

VULNERABLE CITIZENS: THE OPPRESSION OF CHILDREN IN CARE

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ABSTRACT: This paper frames children in out-of-home care as a singularly oppressed group. Children as citizens are considered in terms of their rights, evolving capacities, best interests and voice. Using recognized criteria determining oppression, the situation of youth in care as an associative group is contrasted with that of children in general, as an aggregate group. Children's rights and participation – called for in the UN Convention on the Rights of the Child – are examined with particular focus on children's voice in relation to regulated care. Child and youth practitioners are urged to become champions for children's rights and to speak out on behalf of youth in care, a most particularly oppressed group.

KEY WORDS: oppression, youth in care, advocacy, voice.

CHILDREN AND OPPRESSION

This paper is informed by conceptualizing youth in care as a uniquely oppressed group of children. Consistent with the author's liberatory pedagogical orientation to practice, the intent is to inform and elucidate the situation of youth in care, and to advocate on their behalf.

Outlined is the general oppression of children as an aggregate group, and particularly the uniquely oppressive situation of youth in the wardship of the state, as an associative group. An aggregate group is: "A total considered with reference to its constituent parts"; an associative group is: "Of, characterized by, resulting from, or causing association" (American Heritage Dictionary, 1994).

Thinking about Children as Citizens

The need for, and the entitlement of, children to be rights bearers remains to this day a controversial topic. Historically and currently, it has been argued that children do not need to be individual rights bearers, due to their perceived incompetence, and the fact of their dependency on others who are presumed to act in their best interests.

Children's rights have been debated in the literature of many disciplines, for example: psychiatry (Kahn, 1974), philosophy (Worsford, 1974), psychology (Hart, 1991), and law (Roche, 1995).

Children and rights. As with other considerations of human rights, the specific civil and political, and the economic, social and cultural rights of children are also considered. Civil and political rights are often referred to as participatory rights: the right to vote, the right to freedom of expression and opinion—non-discrimination, and name and identity rights are examples of civil and political rights and freedoms. Economic, social, and cultural rights are referred to as protection and provision rights, such as right to life and survival, protection from economic exploitation, rights to an adequate standard of living, name, nationality and family, and freedom of belief and education.

A rights framework is particularly useful in considering situations under totalitarian forms of domination. Without basic survival rights, citizens die. Domination is distinctly oppressive by its tactics of marginalization, which can include extreme material deprivation leading to the possibility of extermination. In situations of extreme marginalization, the oppressed group is unable to mobilize strategies of resistance. Total domination as an oppressive force is of such distinction that, if the oppressed are to survive, outside forces must intervene and speak on their behalf.

Rights empower disadvantaged groups; they redistribute power and offer tools for engaging in dialogue. Save for emancipation from tyranny, rights do not overturn existing power structures. The fear that children having rights would result in their becoming omnipotent is parallel to fears expressed concerning other rights movements, such as those on behalf of black Americans and women. Through the attainment of equal rights, adult oppressed groups have not created anarchy, nor for that matter have they truly achieved equality. Children, with their vulnerability and dependency status, and their lack of economic and civil rights, have and always will be in a disempowered position.

Children's evolving capacity. It is recognized around the world that children's vulnerability and dependency status require that they be provided special rights to safeguard their well-being and ensure their healthy participation in society (United Nations [UN], 1989/1991). The complicating factor with children is that, because the evolution of their ability to assert their rights is gradual, society must ensure that they be safeguarded and consider their best interests (Boulding, 1979). At periods in the child's development, he/she literally has no ability to speak out, and so others must be in a decision-making role and therefore speak for the child or allow the child to speak through them (Woodhouse, 1993).

The best interests debate. The best interests debate is a complex one, juggling a range of competing interests. It is difficult to define what exactly best interests are. How does one know what exactly is in the best interests of another person? Who makes the decision? What happens if what one person believes is in the child's best interest is believed by another to actually be harmful to the child? How are best interest debates conceptualized? Who has a say and how is the decision made? In North American culture, the

biological supremacy of the birth family has dominated decision-making in child custody decisions, as has the primacy of the biological family in the UN Convention on the Rights of the Child (1989).

Best interests decisions have held medical judgment as a superior decider in matters affecting children--with at times disastrous results (Yolles, 1998/2000; Bellamy, 2005). Best interests ideologies have also driven harmful immigration and child welfare assimilation programs (Law Commission of Canada, 1998).

Fundamental to the concept of best interests is that children are not competent and therefore are incapable of being full-fledged rights bearers. Indeed the presumption of incompetence has dominated legal and medical judgments of children's ability to give testimony or consent (Goldstein, Solnit, Goldstein & Freud, 1996). Generally, the age of 12 has come to be seen as the age when the child has sufficient competence for his or her opinions to be considered in legal and medical matters (Yolles, 1998/2000).

Children are dependent and require others to care for and protect them. Adults in children's lives must provide for, guide, and direct them. Some people argue that due to this dependency, children do not need rights, as the caregivers have parental rights. Parents do indeed make decisions for children, and parents are rights bearers. This argument does not, however, consider that 1) caregivers do not always protect and care for children, and 2) as children grow up, they are progressively both capable of and seek out opportunities for input into decisions that concern them.

Children's evolving capacity to assert their rights allows for the gradual mastery of decision-making. When children are allowed the opportunity to be heard in matters that affect them, they develop competency and the ability to function in a civilized society.

It is important to remember that the UNCRC provides for participatory rights. Having the right to participate, however, is not the same as having the right to decide. Participatory rights simply allow children the opportunity, in matters that affect them, to express their views to the decision maker.

Notions of voice. By their very nature, rights require that they be asserted, which demands voice (Wringe, 1981). For example, in participatory rights, one is expressing one's voice through voting. In legal rights one seeks redress through the courts and an advocate. In moral rights one calls on the community for approval or condemnation. Voice is a significant participatory right. It is considered a fundamental right of democracy (Schulz, 2003; Ignatieff, 2004). Voice is protective, in that it allows individuals to assert their wishes, and if their wishes are not respected, voice enables them to tell someone what occurred, providing them with someone to bear witness or even with redress. Voice is a significant safeguard which permits greater transparency in systems and in the lives of the vulnerable.

Voice is clinically significant in all talking and psychotherapeutic processes (Gilligan, 1982). For example, from narrative therapy to cognitive behavioural therapy to psychoanalysis, in one form or another, the telling of one's story is central to the work.

The attainment of voice is a developmental process crucial to healthy emotional and social development. Using their voice challenges children's cognitive abilities and gives them skills necessary to function in life and relationships, and as citizens. The acquisition of responsible, thoughtful decision-making is in fact the task of development. Telling one's story and speaking out is also a feature in self-help consumer programs (Goffman, 1966).

Participatory rights are a mechanism of socialization (Roche, 1999). Empowerment is a community process because kids do not have full participatory rights to decide. It must be noted, however, that the concept of 'empowerment' is problematic; one cannot give someone power. One can share power, or assert power, and one can capture power, but one cannot hand power over to someone else. People can and should capture their own power, and they should also share power, and it would seem that this is what is commonly understood by the term 'empowerment'.

Children learn to make good decisions by negotiating day-to-day choices and having their input into life-decisions affecting them. In fact, growing up healthy demands assuming increasing input into one's own day-to-day life choices. Adults help children develop good decision-making skills by giving them the opportunity to negotiate day-to-day choices and by soliciting their input into life decisions.

Are Children an Oppressed Group?

A group is an organization in society and is more than just the sum of the parts of which it is composed (Durkheim, 1985). Social groups express social relations and are formed by aggregation or association. Children in general are a social group by aggregate, and children in care are a social group by association.

Oppression is a social concept that prevents the individual or group from realizing the ability to achieve a good life. "Oppression refers to structural phenomena that immobilize or diminish a group" (Young, 1990, p.42). The forces of oppression do harm through coercion of individuals and of groups, and by privileging one group over another.

The injustice of oppression is fundamental to the functioning of social institutions. It names oppression as the social injustice "...perpetrated through social institutions, practices and norms on social groups by social groups. ...Although oppression afflicts whole groups of persons, it is fundamentally the individuals in those groups who suffer" (Cudd, 2005, p.21).

Cultures and institutions develop unique languages which have a profound effect on voice. These languages shape and support or inhibit the expression of voice. The dominant force creates the language, which

necessitates that the minority seek fluency in the language of the institution. This is about the oppressed having the dual perspective of understanding their own interests and the interests of the ruler by means of capturing language. As a result of their dual attendance to both of these interests, they develop dual vision and express it by capturing the language of the ruler and becoming bilingual (Swigonski, 1994).

As Freire (1994) observes, this dual attendance serves as a mechanism of oppression in that it results in individuals understanding their interests in ways that reflect the interests of the dominant group. On the other hand, it is recognized that capturing and claiming another's language is a power move that is an act of resistance (Fanon, 1963).

Young (1990) defines five forms of oppression as criteria for classifying a group as oppressed. Exploitation, marginalization, and powerlessness are structural or systemic forms of oppression while cultural imperialism and violence are systematic forms of oppression.

There are two recognized oppressive forces. Systemic or structural oppression, and systematic oppression. Systemic oppression is the mechanism whereby structural oppression is reproduced in institutional structures. Structural oppression is "embedded in unquestioned norms, habits and symbols systematically reproduced" in the rules, markets, and bureaucracies of society (Young, 1990, p.41). "The systemic character of oppression implies that an oppressed group need not have a correlate oppressing group" (Young, 1990, p.41). Thus the practices and processes of day-to-day life serve to reinforce oppressive structural relations (Smith, 1990) without the intention of any individual to oppress.

There are two forms of systematic oppression: cultural imperialism and violence. Cultural imperialism occurs when the dominant customs, conventions, standards and norms of a society obliterate those of one group and mark that group as *the other* (Riggins, 1997). It is the domination of one group's beliefs, customs, and behaviours as normative for all members of a society. It is systematic in that it resides on multiple institutional planes, creating hurdles that block advancement through the system and penalizing by exclusion.

Violence by act or by threat of physical force, marginalization, or exclusion is oppressive. It can be perpetrated on individuals and groups, by individuals or groups. Exclusion, by categorization or marginalization, is an act of violence, as is obliterating others' ideologies. As such, violence is also embedded in structural oppression. It is systematic in that the threat of violence silences.

Applying these criteria to children in general, and more specifically to youth in care, helps us to consider whether children are oppressed or not.

Exploitation. Exploitation is traditionally economic victimization whereby one individual or group unfairly takes advantage of another. Exploitation can be in the market economy, as traditionally thought of

with regard to labour. It can also use physical force or manipulation and other victimization of the person. As well, one can be exploited as a source of information or knowledge by means of extracting value from subjects/ objects of study.

Throughout history, children have been exploited in the market economy for both their labour (Scott, 1993; Taylor, 1982) and their exclusion from the labour force (Schissel, 1997). As a class, they have been legal property, sold, incarcerated, and victimized (deMause, 1974). Through governmentality, they have been made into an industry of study by the disciplines (Foucault, 1991).

Canadian youth in out-of-home care are disproportionately drawn from other Canadian oppressed groups, in particular lower socio-economic populations (National Council on Welfare, 1979; Ryerse, 1990; Wharf, 1995; Trocmé, Fallon, MacLaurin, Daciuk, Felstiner, Black et al., 2005). Children in care by eligibility definition have been subject to physical, psychological, or emotional harm by means of victimization by familial, extra-familial, and institutional sources (Law Commission of Canada, 1998; Trocmé, et al., 2005).

Children leaving care are vulnerable to becoming commodities in the sex trade (Biehal, Clayden, Stein & Wade, 1994; Keller, Kelleher & Corbett, 2000). Numerous studies have found lower socio-economic, educational, and vocational attainment in former youth in care (Aldgate, 1994; West, 1995; Owen, 2000; Kufeldt, 2003). There are indications that they are over-represented in criminal justice proceedings (Coles, 1998; Keller et al., 2000; Finlay, 2003). This is interesting in that, much like a youth in care, a prisoner is a commodity as both object and subject of the penal function of rule.

Children in out-of-home care are in a recipient role in a structural institution that has historically reinforced the ruling relations (Rooke & Schnell, 1982; Armitage, 1993). Upon becoming a ward of the state, the child is a commodity of the system, one with physical structure and financial value, and is a subject and object of inquiry and investigation. Indeed, youth in care have been the subject of considerable discussion in the academic literature--this article being no exception--and function as a commodity of a conglomerate of child-saving disciplines (Foucault, 1994b; Anglin, 1999).

Marginalization. Marginalization is exclusion from civil and economic society to one degree or another. At its worst, it constitutes material deprivation and the possibility of extermination. It is perhaps the most dangerous and insidious form of oppression (Young, 1990). Mechanisms of marginalization have a silencing effect, as does institutional culture (Smith, 1990).

Stigmatization is a form of marginalization that generates alienation. Stigmatized individuals form aggregate groups which alter their relations within society (Goffman, 1963). Stigmatized groups often form organizations that function to inform the public, provide a place of belonging and exchange information.

Children in current times are marginalized, both by their dependency status and their exclusion from the market economy. They are excluded and institutionalized in schools and other agencies of the state. Children have historically been subject to the most extreme form of marginalization, that of infanticide (deMause, 1974).

Youth in care are marginalized by virtue of their developmental capacity, their lack of civil and economic rights, and their institutional regulation. As with all children in Canada, they are excluded from the labour market, but additionally, in care, they become transformed by association into a commodity of the system.

There are suggestions that some youth leaving care face an elevated death rate in the period just preceding their discharge from state care (Thompson & Newman, 1995). They have an increased risk of homelessness and are viewed as "one of the most vulnerable and disadvantaged groups in society" (Mendes, 2005 p.155). They are seen to have developmental lags as compared to their aggregate peers on a number of economic and educational measures. In the education system, youth in care are marginalized by virtue of stigma and often found to be trailing behind their peers academically (Cook, Fleishman & Grimes, 1991; Kufeldt, 2003).

Stigma, a particular form of exploitation, is identified as a concern in numerous studies on youth in care (Raychaba, 1991; McMillan, Rideout, Fisher & Tucker, 1997; Snow & Finlay, 1998; Martin, 2003). Youth in out-of-home care report feelings of stigmatization and alienation (Raychaba, 1991: 1993; Desetta, 1996). Institutional effects serve to maintain alienation from the dominant social group (Goffman, 1961). Stigmatized groups have been known to form affiliate groups as a means of resistance. This form of organization has been evident with the emergence of consumer groups in service systems and youth-in-care groups in children's service systems.

Powerlessness. The powerless are those who lack authority and agency. Many injustices are associated with powerlessness, and oppressive forces render an individual powerless. Children are rendered powerless by virtue of their developmental capacities, by their lack of decision-making power over their lives and by exposure to disrespectful treatment because of their age, size, and status as a child.

Children's dependency status and their evolving capacity to assert their rights render them, as a social group, powerless (Boulding, 1979). Not only do children lack participatory rights, but the very notion of children as rights bearers has been subject to considerable debate (Feshbach & Feshbach, 1978; Boulding, 1979; Knitzer, 1982; Hart, 1991).

Participation in one's life and community are fundamental tenets of citizenship. Children have no means of asserting economic or political rights. Children's developmental capacity evolves, as does their decision-making capacity. Children's dependency status requires that others be in the decision-making role. The lack of capacity for voice renders children powerless. Having voice in the decision-making process is a significant participatory right.

Youth in care are powerless above all by virtue of their associative status and by being subject and object of the children's service disciplines. Someone else determines that they are going into care; they are put in an alien culture where strangers make decisions for and about them. They are subjects of extensive documentation yet have few means to influence its content. Their resultant powerlessness is exacerbated by adults' presumption of their incompetence and by the bias of best interests decision-making.

Cultural imperialism. Cultural imperialism occurs when one group is marked as the other. This results in the universalization of the dominant group experience and stigmatizes those whose experience is not that of the universal.

Children experience cultural imperialism as a function of being part of an aggregate social group by age in an adult world. The child has been socially constructed by the ruling class in different ways throughout history, always reflecting the dominant ideology of the era (Aries, 1960; Schissel, 1997).

As an associative social group, children in care also face cultural imperialism from the professional world of social services and its disciplinary practices (Foucault, 1978). Children who are away from home for voluntary or involuntary reasons are further disempowered by their lack of established power and status within the culture. Moreover, in a textually ruled existence, youth must become bilingual in the dominant culture of the world of social services.

The lack of stability for children in out-of-home placements further magnifies the power imbalance and serves as a silencing mechanism. Children in out-of-home care are categorized, analyzed, disciplined, documented, regulated, institutionalized, and silenced through tactics of governmentality (Foucault, 1978). The experience of youth in care is filtered through the lenses of the dominant culture.

Children in care face cultural imperialism on a micro level by changes in their day-to-day life space. For example, a new placement entails a change in basic routines and living arrangements, from where one sleeps to where and what and when one eats, and whom one interacts with. On the mezzo level, by means of change in their school setting and its social structures, they experience cultural imperialism. On a macro level, it is imposed in that they are subject and object of state rule, observation, and examination.

Violence. Violence is oppressive through the act or threat of exclusion or physical force. Violence can be employed by individuals or groups and applied to individuals or groups. The threat of violence systematically silences.

Children in general are at known risk of violent victimization, and as a result of their age, size, and status are subject to exploitation and exclusion (Trocmé et al. 2005).

Children in care, by definition, are more likely to have experienced violence, loss, trauma, neglect and/or have physical or developmental disabilities which make them more vulnerable. Communication deficits

represent a significant vulnerability due to the inability to use voice protectively.

Children in out-of-home care are subjected to a high degree of enforced instability which further inhibits their life chances (Lafrance, 1998). The multiple placements experienced by children in care create a silencing mechanism by altering the child's ability to form trusting relationships (Barth, 1997).

Historically, children in institutional care have experienced abuse and are at known risk of victimization (Robin, 1982; DiLeonardi & Kelly, 1989; Campbell, 1990; Murray & Sefchik, 1992; Boyd, 1992). Currently, institutions also inflict violence on their charges at an arbitrarily determined age by the harsh, abrupt, and absolute expulsion from panoptic care as a farewell from their state parent (Martin, 2003; Kufeldt, 2003; Mann-Feder & White, 2003).

Death in an institution is generally recognized as a matter calling for inquiry, for example, the death of a prisoner while incarcerated, or a patient in a hospital or other such facility. Sometimes children's deaths are the subject of inquiry, but it is interesting to note that, in Canada, it is not consistently required that a child's death be reviewed if they are a ward of the state (Gove, 1995). In Ontario, as in some other provinces, coroners' inquests have examined the unique circumstances surrounding the death of specific children who were charges of the state. In the deaths of two children in Ontario's care, both were as a result of physical force in the manner of physical restraint (Clark, 2001; Lucas, 2002). In Ontario, a coroner makes a determination of both the means and cause of death in a suspicious fatality. For example, the means of death can include suicide, homicide, accident, or undetermined. In the death of 13-year-old William Edgar, Coroner for Ontario Dr. Peter Clark (2001) found the means to be homicide. The cause of death was determined to be asphyxia while being restrained. In the second case, that of 13-year-old Stephanie Jobin, a child with complex developmental disabilities, Ontario Coroner Dr. William Lucas (2002) delivered a finding of undetermined means of death. He found the cause of death to be cardiopulmonary arrest associated with restraint. Both these two young wards of Ontario died as a result of the violence of their caregivers.

Are Children in Care an Oppressed Group?

Children in out-of-home care form an associative group that experiences the five criteria for oppression presented in Young's (1990) model. They are exploited as a commodity of the system and by virtue of their stigmatization. They are marginalized in institutional rule by diminished life chances and an exclusionary stigma. They are rendered powerless by the medico-judicial system that they enter as wards of the state. Their evolving capacity to assert their rights makes them powerless subject to the decisions of strangers. They are culturally dominated by the children's service disciplinary ideology and through their experience of instability and changes imposed on their life space. Youth in care are known to be at

greater risk of victimization and violence by virtue of both their dependency state and care status. There is compelling evidence, then, to argue that children in care are uniquely oppressed.

In considering youth in care as an oppressed group, it is important to understand their singular group oppression. A rights-based approach calls for examining situations when rights are denied and determining what the barriers are to their fulfilment. Many youth in care do well and are aided by the system's care. These successes need to be celebrated. At the same time, by understanding the exceptions, by problematizing the situations, we shed light on ways to enhance practice. It is necessary, then, to try to understand why some youth in care have poorer life chances and to explore what can be done to improve them. There are many things to consider when understanding the lags that characterize some youth in care post discharge. These include the specific characteristics that brought the child into care, the services received by the child in care, as well as his/her well-being and stability post discharge (McDonald, Allen, Westerfelt & Piliavin, 1996).

We also need to understand the factors that lead to resiliency and the protections and opportunities gained by having been in the system (Hines, Merdinger & Wyatt, 2005). Examining the exceptions does not diminish the value of the majority of good works provided in child protection services. Rather, exploring the exceptions helps to guide us in directions that seek the full realization of the rights of all children.

Child Advocacy and Child and Youth Care Practice

With the emergence of a global economy, the risk of increased class divisions is emerging as a substantial threat to disadvantaged and marginalized groups (Bauman, 1999; Farmer, 2003). The growing disparities between rich and poor will have the most profound impact on young people. As children have no economic or political means, they will continue to be disproportionately disadvantaged. Evidence of this increased disparity is demonstrated by the rising rate of child poverty in the wealthy country of the USA, the world's superpower (Bellamy, 2005).

The United Nations Convention on the Rights of the Child. The United Nations (UN) Convention on the Rights of the Child (CRC) is a legal document that sets minimum international standards for the civil, political, economic, social, and cultural rights of children. The UN working group that drafted the convention included 42 member countries and took ten years to create it. The initial response to the proposal was somewhat mixed. Some countries argued that other treaties covering basic human rights would protect the rights of the child, whereas others recognized that children require special protections because of their age and dependency status (Scott, 1993).

A convention is also known as a treaty. A treaty is a binding agreement made by independent countries or states. By violating these obligations, a

country is in fact violating international law. International human rights instruments differ from national law in that they do not provide means of enforcement. The UNCRC incorporates implementation mechanisms such that states party to it must submit periodic reports to the Committee on the Rights of the Child. Interestingly, the Convention implementation procedure allows for reports from sources other than governments, including specialized agencies, the United Nations Children's Fund, and other competent bodies, which permits non-governmental organizations unfettered access to the Committee (Cohen, Stuart & Kosloske, 1996).

Although the UNCRC is a legal document, it is important to recognize the fact that Canada's ratification of the Convention does not automatically make it domestic law. As an international convention, it expresses obligations that Canada has assumed, but is not technically binding until such time as the Canadian law has been challenged and the Convention in fact becomes part of domestic law. The Convention does not enable children, for example, to go to court for redress of rights that have been breached, but rather, it is used for the interpretation and application of domestic law. This is a similar approach to human rights legislation as has been applied in Canadian courts with the Canadian Charter of Rights and Freedoms.

On the other hand, that the world has agreed to this Convention creates a powerful moral obligation for nations and individuals to uphold its standards, despite the lack of formal legal requirements to do so. The UNCRC recognizes the child's economic, emotional, spiritual, and physical needs while also respecting the rights and obligations of parents to guide their children. It recognizes that children's capacity to exercise their rights evolves as they grow and develop. Essentially, the Convention notes the developmental progression of the child's ability to assert his/her rights and the parallel responsibility of parent and state to ensure the best interests of the child. Indeed, the dichotomy of rights and best interests has created a tension in the implementation of the Convention world-wide.

The universal adoption of the UNCRC by all nations except Somalia and the US suggests that the majority of the world had come to a moral understanding or agreement about the need to ensure that the child's rights are protected like those of any other human individual. This acknowledges that the child is an individual who is not only a member of a family, a community, a state, and a country, but also a unique individual with economic, social, cultural, and political and civil rights. The fact that the world has come to this moral understanding demonstrates the maturing of our society and also indicates that the authors of the UNCRC realized that without ensuring economic and basic need entitlements for children, their civil and political rights would not be realized.

The rights of youth in care. Youth in care, by definition, are an associative group subject to legal and state intervention, and indeed, the state assumes guardianship *in loco parentis*. With variable standing as rights bearers, youth are subject to various legislative and regulatory inquiries.

As with all children, they lack economic and political rights and are subject to control and corporal manipulation. Additionally, for youth in care, the provision of civil, cultural, and social rights is entirely dependent on the state.

There is an urgent need to hear from and try to understand children who grow up regulated. Listening to the voice of children not only fulfills Article 12 of the UNCRC, it should form the primary principle guiding child and youth care practice. Child and youth care practitioners have a duty of care to the children under their scrutiny. A rights-based approach to service delivery helps us learn from past mistakes of colonizing child welfare practices by illustrating the oppressive potential of state care. A rights-based approach provides a language of entitlement which is internationally recognized as essential to the care and protection of children. Ensuring the full realisation of rights for youth in state care sets an example for society, demonstrating the state's commitment to children as citizens and, most particularly, the state's duty to care and protect its wards. A rights-based approach avoids the trap of conflicting needs as it establishes minimum provisions and seeks to ensure the full realisation of all rights.

We need to consider the unique vulnerabilities of youth in care and their consequent need for advocates. Their vulnerability is increased when they enter care as a result of being removed from kinship and natural advocates. They are made further vulnerable because they are made dependent on the care and decisions of strangers. Moreover, their institutional affiliation and the biopolitical colonization of childhood (Bell, 1983) makes them even more vulnerable in their absolute dependency on the control and custody of the system. Their developmental capacities contribute to their vulnerability, as does the harm they suffered which caused them to be brought into care. The repeated disconnections and resultant lack of extended social support networks are additional factors that make them vulnerable.

Rights based practice. Gilligan, Ward, Taylor, and Bardige (1988) describe two ethical orientations which people use to judge things as right or wrong. A justice orientation is based on roles, rules, and reciprocity contrasted with a care orientation, which is inclusive, responsive to the needs of others, and acts to minimize harm. Martin (2003) argues that effective child protection workers are those who are oriented to a care perspective and inclined to bend the rules. These workers focus on meeting needs and providing entitlements rather than the worker's activities being directed entirely by policy and procedures.

Paramount to the practice of child protection is respect for the child's uniqueness and dignity. Workers genuinely like to be with children and value and respect the voice of the child. Effective child protection workers make it their mission to understand and meet the needs of the youth in their care. Good workers ensure that documentation is respectful of the dignity of the child, that the child has access to such documentation, and most importantly, that the child be given the opportunity to amend such documentation. Skilled workers adopt a rights-based approach and a care

orientation to practice. They educate youth and colleagues about the rights of the child and teach strategies of self-advocacy. They commit to children and walk protectively beside the child as he/she navigates the system. They lobby for the need for time to develop and sustain genuine relationships with young people in their care. They watch for gaps in services, identify them to authorities, and seek means to remove them. They use their insider status to influence departmental policies and procedures in the interest of children in care, and they employ their citizenship rights to lobby government on behalf of their charges as well.

Institutions genuinely concerned about the welfare and future of children in the care of the state must adopt a child rights approach and a care orientation to their practice. It is important that they make it their mission to educate staff, community, and clients about the rights of the child and, in that context, to teach everyone advocacy strategies. They need to build a supportive atmosphere that fosters workers' developing meaningful and supportive interpersonal relationships with the children they care for. By ensuring sufficient time is provided, the institution allows the worker to engage in a manner that is respectful of the child's dignity and to provide for the child's developmental needs. Institutions must foster a climate of advocacy that protects advocates and youth from retaliation for whistleblowing (Grover, 2004). They must ensure that the rights of the child are clearly outlined in policies which stand separate from those delineating responsibilities and prohibitions. And finally, child-rights focussed institutions use their influence as organizations and individuals to politically advocate for the needs and interests of children in state care (Herbert & Mould, 1992).

The children's service disciplines, which make it their business to describe, evaluate, and regulate children in care, must be in the foreground of rights advocacy for children in care. Academics and other professionals must use their position of privilege to make known and lobby for the unique needs of children in care and to speak out about their oppression. They need to support the creation of legislation that supports rights and mandates advocacy for children at all levels of society, from institutional child advocacy to independent political advocacy at all levels of government, municipal, provincial, and federal.

Individual practitioners, institutions, and the disciplines of children's services must combat the stigmatizing effects of care and seek to understand and foster resilience in the face of stigma. Stigmatized individuals develop a devalued and shame-based identity. However, individuals can develop strategies that ameliorate the negative effects of stigmatization by employing multiple identities, compensation, and strategic interpretations of their environment. Shih (2004) defines compensatory strategies as skills developed by managing a sense of stigma, for example, by trying harder to become more likeable and socially desirable. Stigmatized individuals refine social skills, anticipate prejudice, and act in ways that counter

stereotypes. It is recognized that all people carry multiple identities in their various roles in society, for example, gender, religion, and occupation. Identity switching can strategically emphasize highly valued identities and de-emphasize stigmatized ones.

By manipulating interpretations of their social environments and by placing blame on external environments, individuals are able to strategically cushion their sense of self worth. They can be selective in their choice of social groups and advantage themselves by seeking in-group alliances. They may minimize or deny what they choose to explain as the cause of social prejudice and injustices. Shih's (2004) discussion of resilience in the face of stigma provides a valuable contribution to the literature and offers child protection a way of understanding stigma within its system. It is incumbent upon child welfare practitioners and institutions to actively understand stigma and resilience in the face of a child's stigmatized identity.

We must support the development of protective advocacy webs for all youth in care by establishing and supporting both internal and independent youth-driven advocacy networks. By virtue of being separated from kin, natural advocates, and peers, youth face significant challenges to their sense of belonging. Maslow (1954) determined belonging as one of five basic human needs, arguing that it is genetically programmed. Hudson (2000) has recognized the value of peer groups as a resource for supporting youth. Stigmatized individuals seek out group affiliations to find belonging and understanding through commonality and as a means of bringing voice to shared concerns. Networking opportunities are ways of coping with a stigmatized identity as well as a means to mobilize resistance to oppression. Child protection must support the development of protective advocacy networks for all youth in care. Both internal and independent youth-driven advocacy networks should be established with the specific purpose of voicing the concerns of the group and enacting the realization of the rights of youth in care.

Children and youth in care are subject to the five forms of oppression outlined by Young (1990). They are exploited functionally and materially as a case. They are powerless in a dominant system and lack economic and political rights. They are at times subject to violence at the hands of the state and within their community and kinship relations. Youth in care experience cultural imperialism as both a function of being regulated and by virtue of their physical location residing with strangers. Youth in care are generally marginalized as a result of the stigma with which society brands them and, economically, by the manner of their termination from care.

As a demonstration of their concern for children, practitioners must adopt a rights-based and care-oriented approach to service. As marginals, youth in care must have allies and advocates to stand with them and by them and to speak out on their behalf to the dominant society. The UNCRC provides a platform and a common language to speak out in defence of oppressed children. As international law, the UNCRC holds

moral and legal authority when seeking redress for children. The Convention contains markers and standards for children's participation and protection, and for the provision of their rights. As a tool, it serves as a guide for respectful interactions with children which preserve their dignity and promote their full development.

The disciplines of children's services must be at the forefront of the child rights movement. It is incumbent upon them to lead the charge for the full realization of the UNCRC. The children in our care deserve no less.

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