up with a behavioral specialist who had never met [REDACTED] to advise me on ideas for dealing with [REDACTED] issues. "He doesn't really wants friends", this idiot told me. But "take him to the park and he will find other kids to play with." Well actually that MIGHT work he if didn't have behavioral issues, if other children could understand what he was saying, if he was five and not ten and there were other parents with whom I could interact to introduce him. And have you seen what type of children play unsupervised at the parks these days? No thanks. It was a total waste of time and very scary to think that this person was later hired by the department to advise parents how to deal with challenging behaviors. There is a reason behavioral specialists are low on that particular food chain - they lack the specialized training needed. And to advise when you haven't even met the child boggles the mind.

And then here was the effort by social services to provide some connecting point between social services, children in care and the teachers and foster parents by scheduling a meeting of ten minutes duration to go over the child's educational plans. I don't recall the name of the program - it quickly faded out for lack of funding - but it was reported to be a useful tool for those who had the opportunity to use it. One special ed teacher in the district opted to use the fund collectively for a group of her students to discuss the issues that they faced as children in care. There is a crying need to have their voices heard, but no one does.

Appeals for increased funding are also ludicrous given the effort made by social services to block any such option. The burden is on the parent or foster parent to prove that funding for a program is needed. One parent who applied for funding for speech and language discovered half way through the proceedings that her social worker (who is notorious for being disorganized to the extreme) had taken apart the carefully assembled document, prepared by herself and the S & L professional as well as others, had mixed it up with reports from previous years and made a hash of it. The parent was denied the opportunity to present the correct documents at the hearing and was denied funding. An extended family member had to assemble all the medical documentation necessary while caring for a child that had extremely high medical care needs. It was an arduous task. She was warned privately by her social worker that the supervising social worker was planning to deny the application on certain grounds before the matter was even presented. Fortunately because of the warning, this family member was able to obtain additional medical information from the US which won her case. The social worker who had warned her was written up and nearly lost her job. Bullying at its finest.

The upshot was, because of the stress that it was causing both [REDACTED] and myself, (when the social worker made the mandatory school visit to check on [REDACTED], he became so stressed that I was called to take him home), I opted to proceed with adoption, even though my funds would not cover the

range of services that he needed. I was assigned an adoption social worker that my therapist warned me not to proceed with because of the track record that this worker had: sweet to your face, especially if you were a single parent, as I am, and then in the report, doing all she could to sabotage the adoption. I do know that she had a vindictive streak: she returned documents to me collect with an angry note about my not returning her calls - I had been away on holidays. That was the only occasion when I have had to pay for mail from social services.

I was able to negotiate having the adoption paperwork done through a private agency which was a much kinder arrangement altogether.

I wish I could convey to you the frustration, the helplessness and the fear that my son and I experienced in the face of the abuse of power by social workers. And mine is not an isolated case. I have a friend [REDACTED]

[REDACTED]

Children that my children went to school with were in care until they turned eighteen and then were abruptly cut loose. No family home to go to, no home base when they really need it.

I have other friends who adopted a family - again very little support from social services. [REDACTED]

It is more dangerous to be a child in care than serve a tour of duty in Afghanistan. There are better options.

I spoke with a care agency from Utah - they have had to deaths of children in care in the fifty some years they have been in operation. Their training program for parents is extensive and ongoing, and each foster parent has an educated support person on call twenty four hours a day for back up and advice in dealing with the challenging behaviors that children taken into care present.

In BC they had a system whereby children are placed in a home and they stay there during their school years and until they turn 25, so that they have a stabilized setting in which to attend school and hopefully post secondary education. Staff may come and go, but at least they have the same surroundings.

In the US, at a former army base, social services turned it into a community for children in care with

foster parents and foster grandparents that provide extended care for the children. The grandparents can also support the foster parents.

There should be clear support guidelines that allow a foster parent to choose the best care possible in terms of RAD therapy, because every child in care will need it.

The speech and language issue should not and cannot be covered by the mediocre efforts of the school speech and language program which has seen so many cutbacks that it is not effective for a child who is not in care, never mind one who comes with all the issues that a child in care is experiencing.

Foster parenting should not be regarded as something that will supplement income. It is a full time job, best done by two parents, who receive training from those who actually know how to deal with many issues that children coming into care now present: the effects of drug and alcohol abuse by the birth parents being the most prevalent one. There should be no attempt to place these children in settings where there are several high level needs children in one home, or even one high level needs child with a single parent with other children - look at what happened to the child who was placed with the instructor from Grant McEwan.

A social worker should not be the sole decider of what type of therapy a child needs or who the therapist should be - ie the worker who decided that EMDR was not a suitable treatment modality. It was the most effective modality for my son because he was able to release the trauma without having to articulate it - which he could not do.

The financial burden of a child with disabilities extends far beyond age 18 and I feel that this should be recognized in a meaningful way by the government. My child will need care all his life, but I cannot afford the day program costs that he needs after age 18 - and he cannot be left alone while I work....I am now in a position where I have to be at home after he turns 18, because I cannot earn enough to provide for a day program. The qualifying criteria for the PDD program should not be IQ but the ability to function effectively and independently. And those who sit on the board to decide these matters should be professionals educated in the disabilities that those applying have. When my older son, also adopted, who is a high functioning autistic person, applied for PDD, those on the board saw only his school marks, not the fact that he could not function independently within the school system, never mind in a work place setting, so he was denied funding. He has fallen through all the cracks in the system. And [REDACTED] may well follow the same path, simply because of his IQ and my lack of funding at the level needed.

There needs to be a change in the educational department - inclusion is not the total answer, nor is exclusion - there needs to be changes in transition programs and employment programs so that children in care, who often have disabilities, have support through their life time to be successful citizens.

And the social workers themselves need support. The RAD therapist has on her case load a number of social workers who are trying to cope with the bureaucratic challenges they face. One supervisor of the social workers in question had everyone sign out for their pens and there was a

limit on how many they could have - and this is his most pressing issue? And under this particular social worker supervisor (ex-military) you were "volunteered" for any extra assignments. Again, bullying at its finest.

I would like to think that there is the political will to make the huge changes needed but I have written to ministers before without any changes being made - except to have the district here send out a request for foster parents to volunteer as mentors to other foster families new to the game.....Fortunately that quickly died. The blind leading the blind. Stop gap measures and small fleeting programs will not meet the needs of the children currently in care or those who will yet have to rely on the departments as they are now constituted

The whole system needs to be revamped, social workers need to be trained in treatment modalities as well as having internships in actual placement settings. "Foster parents" should be a designation that denotes professional, educated, committed care with commensurate wages and when possible, adoption should be the desired outcome of all placements. There should be no moving children from home to home, placing them in motel rooms because there are no homes available. The trauma that is created when a child is taken into care (and that sounds so comforting but it is not), should be treated immediately to help them make the necessary adjustment. In other words, they should be treated as you would yourself wish to be treated, or as you would have your children treated in similar circumstances. With love, care and knowledgeable support in a long term stable family setting where all the necessary supports for a life time of success are available.

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