



CHAPTER SIX



The Way Forward:
What We Have Come
to Learn and Understand

Introduction

This chapter shares what we have come to learn and understand through the Restorative Inquiry process about addressing the three central issues:

- ▶ Responding to institutional abuse (and other failures of care)
- ▶ The experience of care/system of care
- ▶ Systemic racism

In keeping with the symbol of Sankofa, which has guided the journey of the Restorative Inquiry, chapters 3, 4, and 5 shared what we came to learn and understand as we looked back at the history and experience of the Nova Scotia Home for Colored Children. Just as Sankofa gathers the egg in its beak, we too have gathered the lessons and knowledge that are important from this past. Yet, the mandate of the Inquiry did not end with finding facts about the past. Sankofa's feet face forward to the future with the clear intention that what was gathered from the past will be brought forward to journey into the future. Similarly, the Inquiry examined the past to discern what matters to address these central issues today and into the future.

This chapter reflects the work that was done within the Inquiry process to bring the lessons and knowledge from the past into the present to examine the central issues as a basis for the journey forward to a better future. Determining how these issues continue to matter to young people, their families, and communities (for the African Nova Scotian community, particularly, and, Nova Scotians generally) was not the end goal of the Restorative Inquiry. We did not seek such understanding, as is common for public inquiries, in order to make findings about the past and the present and make recommendations about what different parties ought to do. As explained in Chapters 1 and 2, this Restorative Inquiry was different in both its approach and objectives. The Inquiry engaged parties together in the work of learning and understanding as a basis to support their work in planning and taking action aimed at making a difference in real time and into the future. The work of coming to learn and understand was a shared enterprise. The process was not designed for the Commissioners on the Council of Parties to gather up the information and make sense of it alone in order to determine what should happen. Rather, the aim was for knowledge to be shared among the parties within the process so they could engage in learning and understanding to make sense of what happened together. It is significant that the Council of Parties itself was designed and selected to bring different experiences and perspectives from the central parties with a stake in the outcome of its work. The Restorative Inquiry design reflects the conviction that shared understanding is key for collective action to make a difference.

The collaborative nature of the Inquiry process produced insights that would not otherwise have been possible through a traditional public inquiry. Commissioners designed, facilitated, and supported bringing parties together through and across multiple processes (which built

upon one another) to develop nuanced understandings of these complex issues. As detailed in Chapter 2, these processes brought together those with personal, practical, and expert experience with the system of care, responses to institutional abuse and other failure of care, and with a depth of experience and understanding of systemic racism and its impact and implications for care. They were engaged together in learning and understanding processes, including, among others, former residents, kids recently in care, front-line staff in Government and community agencies, members of other professional groups connected to the system of care, system and community leaders, caregivers, policy-makers, politicians, and local and international researchers and experts. Sharing their different perspectives and their individual and collective knowledge resulted in rich insights about our central issues, the current approach of the system of care, and the shift required to make a difference on these issues for the future.

The Council of Parties brought knowledge from the various parties and processes together with knowledge from research and experts in support of learning and understanding required for planning and action. This Chapter shares the knowledge we have gained through the process as the foundation for the way forward in planning and action now and into the future.

This Chapter is not simply a report on what we heard from various participants during the Inquiry process. The Inquiry was designed not only to hear from various parties, but also to support parties to hear from one another on the central issues. The aim of these processes was not simply to share information or perspectives; rather, hearing from one another was a first step in the work of coming to understand this information and its significance for the way ahead. Parties were engaged within the Inquiry process in developing shared understanding of what matters and how to mobilize this knowledge to make a difference now and into the future.

In support of this work of learning and understanding for action, the Inquiry undertook research and engaged with international experts (academic and practice leaders). We looked to those with expertise and experience relevant to the central issues of the concern to the Inquiry. Consistent with the commitment of the Inquiry to build relationships as a key mechanism to support change, we sought those from other jurisdictions engaged in similar efforts to shift their approach in similar ways.

This Chapter shares the learning and understanding developed within the Inquiry as a basis for the work of parties to plan and take action together. In this way, it should be read in tandem with Chapter 7, which describes actions, plans, commitments, and recommendations that will shape the way forward on these central issues. We also felt it was important to provide this more detailed and expansive chapter to ground and explain why the elements of Chapter 7 were identified — what it is they are trying to achieve. In this way, we hope this chapter will provide important and helpful explanation, information, and evidence to drive and support the journey ahead to implement the elements described in Chapter 7. However, as indicated in Chapter 7, the actions, plans, commitments, and recommendations identified are not an exhaustive list of

all that will be required to make the changes needed. Nor do they reflect all that was learned within the Inquiry that has implications beyond the three central issues related to the particular mandate of the Inquiry. We thought it was important to share the learning and understanding gained during the Inquiry in a way that can be considered and applied to other issues and circumstances in the future.

The Restorative Inquiry's focus on the Nova Scotia Home for Colored Children grounded and informed reflections on the central issues in the experience of former residents. Doing so placed young people, their families, and communities at the heart of discussions and reflections about care, responding to failures of care, and the significance/impact of systemic racism. This starting point was explicit throughout the Restorative Inquiry processes. For example, during the learning and understanding phase, some processes began by sharing some of what we had already come to understand about the experience and journey of former residents and how it resonated with what we heard from young people with recent experience of the care system. Participants were asked to consider the perspective of young people and families as a starting point for reflection and discussion about the central issues. They were asked, for example, what young people and families would say matters most in terms of care, what does care look or feel like for them? This approach helped focus attention on the perspectives, experiences, and needs of those most involved and impacted as a core reason or purpose for grappling with the central issues. It also revealed where there were gaps in knowledge and understanding from perspectives of those most affected. It was a poignant reminder of why this work matters.

The Need for A Shift

Attention to the experience and needs of young people, their families, and communities, offered a different lens that fundamentally impacted the way participants looked at the issues and their roles and relationships. Participants examined the current systems of care, responses to institutional abuse, and other failures of care and systemic racism focused on the experience and needs of the human beings involved. In the process, a fundamental insight surfaced through research and knowledge gathering and across the various processes and meetings, with different parties individually or collectively, in relation to the three central issues. The insight was that our “system of care” — as it has been broadly understood within the Inquiry to include those formal and informal networks, systems, structures, agencies, organizations, and institutions that are important to the care and well-being of individuals, groups, and communities — is generally oriented by the logic and demands of systems, not humans. As participants reflected on their knowledge and experience of the “system of care,” the extent to which it

**...our “system of care”
— as it has been broadly
understood within the RI
to include those formal
and informal networks,
systems, structures,
agencies, organizations
and institutions that
are important to the
care and wellbeing of
individuals, groups
and communities — is
generally oriented by
the logic and demands
of systems not humans.**

is “system-centred” rather than “human-centred” became clear. To deepen their understanding of the impacts and implications of this system-centred approach, participants considered the same general question suggested by others as essential for reorienting systems of care, namely: “What would it be like if services were designed to strengthen rather than substitute for the caring capacity of families and communities?”¹ Their reflections revealed that being system-centred has far-reaching effects on the approach, structures, and operations of the system of care that played out in the history and experience of the Home and continue to shape the experience of care, responses to institutional abuse and other failures of care, and systemic racism in Nova Scotia.

The sections in Part 2 of this chapter consider the ways in which these insights have shaped our understanding of each of the central issues and the work of planning and action. However, it is helpful first (in Part 1 of the chapter) to provide a general overarching account of these insights as they emerged through the Inquiry. Indeed, one of the most significant outcomes from the learning and understanding phase of the Inquiry’s work was the recognition that there is a common set of factors that shaped the history of the NSHCC and the experience of former residents that continue to play out in the current system of care and responses to failures of care, and have a significant role in maintaining and replicating systemic and institutionalized

racism. It is significant that, throughout the learning and understanding phase of the Inquiry, regardless of the central issue that was being examined, the precise focus, or the individuals and group(s) involved, these insights came to the fore. These insights were central to discussions about what happened in the Home; what continues to be relevant about this experience for today in terms of continuing challenges; what gets in the way of addressing persistent issues/challenges; and what

is needed to make a difference. The reflections and discussions came back time and time again to the need for a shift in approach — in both thinking and practice — if we are to make a difference on the central issues of the experience of care, responses to institutional failures of care and systemic racism.

There was significant commonality across the reflections about the central issues and what needs to shift to achieve better outcomes. However, understanding came more quickly and easily for some parties and participants than others. In part, this reflects the work some have already done to understand such challenges of systems. The Inquiry process was designed to enable participants to bring this existing knowledge and insight into the process. We did not pretend there were no previous and ongoing efforts to examine aspects of the care system and to understand its failures and seek to improve it. Rather, we considered where and how things

The reflections and discussions came back time and time again to the need for a shift in approach – to thinking and practice – if we are to make a difference on the central issues of the experience of care, responses to institutional failures of care and systemic racism.

were already in the process of changing in response to knowledge about the past. There was a clear acknowledgement that while we want to learn from the history and experience of the Home, we are not coming into a system that is the same as it was when the Home operated. There was reflection, learning, and change underway, even as the Inquiry took up its mandate. Some of these efforts were consistent with the directions and insights that emerged through this process. Others were examined and challenged within the process. For some participants, being a part of this process affirmed their thinking and work. For others, however, it required new and different examination of these issues. The process supported them in acquiring new perspectives and ways of thinking about the system of care.

The knowledge and experience participants brought to the process from their own efforts to shift their systems provided an important foundation for the work of the Inquiry. For example, the transformation process within the Department of Community Services was founded on a recognition of the need to work in more coordinated ways in the provision of care services. Nova Scotia has also been a leader in the development and application of restorative justice, particularly in youth criminal justice and schools. Participants drew upon this knowledge and experience to understand the importance and challenge of working differently. While the Restorative Inquiry invited serious and critical examination of the central issues in our current context, there was a careful and concerted effort to recognize the good work and directions already underway. Participants were encouraged to identify promising elements supportive of the shifts sought, as well as challenges and changes needed. Even for those who easily came to an understanding of the central issues arising from the experience of the Home, the comprehensive and integrated nature of the Inquiry process stretched their thinking beyond the bounds of the systems they worked in, and required them to link up with and consider implications across systems.

In our previous public reports, we shared some of what we learned through the relationship building and learning and understanding phases of the Inquiry about the shift that is needed if we hope to make a difference in the experiences and outcomes for children, youth, families, and communities in Nova Scotia. Government participants identified early in the process the need for a shift. The following chart shares some of what we heard as participants reflected on the current system in light of the experience of the Home.

What we heard from government partners

Structural challenges of systems	<p>Across the sessions, participants acknowledged that social systems failed in properly responding to former residents' experiences of abuse and neglect. There was a general recognition that current systems and structures are not well equipped to meet people's needs. Participants across departments noted that belonging to a department and being responsible solely for their area of work lent itself to not developing relationships with other departments. Participants spoke of the tendency to take a system-oriented approach, and how this approach has historically had a negative impact on the people those systems should be serving—particularly vulnerable and marginalized individuals.</p> <p>Participants spoke of the traditional ways in which Government services have attempted to address complex issues in “reactive” and “siloed” ways. This siloed way of working makes it challenging for department and agencies to do integrated work across Government, and is further magnified when trying to collaborate outside of Government.</p>
Importance of developing trust	<p>Participants acknowledged that many citizens mistrust, and sometimes even fear, the systems that are meant to protect them. Across departments, participants acknowledged that systems must change, and they highlighted interdepartmental initiatives underway to help Government take a more responsive, “person-first” approach.</p> <p>Throughout the discussions, participants identified trust as foundational to healthy and effective relationships. Yet they recognized that institutional trust is low among the public, and Government has much work to do to build trust and better relationships, especially with African Nova Scotian communities. Participants spoke of the need to intentionally create spaces within systems for meaningful dialogue to increase understanding of systemic racism and the ways in which it is perpetuated within multiple systems. They wanted to identify and address areas where racism impacted their work, and they expressed desire to do better.</p>
Representation and data	<p>Across the multiple sessions, participants acknowledged that African Nova Scotians are often over-represented in some systems, yet are under-represented in the multiple professions that comprise each of those systems and public institutions. African Nova Scotians remain particularly absent in senior positions of influence and authority over policies and practices. Another common theme within the circles was the lack of accessible, consistent, and reliable data on the African Nova Scotian population. Policies and standards on collecting race-based data vary across public agencies, leading to inconsistencies and gaps in data collection. The lack of accurate data makes it more difficult to properly assess the present state in order to create effective change for the future.</p>

The following chapter shares more of the insights and reflections from the Inquiry and explores their implications for the experience of care, responding to abuse (and other failures of care), and addressing systemic racism. What Government parties share in the initial stages of the Inquiry pointed to the need to explore these issues more deeply to understand more fully the nature of the shift required.

Part 1: Overarching Insights: From System-Centred to Human-Centred

As indicated above, the Restorative Inquiry has modelled a human-centred approach. As the tag line of the Inquiry indicates, it was meant to model a “different way forward”. Doing so revealed for participants the difference it might make to the way things are approached in the system of care, responding to institutional abuse and other failures of care, and systemic racism. As we looked back on the history of the Home and the experience of former residents, the system-centred approach was clear. It was evident in the consistent focus on the Home’s institutional governance, operations and own survival, rather than the experience of children in its care, to the engagement and response of various systems to the Home and its residents, depending upon their jurisdiction, mandates, and priorities.

“System-centred” looks at situations and responds within the framework of the system.

From today’s vantage point, it is hard not to look at the history and experience of the Home without being frustrated at the failure of those involved to see what was happening. With hindsight we ask: Why didn’t the social workers check in with the children? Why didn’t the police ask kids why they were running away? Why didn’t teachers call about the hungry or scared Home children in their classes? Why didn’t the Government respond to the need for support in the African Nova Scotian communities, so parents did not have to send their kids away for care?

The benefit of time and distance makes the issues and the needs seem obvious because we can see the whole context, sets of relationships, and impacts. But preventing similar mistakes in the future requires a deeper inquiry. We must consider why those connected to the Home and the children did not or could not see the whole picture in order to equip ourselves to see clearly where we are now. The process of looking back then helped us understand the impact of the way systems are structured on the way we continue to see and approach issues. The history of the Home points to how the logic, structures, and demands of the systems shaped and determined how people acted and how they understood their roles and responsibilities. Thus, those engaged in the system of care served the imperatives of these systems, often assuming this would result in the greater good.

Through the Inquiry, we came to see the continuing impact of this system-centred approach on the central issues we seek to address. It is important to be clear that by “system-centred” we are referencing the tendency to look at situations and to respond within the framework of the system. We do not mean an approach that is oriented to “systems thinking” or to taking a “systems approach”. As we discuss later in this chapter, systems thinking/approach refers to a way of thinking and working that pays attention to the interrelation and interconnections of component parts to a whole. It does not focus on meeting the demands of a particular system, nor does it prioritize the objectives or requirements of a system in determining how to proceed.

Holistic ways of thinking and working are hampered by a system-centred approach that takes system jurisdictions, structures and objectives as the frame within which to understand and address issues. As a result, issues and responses are often carved up in ways that align with the mandate and focus of the systems.

Indeed, systems thinking/approach is more aligned with a human-centred approach as a means of attending to the relational and dynamic nature of human beings. Whereas systems thinking/approach is relational, the system-centred approach is, as discussed below, more reductionist than holistic. Holistic ways of thinking and working are hampered by a system-centred approach that takes system jurisdictions, structures, and objectives as the frame within which to understand and address issues. As a result, issues and responses are often carved up in ways that align with the mandate and focus of the systems. The resulting divisions do not accord with the way issues or people are in the world. They often fail to account for the interconnection of the various component parts and the ways in which the sum may be greater than its parts.

This is not to suggest there is no value in systems. Systems in and of themselves are not the issue. Indeed, it is essential that we develop systematic ways of responding, particularly to complex and nuanced issues and needs like those involved in care. Current systems have been

developed over a significant period with the ambition to ensure resources and accountability to meet public goals. The issue is not that there are systems, but the extent to which the structure of those systems has come to dictate and determine why and how we act.

It is important to be clear that this system-centric approach is not merely a function of the people who work within these systems. The insight about a system-centred approach is a claim that those within the system only care about the system and not the people it serves. As explained in our discussion of systemic racism in Chapter 5, systems can structure individual actions in ways that are not reflective of individual intent. Indeed, the commitment and care for the people expressed by those working within the various systems was striking throughout the Inquiry process. This was also true throughout the history of the Home. The failures of care did not generally happen because nobody cared, rather, they failed to appreciate fully what care required. Likewise, the system-centred approach is not a matter of individuals within the system wanting to serve the system and not people.

In fact, the commitments and intentions of those within care systems to those they serve was evident throughout the Inquiry and is reflected in the significant movements in Nova Scotia and elsewhere to “client-centred” policy and practice. However, this focus on being client-centred is not always consistent with the shift to human-centred. It is often aimed at improving or ensuring system effectiveness in meeting client needs. This tests system performance against client satisfaction. This sometimes improves the experience of individuals within the system but seldom addresses the logic or structure of systems that produce negative outcomes for

individuals, families, and communities. It does not reorient systems around human experience, but, rather, seeks to improve how people experience the systems.

Systems were often built and developed then in order to meet public needs and responsibilities in accountable, efficient, and effective ways. But as they have developed and grown, so too has faith in the idea that these systems are the only or best way to proceed — that if we work through the system we will achieve what we need. This faith has also led to the belief that failures are best addressed through reform and adjustment within the systems.

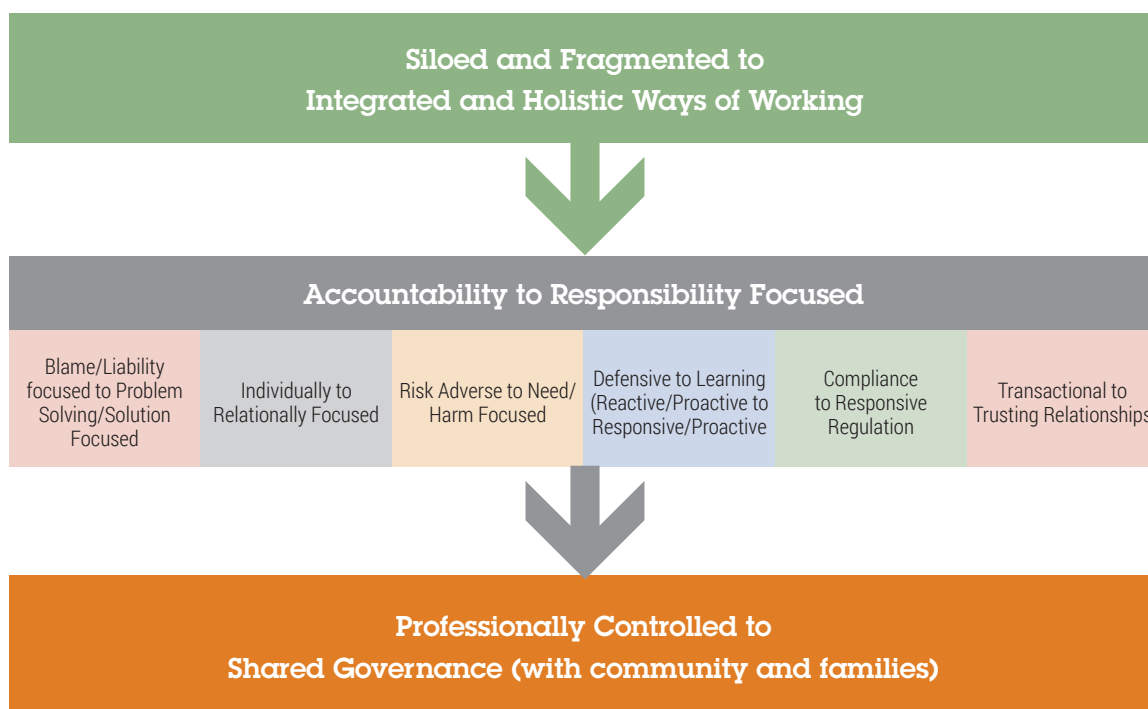
The good intentions of individuals are, thus, generally channelled through the systems in which they work. During the Inquiry, we heard from those at the front line, policy-makers, and lawmakers who talked about the limitations of the current system-centred approach and the need for a change to be more human-centred in the approach to care. This is a shift that would require a fundamental reorientation of systems centred on human beings — designed and structured in ways that would be responsive to the relational nature of human experience and needs.

They also recognized the nature and magnitude of this shift. The logic, structures, and approach of our current systems are deeply ingrained at the level of culture. Shifting culture requires more than new policies, protocols, and practices. It requires a new paradigm and the patience to unlearn old ways of thinking and being, and to build capacity to think and work in different ways. It requires attention to the concept, structure, governance, and operation of systems and institutions. This is because the system-centred approach is reflected at all these levels and, thus, we need to consider the breadth and depth of the shift required to be human-centred. Before considering what such a shift might entail for each of our central issues, it is helpful to provide a fuller consideration of the overall shift from a system-centred approach to a human-centred one.

The following section considers the nature and components of this shift. Part II of the chapter then considers the detailed implications of this shift for the central issues: responding to institutional abuse and failures of care, the experience of care/system of care, and systemic racism.

A. Unpacking the Shift

There are some key characteristics that help differentiate systems that are system-centred from those that are more human-centred. Understanding these differentiations is critical to supporting the shift we seek. It helps identify the elements and aspects of making this shift in the system of care in ways that will contribute to the real and lasting difference we seek.



B. Siloed and Fragmented to Integrated and Holistic Ways of Working

During the Inquiry sessions, participants acknowledged that social systems failed to provide the support and care that children and young people in the Home required and deserved. This included the failure to properly protect former residents and to respond to their experiences of abuse and neglect. Reflecting on the history and experience of the Home revealed how the system-centred approach resulted in the government systems and community networks involved in care – including those related to child welfare, justice, education, and health – operating in isolation from one another. This contributed to the failure to appreciate and meet the full range of the needs of former residents. Participants in the Inquiry recognized that current systems and structures remain ill-equipped to fully respond to care needs. They shared how silos within Government and community continue to make it difficult to meet the holistic care needs of young people, families, and communities, and to respond in timely and effective ways in cases of institutionalized failures of care, including institutional abuse. These difficulties were more pronounced as silos and fragmentation amplified the impacts of systemic racism for the African Nova Scotian community.

As noted earlier, the operating logic of a system-centred approach divides up human needs into separate issues according to the jurisdiction or responsibilities of specific programs, departments, organizations, agencies, or systems. Laws, policies, and practices reflect and reinforce these divisions and the interests and objectives of the various systems. This

fragmentation obscures the impacts and outcomes experienced by individuals, families, and communities. Participants from across departments, public institutions, and community agencies shared that being responsible in narrow ways for their area of work creates barriers and disincentives to building connections with other departments or agencies, and across Government and community. They also recognized that the siloed and fragmented approach of the system has a disproportionately negative impact on the people those systems should be serving — particularly those who are vulnerable and marginalized. As discussed in Chapter 5, this was evident for the African Nova Scotian community in our examination of the history and experience of the Home.

Participants are not alone in these insights. Based on international survey work in 2014, the United Nations found that:

While social, economic and environmental challenges have significantly changed over the past decades and are becoming increasingly interdependent, government institutions and their functioning in many countries are still greatly shaped by early 20th century models of public administration whereby ministries work in “silos” and issues are tackled through a sectoral perspective. ... Effective collaboration among agencies across government (national and subnational) and with non-governmental actors is essential to good governance for a number of reasons.²

Their report identified many reasons why working in a collaborative and holistic way is essential. Three of those reasons specifically align with the insights gained during the Inquiry process:

- 1) No single ministry or government department can effectively deal with issues, such as poverty eradication, that are multifaceted and have multiple root causes. Collaboration is therefore required to effectively address issues that go beyond the capability of any single agency or level of government.
- 2) ...an increase in citizens’ expectations for effective, equitable and citizen-centric services demands a shift from inward, disjointed and process oriented organizational structures to highly collaborative frameworks for seamless delivery of services and enhanced development impact.
- 3) ...increased citizen demands for meaningful participation in public affairs and decision-making processes call for innovative governance and collaborative mechanisms that allow people to actively take part in decisions that affect their lives. Citizens (and other non-governmental actors) can be involved in the co-creation of services, including their design and delivery, as well as in finding solutions to societal challenges.³

I. Impact of Silos

The system-centred approach focuses on system imperatives that are shaped within a siloed culture that results in fragmentation. This stands as a significant challenge to the development of a culture of collaboration needed to shift to an approach that is human-centred.

The term “silos” is quite commonly used in literature on organizational performance to describe inwardly focused organizational units where external relationships are given insufficient attention. Breakdowns in communication, co-operation and co-ordination between unit participants and other stakeholders, and the development of fragmented behaviours, are common features.⁴

Bureaucracy is thus generally driven some laudable goals: fairness, transparency, predictability, accountability. The problem is when, as with a system-centred approach, the processes and structures become the measure of success rather than the outcomes they are intended to secure.

Silos are, in part, related to our bureaucratic form of governance. They are not, however, an inevitable part. We do not mean “bureaucratic” in the derogatory way in which the term is sometimes used. The term’s original definition, according to sociologist Max Weber, is concerned with maintaining order and fairness through the rule of law, and maximizing efficiency and eliminating arbitrary processes and favouritism. It seeks to achieve these ends through systematic processes that rely heavily on standardized/formal rules and regulations, organized hierarchies, clear division of labour, authority and responsibilities and specialization.

Thus, bureaucracy is generally driven by some laudable goals, such as fairness, transparency, predictability, and accountability. The problem occurs when, as with a system-centred approach, the processes and structures become the measure of success, rather than the outcomes they are intended to secure. In its purest form, bureaucracy is an administrative system aimed at supporting efficient and effective governance. It is run by trained professionals according to clear rules.

Weber identified the following characteristics of the ideal (or typical) form of bureaucracy:

- hierarchical organization
- formal lines of authority
- fixed areas of activity
- rigid divisions of labor
- regular and continuous execution of assigned tasks
- decisions and powers specified and restricted by regulations
- officials with expert training in their fields
- career advancement dependent on technical qualifications
- qualifications evaluated by organizational rules, not individuals.⁵

It is easy to see how the increasing specialization related to the division of labour across fixed areas of activity essential to a bureaucratic administrative system could lead to silos. The term “silo” generally refers to the negative consequences that can flow from bureaucracy when there is an insular focus on the specific mission of an area or role.

The term “silo” generally refers then to the negative consequences that can flow from bureaucracy when there is an insular focus on the specific mission of an area or role.

A system-centred approach amplifies the impact of silos. They become much more than a barrier to efficient governing processes. The narrow and insular focus of siloed systems comes to shape views of people, their issues and needs, and the appropriate system response. It leads to fragmentation in what we see and understand and how we respond to human experiences and needs.

Silos can be structured by law, policy, operations, and culture. The extent to which silos are both structural and cultural was reflected by participants in the Inquiry. They identified legal, policy, and practical barriers that create and reinforce silos within and outside of Government, but they also acknowledged that silos are rooted in, and maintained by, human behaviour that is shaped by the culture of systems. Thus, silos reflect deeply held assumptions and beliefs about how things work.

The cultural nature of silos is sometimes referred to in the literature as the “silo mentality”. As Frans Cilliers and Henk Greyvenstein explain in their article on the impact of silos on teams, “[o]rganisational silos do not only refer to conscious structures, but also to an unconscious state of mind and mentality that takes on a life of its own.”⁶ Fenwick et al., point out that “... silo mentality (or “turfism”) is a cultural or social phenomenon than (sic) can affect individuals, communities, business units, teams or functions within any organization.”⁷ Silo mentality is not, however, a matter of individual personality; rather, it is reflective of the assumptions, structures, and operational experience of systems.

Silo mentality is a consequence of the organizational structure, with departments divided functionally and professionally, and with insufficient communication channels. ... [It] can result in the creation of barriers to communication and the development of disjointed work processes with negative consequences to the organization, employees and clients.⁸

Silos can exist both vertically and horizontally within organizations and between organizations.

Silos are a feature of the structure and culture of organizations and systems. Silos can exist both vertically and horizontally within organizations and between organizations. For example, silos can exist between

professional groups or disciplines across an organization, as in the ways in which social workers or lawyers or IT professionals maintain information silos within their professional groups. The same can be true in terms of the silos that separate front-line staff from policy-makers or decision-makers. Silos can also exist along thematic or work area lines, for example, between child protection and education or between youth justice and health. Such silos are sometimes reinforced by departmental structures, although, as we learned through the Inquiry, complex departmental structures raise the issue of silos within departmental mandates as well. Silos can exist between strategic and operational levels of government or other organizations.

Silos are not just a feature of government. They also exist between government and non-governmental agencies and community. Interestingly, we came to appreciate that silos and fragmentation are also reflected at the community level. In part, this reflects the influence of the system-centred approach on community organizations and opportunities. Competition to carve out turf, and the recognition, authority, and funding that follows, often significantly depends on aligning with government mandates, systems, structures, and priorities.

Silos, both structural and cultural, involve a lack of communication, information sharing, and collaboration. It is unclear whether the lack of communication and collaboration results from a lack of trust or shared vision and responsibility, or whether it is the cause of it. Once silos are in place, however, there seems to be a cyclical relationship in which these factors are mutually reinforcing. The result is that silos are deeply imbedded in the way in which people think and act. The result is fragmented ways of thinking and working, as we saw clearly in the history and experience of the Home and heard from participants how it continues within and across systems and communities today.

This issue of silos and fragmentation has received significant attention in the corporate and business world for their inefficiencies in production and impact on organizational and workplace climate. While efficiency and workforce climate and culture are not unimportant to making a difference on our central issues of care, responses to institutional failures and systemic racism, they are not the primary concern with respect to silos. Through the Inquiry, we have come to understand the impact of silos and fragmentation on those individuals, families, groups, and communities that systems aim to serve and support. In the business context, this concern is expressed as “customer satisfaction.”

The fragmented and ‘siloed’ government structure complicates easy communication among persons in each silo, which might result in customer dissatisfaction. Service delivery channels might not be developed based on a shared vision and could have different objectives.⁹

The notion of customer or client satisfaction does not fully capture the impact of silos in the context of care. We heard during the Inquiry that the impacts and implications are more serious in this context, going to the core of people's trust in the public institutions and systems they rely on for care. The interests at stake in the context of care and with respect to systemic racism are fundamental in nature — they are about the well-being, inclusion, and dignity of those affected. As such, the Organisation for Economic Co-operation and Development (OECD) recognized that such “divisions come at a cost. The issues and challenges facing local communities are often complex and require a holistic approach to be resolved.”¹⁰ The United Nations Department of Economic and Social Affairs, Division for Public Institutions and Digital Government assists countries on transformative governance and innovative public administration and services. They have paid particular attention to the issue of silos and fragmentation in their efforts to support more integrated governance. They have noted that,

[m]any countries struggle to deliver integrated, interconnected and cross-sectoral services due to sectoral specialization or “departmentalisation”. This often results in partial solutions that are inadequate from a broader sustainable development point of view.¹¹

They pointed to compelling and instructive examples from around the world illustrating the impact of silos in dealing with, and responding to, a wide range of complex human issues ranging from public safety to financial systems.¹² This makes clear the issue and impact of silos and fragmentation is not unique to the system of care.

II. Overcoming Silos: Towards Integration

Participants in the Inquiry saw the role that silos and fragmentation played in the history and experience of the Home and considered the ways they continue to present a challenge to providing care, responding to institutional failures of care, and dealing with systemic racism. This concern with silos and fragmentation, and recognition of the need to work in more integrated and holistic ways, resonated with existing initiatives in Nova Scotia aimed at taking a whole-of-government approach or increasing horizontal governance. In this respect, Nova Scotia reflected a broader international trend as noted by the United Nations:

In recent years, there has been a change in emphasis away from structural devolution, disaggregation, and single-purpose organizations towards a more integrated approach to public service delivery. Various terms “one-stop government,” “joined-up government” and “whole-of-government,” the movement from isolated silos in public administration to formal and informal networks is a global trend driven by various societal forces such as the growing complexity

of problems that call for collaborative responses, the increased demand on the part of citizens for more personalized and accessible public services, which are to be planned, implemented and evaluated with their participation, and the opportunities presented by the Internet to transform the way the government works for the people.¹³

A whole-of-government approach is aimed at breaking down silos in government and replacing them with mechanisms and structures aimed at greater integration. The United Nations notes the “distinguishing characteristic of the whole-of-government approach is that government agencies and organizations share objectives across organizational boundaries, as opposed to working solely within an organization.”¹⁴

While a whole-of-government approach addresses the need for integration within and across government, it does not address how government is siloed from other organizations in the civil sector and the community. The idea of “collaborative governance” highlights the attention needed to overcome silos and support integrated relationships between and among government and community.¹⁵

The whole of government (WG) approach:

The WG approach involves a set of processes aimed at making agencies work together across portfolio boundaries to achieve shared goals and integrated responses to the issues of policy development, service delivery, program management, etc. In the program management area, WG aims at achieving greater harmonization among actors, and across analysis, planning, implementation, management and evaluation activities. While many collaborative activities may not be complex, WG is usually associated with significant challenges like public health management, homeland security, natural disaster response, etc. The benefits of the WG approach are: delivery of holistic responses to policy issues, particularly the problems that transcend agency boundaries; providing administrative solutions to the problem of departmentalism; providing incentives for departments to look beyond their narrow interests; enabling seamless services; and reducing duplication across departments.

As the WG approach is deeply transformational, it requires dynamic capabilities for transitioning from one stage to another. ... Leadership is a major determining factor for successful WG initiatives, implicitly expressed through collaboration, structure, processes and participants. However, like other collaboration forms implementing the WG initiatives has to overcome the differences in organizational cultures, structures and priorities.

Adegboyega Ojo, et al., “Whole of government approach to information technology strategy management” *Information Polity* 16 (2011) 243–260 at p. 249

In both cases, whether within government or between government and community, it is clear that overcoming silos and fragmentation in favour of integration and holism requires more than better coordination. To be sure, better coordination of services, streamlining processes, providing navigation supports or single-portal access to government would go some way to reducing the impact of silos and linking up otherwise fragmented pieces. However, it fails to address the underlying causes of fragmentation and to shift in ways that will support integrated and holistic ways of working required to be human-centred.

...whether within government or between government and community it is clear that overcoming silos and fragmentation in favour of integration and holism requires more than better coordination.

Silos and fragmentation involve more than logistical or technical barriers and they require more than a practical fix. Silos are rooted in culture and reflective of a mentality or way of thinking and working. Overcoming silos then requires a culture shift. Such a shift must be rooted in a different understanding of why we are doing things – one

A shift in the understanding of why – the purpose of governance in the context of care – will offer the shared vision and commitment needed for a culture change.

that is about more than the benefits of system efficiency and effectiveness. It is important then, that “whole-of-government is not an end in itself but rather a means to achieve goals in a collaborative manner.”¹⁶ The same is true for collaborative governance. It must be

guided by an appreciation of the holistic, integrated, and relational nature and needs of human beings that drive the design and approach of the system of care. A shift in the understanding of why – the purpose of governance in the context of care – will offer the shared vision and commitment needed for a culture change.

The existing experience with whole-of-government and other efforts to coordinate or integrate service delivery in Nova Scotia and elsewhere have been instructive within the Inquiry process. Participants in the process shared concern about how to ensure that such initiatives result in significant change. The United Nations report on whole-of-government expressed similar concerns:

Although there is widespread support for the principles of whole-of-government, there remain major problems in implementing the concept related to issues of ensuring accountability for publicly funded activities and overcoming the ‘silos’ created by departmentalism or vertical styles of management while avoiding fragmentation and lack of coordination. Knowledge and attitudes of public servants to the whole-of-government vision are also seen as critical elements to its success.¹⁷

International experience also suggests, though, that building parallel structures or institutions to serve as the mechanism for collaborative or integrative work is not effective to overcome silos.

Creating parallel institutions would also be more of a throw-back to traditional hierarchical governmental organization. The practice of whole-of-government mainly requires the establishment of networks and partnerships within government agencies, as well as with other key players, such as those in the non-government sector.¹⁸

The OECD also cautions that while building connections is essential to overcoming silos, the existence of such networks alone will not bring change at the fundamental level required.

... Such strategies often set out broad aims and objectives, and appear to 'say all the right things' about working together to achieve common goals. More rarely, however, do they contain a proper implementation framework for how they are to be achieved, containing detailed agreements on joint actions, budgets, timescales, etc. Too often, such strategies become wish lists with many different objectives but no consensus on the most important cross-cutting issues which need to be worked on together to achieve real economic growth and inclusion.

...The problem is accentuated because local strategies, and the mechanisms set out for their delivery, are not always legally binding. In many cases, partners feel free to participate in collective strategic planning but not necessarily obliged to translate the agreements into concrete action.¹⁹

Just as silos exist at different levels and in different directions — horizontal and vertical — so too will integration efforts be required at different levels and across different relationships. It requires attention at the levels of law, policy, practice, and culture. There is a clear need to address the knowledge, skills, and attitudes of those within the system to ensure their engagement and capacity to overcome silos. On the basis of 40 case studies, the United Nations offered the following conclusions regarding the human resources essential to integration and working in holistic ways:

First, strengthening of existing collaborations in order to create new ones; interoperability (vertical or horizontal cooperation) is easier to implement when the actors are used to collaborating. Even then, it takes time.

Second, collaboration yields better results than imposition: "things change naturally and it is not necessary to inflict them. Changes impact the heart of organizations, practices and culture. This can only be done gradually."²⁰

This resonates with the experience of the Restorative Inquiry. The process was careful to build upon existing collaborations and connections as we brought parties into the process. We also took significant time to build relationships and to facilitate a process committed to learning and understanding, and supporting participants to work collaboratively to discern what plans and actions were needed. We have learned through this process that bringing about real and lasting change requires attention to relationships and the time to nurture and develop them. Yet, we also recognized the risk of inertia if things move too slowly. This is, perhaps, particularly difficult when the task involves systems and structures that are often resilient and resistant to change. It is also sometimes hard to discern the difference between the good faith needed to take time to do things carefully and intentional effort to frustrate or resist change. The United Nations acknowledged this issue in their report:

...it is well known that collaboration among agencies and government levels is not always a simple task. The greatest challenge to the adoption of whole-of-government, which fundamentally rests on increased collaboration, is resistance to change among government actors. Scepticism about integration of information and data privacy; lack of trust among agencies; non alignment of motivations among agencies or worst competition among ministries and agencies; different vision, priorities and goals among government agencies are all factors that can greatly inhibit the success of a whole-of-government strategy.

As noted earlier, attention to the important role of those working within systems should not be taken to suggest that the issue of silos is about individual behaviour. Silos are clearly a systemic issue. It is about the culture of the system that shapes and incentivizes behaviour of people who work within or come into contact with these systems. A clear example that emerged within the Inquiry was lack of communication and the protection of, and refusal to share, information. So significant is this characteristic of silos that they are sometimes referred to as information silos. This issue was identified often by participants within the Inquiry as a significant barrier to working in more integrative ways. Close examination of this issue reveals some actual legal and policy barriers to sharing information exist, but, to a greater extent, the barriers were a product of perception.

Silos are not a matter of individual behaviour... It is a matter of the culture of the system that shapes and incentivizes behaviour of people who work within or come into contact with these systems.

As we probed this issue further within the learning and understanding phase of the Inquiry, it became clear the extent to which these interpretations and perceptions reflected something real about the experience and culture of systems. It was not a matter of individual "turf" or holding information to be protective or powerful. As we came to understand the issue, it related

Overcoming silos requires more than instructions or training, more than policy changes and new structures. It requires a concerted effort to establish relationships of trust and a culture of collaboration. This requires significant leadership that models such relationships and supports a culture shift.

to a lack of understanding and of trust across systems coupled with the significant burden of accountability for errors and failures on individuals within the system. Once this is understood, overcoming silos requires more than instructions or training, more than policy changes and new structures. It requires some of all of this, but as part of a concerted effort to establish relationships of trust and a culture of collaboration. This requires significant leadership that models such relationships and supports a culture shift.

This kind of change requires a transformation of the government as a whole, which calls for a holistic vision of development, new government institutional arrangements, leadership and human resources' capacities, and mechanisms for greater collaboration among government agencies and departments and with other governance actors through a whole-of-government approach and collaborative governance. A new vision and model of collaboration among governance actors, in turn, calls for a paradigm shift in the role of the public sector whereby governments:

- Become catalysts for change instead of mere service providers;
- Facilitate networked co-responsibility by empowering communities to take part in the solution of their own problems;
- ...
- Operate in an integrated and collaborative manner across departments and agencies;
- Become pro-active instead of reactive anticipating problems;
- ...
- Transform mind-sets and build a culture of collaboration, transparency and accountability.²¹

C. Accountability to Responsibility Focused

Accountability to Responsibility Focused					
Blame/Liability focused to Problem Solving/Solution Focused	Individually to Relationally Focused	Risk Adverse to Need/ Harm Focused	Defensive to Learning (Reactive/Proactive to Responsive/ Proactive	Compliance to Responsive Regulation	Transactional to Trusting Relationships

Through the learning and understanding phase of the Inquiry, it became clear that the shift from a system-centred approach to a human-centred one requires overcoming silos and fragmentation and establishing more integrated and holistic ways of thinking and working. Such a change is cultural in nature and will take intentional effort and time. It also requires attention to all of the different factors and elements that contribute and reinforce the current system-centred, siloed, and fragmented approach. One of those elements that drives the system-centred approach and contributes significantly to silos is the focus on accountability. Through the Inquiry, we heard about the concern with accountability that is focused on finding the individual (person or institution) to blame for what has happened and often results in disciplinary or other measures taken against the parties involved. We discussed the nature and impact of this approach in the context of responses to institutional abuse in Chapter 5 and examine the issue further in this chapter.

It is important at the outset, though, to have a sense of how the focus on accountability plays into the system-centred approach and the culture of silos. It is also essential to understand how the notion of accountability feeds a number of other elements and commitments within the current system. Thus, it is important to provide an overview of the way the focus on accountability and its related expressions or elements feeds into the system-centred approach and to understand the shifts needed to be a part of the overall move to a human-centred approach.

Accountability is an important value for systems and organization, perhaps particularly with respect to the bureaucracy responsible to administer public institutions in the public interest. Accountability mechanisms are intended to ensure responsibility to the public is met so that government is “for the people” and not in the interests of those running the system. Accountability is, in this way, essential to democratic and good governance. However, as discussed in Chapter 5, accountability has had significant negative impacts when focused on blame and liability for the past and at the level of the individual (person, unit, department, organization). Accountability, approached this way, often serves as a means of apportioning blame. Often lost in the process is a focus on responsibility in the sense that goes beyond accountability for the past and

Often lost in the process is a focus on responsibility in a sense that goes beyond accountability for the past and considers what happens next – what is required to live up to one’s responsibilities.

considers what happens next – what is required to live up to one’s responsibilities. Responsibility is a helpful concept because it is often understood as both individual and collective and can be shared in common (as opposed to the way we often think of apportioning shares of accountability or blame). Through the Inquiry, we have come to understand the importance of a shift from a focus on accountability to one on responsibility in this way. The difference, or shift, we are trying to convey is not simply a semantics one: it is about more than the way we talk about things. As discussed, it is a shift in the way we think and how we do things that will ultimately impact what we do. The shift from a focus on accountability to responsibility reflects a set of related changes in attitude, behaviour, and actions needed if we are to take a more human-centred, integrated, and holistic approach. These elements or aspects provide a fuller picture of what is entailed in the shift from accountability to responsibility.

I. Blame/Liability focused to Problem-Solving/Solution Focused

As discussed above, and in Part III of Chapter 5, one of the key characteristics of accountability is the backward-looking focus on ascribing blame or fault as the basis for determining the punishment or liability that should follow. Iris Marion Young refers to this as the “liability model.” She explains that it seeks liable parties for the sake of doling out punishment or compelling compensation or redress. The practices conforming to this model, she notes, are generally backward focused. As a result of this liability model, Young concludes our current criminal justice practices, focused as they are on individual culpability, are inappropriate for dealing with systemic or structural injustice. As discussed in Part III of Chapter 5 of this report, the same could be said for processes in the civil justice system, as they are similarly focused on fault and liability.

Shifting to a human-centred approach requires a reorientation of focus from “naming, shaming, and blaming” to problem solving aimed at finding solutions. A problem-solving focus requires identification and participation of those with knowledge and responsibilities. Problem solving requires attention to what has happened in the past, but with a view to figuring out that needs to happen to “make things right” now and in the future. Thus, problem solving is inherently future focused.

II. Individually to Relationally focused

The accountability focus of the system-centred approach is then individually focused both in terms of its consideration of causes and the bid to determine the party or parties to blame or at fault. One of the results of this approach is that it tends to produce more simplistic stories of what and why something has happened. The imperative to sort out who is to blame for what obscures more complex and nuanced stories about what happened. The focus on blame results in stories focused on individual causes and protagonists to explain what happened.

As Young notes, another problem with the application of this individual responsibility is that it can function to undermine collective responsibility by suggesting that the actions of the

individual caused harm to an otherwise acceptable state of affairs, that the *status quo ante* was just.²³ Out of necessity, determining individual fault or blame focuses on individual acts and impacts often ignoring the underlying or existing contexts, causes, or circumstances. If such factors are considered in an accountability process, it is generally to shift or reduce blame for what happened. In the process though, the relationship of systemic and structural causes, and the complex collective responsibility for these circumstances, are often ignored or misrepresented.²⁴ The focus solely on individual actors and/or actions as causes worthy of blame and liability leaves little or no room for the complexity of interconnected contexts, causes, and circumstances and the interrelated and shared responsibilities at individual and collective levels. This individualized approach also shapes the substantive approach and work of systems in the care context. As noted by Burford, Braithwaite and Braithwaite, and discussed later in this chapter, “[i]ndividualized, case management and casework-driven processes in the human services have lent themselves to silencing of grievances, distancing of workers from clients and to separating them from allies in their social networks.”²⁵

The focus solely on individual actors and/or actions as causes worthy of blame and liability leaves little or no room for the complexity of interconnected contexts, causes and circumstances and the related interrelated and shared responsibilities at individual and collective levels.

As noted in Chapter 1 of this report, our current approach to accountability was unable to deal with the complex story of the Home. Its failure was one of the significant factors underlying the restorative approach to this Inquiry. The complexity of causes and the roles of various parties individually and collectively required a relational analysis.

III. Risk Adverse to Need/Harm focused

As described in the sections above, the siloed and fragmented nature of the current system-centred approach is reinforced by the focus on accountability. The blame and liability orientation that comes with it results in significant concern and attention to risk. Indeed, systems have built-in mechanisms to minimize, avoid, or respond to risk as an overriding value. Perceived and assessed risk have become significant driving forces informing decision making and practice. Legal and reputational risks have become particularly significant in calculating and determining the responses of public institutions to issues. The emphasis on these risks reflects the focus on systems and risks to systems. It also impacts the behaviour of individuals within the system who become “risk avoidant” — unwilling to take risks to protect the system and/or their place within it. This focus on risk and the overriding interest in avoiding risk often distracts attention from the needs or harms of the people involved. Indeed, sometimes needs and harms are perceived and responded to as risks for the system rather than as the central concern or interest of the system. The risks posed or experienced by people in relation to their needs and harms are not often a part of the risk calculations driving systems.

IV. Defensive to Learning (Reactive to Responsive/Proactive)

A system-centred approach, with its overriding concern for risk avoidance, conditions those with decision-making responsibility to react to risk or problems rather than to respond to needs and harms. When blame/fault is identified and ascribed to systems, those systems generally react to the related risk by defending their role and their actions. Protection and defence of systems often shifts the target of blame to individual actors or faulty processes – looking for the “bad apple” – and, in the process, limits wider examination of the circumstances, conditions, and contexts within the systems and institutions that allow situations to occur and continue. This further incentivizes defensive stances of individuals within systems. Being defensive leads one to justify actions and outcomes rather than examine them. A defensive reaction is generally counterproductive to learning and, thus, to change and improvement. Through the Restorative Inquiry, we have come to appreciate how essential a learning approach is in responding to complex human problems.

A defensive posture not only limits capacity for reflection and learning, it also leads to reactive strategies. When one is on guard or in a protective or defensive mode, one reacts to threats (real or perceived). Reactions are typically quick and often instinctive or reflective of established protocols and practices. By contrast, complex human issues typically require more consideration of tailored responses including attention to what might be needed in terms of proactive efforts aimed at preventing further or future issues.

V. Compliance to Responsive Regulation

To minimize risk and protection against blame/liability, those within systems often seek security in rules and procedures. In reaction to problems or issues, those responsible often look to change or establish rules or procedures and/or instill compliance measures to reduce future risk. This is not to suggest that rules have no role or value. It is the use of rules, not the fact of rules, we are concerned with here. Specifically, it is the resort to rule as the means through which to gain command and control over individuals in service of system imperatives. This approach within systems was the subject of significant discussion and reflection during the learning and understanding phase of the Inquiry. We learned how accountability mechanisms, focused backwards on blame and liability, generate defensive and protective behaviour and heighten risk avoidance resulting in a focus on compliance with rules and formal regulation. The current system-centred approach relies on formal rule-based regulation. Regulation by fixed and predetermined rules makes it a challenge to be responsive to varied circumstances. In place of rigid and inflexible formal regulations reliant on rules and procedures, a responsive regulatory approach, guided by principles, is needed in the shift to a more human-centred approach.²⁶

Burford, Braithwaite and Braithwaite, based on defining work in the field, explain responsive regulation is about “being responsive to those we are regulating; being responsive to the

environment; responsive to democratic impulses – seeking to respond to the needs articulated by the regulated, and then, perhaps most importantly of all, being responsive to the history of encounters between the regulator and the actor on the other side of the fence.”²⁷ In the case of care, this often means a recognition of relationships between young people, families and communities, and the government systems they are engaging with that are marked by systemic inequality, including, in some cases, systemic racism.

Burford, Braithwaite and Braithwaite explain that “responsive regulation builds from a framework of empowerment and aims to engage actors in cooperating with the development of the details of how their obligations will be met even when their compliance could be required.”²⁸ They advocate an approach to regulation they describe as restorative-responsive, bringing together restorative justice and responsive regulation to offer a relational approach to just regulation.

In the face of increasing evidence that despotic, authoritarian or simply invisible powerful hands control matters in everyday life for most citizens, the marriage of restorative justice and responsive regulation aims to encourage both the sense of possibility and responsibility. Both are vital components of innovative, purposeful and meaningful responses to complex human services challenges.²⁹

It is their contention that this regulatory approach will,

...more fully realize what it means for human services to be collaborative, to be offered in partnerships, to engage thoughtfully with complex problems, to avoid blame and retribution and reward success, citizenship and ethical behavior. It does this by re-centering government’s role as but one strand in the production of well-being and security. Networked relations hold promise of improving standards relating to security, accountability and well-being while promoting healing and inclusivity in decision making as building blocks of empowerment practice.³⁰

VI. Transactional to Trust Relationships

The shift from a system-centred approach to a human-centred one depends on a move from transactional relationships to those founded on trust. Valerie Braithwaite points to the significance of trust in making this shift:

A further impediment to a responsive regulatory and restorative justice approach being pursued by governments is low trust. Low trust expressed by citizens towards their democratically elected governments is well documented globally, widely discussed and appears persistent, if not on a downward trust trajectory (OECD, 2013). Governments become sensitive to public exposure of any material that suggests “untrustworthiness” of government may be justified.

So less widely acknowledged is that governments have low trust in citizens and want to exercise control over public discourse. Trust is relational and so lack of trust works both ways.³¹

Trust, then, needs to mark relations at all levels: interpersonal, institutional, and systemic. Forming and maintaining such relationships requires attention to the structures and processes that shape such relations. Lack of trust is bred by a lack of knowledge and understanding, and, at the same time, it reinforces silos that prevent such knowledge by protecting and guarding information to avoid vulnerability to scrutiny and criticism.

The importance of trust was a constant theme across all of the processes and central issues of the Inquiry. From police to social workers, from deputy ministers to lawyers, participants spoke of the need to build trust with communities they serve, especially among marginalized and vulnerable communities. Community members also spoke of the essential nature of trust. The dynamics of trust were explored through the learning and understanding phase – both at interpersonal and institutional levels – and the impact these dynamics have within the system of care and more broadly.

Through the process, it was clear that trust is undermined by the transactional nature of relationships in the regulation of human services. Building trust requires moving beyond hierarchies, whether institutional, disciplinary, professional, positional, or social. On this point, the United Nations identified that building trust within government requires overcoming “existing power structures and build[ing] a culture of cooperation. Department/agency heads may fear losing power over human and financial resources and thus fail to make them available for advancing one-stop government. Building trust among departments and agencies is therefore key...”³² This resonates with what we heard from government participants in the Inquiry. Participants spoke of the traditional ways in which government services have attempted to

Important to ensuring just relations is inclusion of others who have some care or concern for the justness of the relations and outcomes.

address complex issues in “reactive” and “siloed” ways that makes it very challenging for departments and agencies to do integrated work across government, and are further magnified when trying to collaborate outside of government.

As discussed earlier in this Chapter, also key is a move from the formal rigid regulatory approach that Braithwaite calls “technocrat regulation” to regulation that is relational and responsive. This approach to regulation can foster trust through its attention to just, relational arrangements.³³ Important to ensuring these just relations is inclusion of others who have some care or concern for the justness of the relations and outcomes.

The significant role of “third parties” as a way of moving beyond the bipartisan, often adversarial, construction of relations in human services or systems is recognized in the idea of “tripartism.”

Tripartism was originally invoked to highlight the limits of transactional relationships between the state and business. With the worst excesses of business-state corruption almost any third party might help in exposing the corruption to the disinfectant of sunlight. The presence of third parties, which most often means a number of them, especially when confronting complex problems, increases the likelihood of cooperation and compliance with obligations to reduce domination. Regulation can too often be captured or corrupted by the power of money and other dominant sources of influence like lobbying. The more complex the regulatory environment and the higher the stakes, the more likely transactional approaches will fail. Engaging other actors who have a stake in the outcomes can offset the power dimensions.³⁴

This demonstrates the significance of inclusive and participatory processes that support the relationship building required for trust. This shift will require, as Burford, Braithwaite and Braithwaite identify,

...considerable investment of time in relationship building. The undervaluing of time and human labor does not square well with the needs of the human services for building trust that is so essential to reciprocity, security and relational healing whether that is at the level of engagement with human services or in the governance of these services. The transactional commodification of time as labor that underwrites the investment in relationships bumps against the needs of responsive and relational human services.

D. Professionally Controlled to Shared Governance (community & families)

A system-oriented approach centres those with formal authority and in control of systems. It gives power to those who govern the systems. In a bureaucratic system of governance, which marks our modern western democracy, that role and responsibility has been given to professionals. One of the marks of our system-oriented approach then is the significant role professionals play in terms of decision-making. Systems are professionally controlled by subject matter and administrative experts. This contributes to the transactional nature of relationships with and within systems. The role of professionals has its origins in the goal of ensuring fairness and reducing favouritism and bias in public institutions. These remain important values to preserve. However, the control of professionals to the exclusion of those people, groups, and communities subject to their decision making has contributed to a lack of trust in systems and an alienation of systems from those they impact. As a result, Burford, Braithwaite and Braithwaite point out that systems “have shown immunity to challenge from the very persons, families, communities and cultures most affected.”³⁵ A human-centred approach

The shift to a human-centred approach does not disregard the value of professionals but considers their role and responsibilities within the context of shared decision-making that de-centres professionals in order to ensure voice and power of those affected.

requires a shift to shared governance that is inclusive in meaningful ways of those governed. This does not negate the need for significant support and investment of time by those working within systems. Their skills and knowledge are essential to the success of shared governance of human services. The shift to a human-centred approach does not disregard the value of professionals but considers their role and responsibilities within the context of shared decision-making that de-centres professionals in order to ensure voice and power of those affected. Burford, Braithwaite and Braithwaite see this as a key shift:

...in governance from a top-down command and control emphasis to a state that de-centers, or perhaps re-centers regulation to better match conditions of high complexity. This involves new partnerships between government and non-government actors in hybrid, pluralistic arrangements, some self-directed, others part of relational networks that are negotiated.³⁶

It is clear that the shift to shared models of decision-making and in the role of professionals will also require a shift in the ways in which time and labour are valued in support of human services. We heard this from professionals and other front-line workers from various systems and in the community. Across the board, they expressed frustration that they were not able play their role in care as fully and effectively as they wanted because their time was spent more on meeting transactional requirements of the system than on building relationships essential to be able to meet the needs of those the systems are meant to serve.

Part 2: Implications of the Shift for Central Issues

These insights about the shift that is needed and what it entails emerged during the initial part of the learning and understanding phase of the Inquiry. The exploration of the history and experience of the Home for Colored Children revealed insights into the central issues of responding to institutional abuse (failures of care), the experience of care, and systemic racism. These insights were grounded in the experience of former residents as understood first through the first voice of former residents shared through the settlement process and within the Inquiry. What former residents shared and what we came to learn of the experience throughout the history of the Home was foundational to our work and underpins much of what is in this report. In the initial sharing circles of the Inquiry, former residents reflected on their experience in a number of areas as described in Chapter 2. Some of what we heard from them made clear the need for the shift to a human-centred approach. For example:

What we heard from former residents

Helplessness and isolation	Former residents said they felt a sense of helplessness at the Home as the abuses they witnessed and experienced went unchecked and unreported. They reported that some staff members pitted residents against each other and forced children to fight their friends, further damaging any bonds they had and increasing their feelings of isolation. Family relationships suffered as siblings were often separated with no explanation or information from social workers. Some residents said they lost track of their brothers and sisters for years before reconnecting, often as adults.
Systemic neglect	Many residents expressed that even the process of entering care left them traumatized; police or social workers told them they were “just going for a drive” or “going to the store” before dropping them off at the Home with no preparation or explanation of what was happening. In care, former residents recalled that they rarely received visits or check-ins from social workers. They said they almost never had a chance to speak with social workers away from Home staff. Under these circumstances, residents felt they had no safe outlet to tell anyone what they were experiencing without fear of further harm. Many former residents felt the adults in their lives turned a blind eye towards their suffering. For some former residents who transferred out of the Home, this feeling continued in foster care, where they also experienced neglect and abuse. Some said they were threatened to keep quiet unless they wanted to be “sent back to the Home.”
Silence and stigma	Many residents felt the stigma of being “Home children” followed them at school and in the broader community. They believe that teachers and educators who noticed their health or behaviour issues, and police who regularly returned runaways to the Home, also knew, to some degree, that things were not right at the Home. Many felt abandoned by the systems designed to help and protect them. Many former residents believe a culture of silence contributed both to their abuse as children, and to the difficulties they faced in coming forward as adults.
No preparation for adult life	Former residents spoke of the hard transitions they faced when they “aged out” of care. They were given little to no preparation for independent living. Former residents have encountered poverty, homelessness, mental-health issues, post-traumatic stress, and other difficulties in their adult lives.
A desire to make a difference	Some residents have reflected that even during difficulties at the Home, small acts of kindness from some staff, teachers, or community members helped them hold on to hope and develop resiliency. They also spoke of how their experiences as children gave them a resolve to create a better life for their own children.

Through research, reflection, and dialogue processes (as described in Chapter 2), parties came to understand more deeply the ways in which the system-centred approach to care and responses to abuse shaped the history and experience of the Home and contributed to the impacts of systemic racism. Understanding the history and experience of the Home and the extent to which the insights and lessons gained continue to be relevant revealed the need for a shift as described in the previous section.

System-centred	Human-centred
Siloed and fragmented	Integrated and holistic
Accountability focused	Responsibility focused
Blame/liability focused	Problem solving/solution-oriented
Defensive/reactive	Learning/responsive/proactive
Risk adverse	Need/harm focused
Formal regulation – procedural and compliance focused	Responsive regulation – principle-based
Transactional relations	Trusting relationships
Professionally controlled decision-making	Shared governance and inclusive decision-making (community and families)

Once the shift was identified, the Inquiry processes dedicated considerable time to exploring the implications of the shift from system-centred to human-centred for each of our central issues: for the care system, for responding to institutional abuse (and other failures of care), and for addressing systemic racism.

This focused attention deepened learning and understanding about the central issues and the nature of the shift required. These processes provided an important opportunity for those with a stake in the shift (those with responsibilities and interests) to come together to develop the shared understanding required for collective action. The work to come to understand the effects and impacts of a system-centred approach on care, on the responses to institutional abuse and failures of care, and on systemic racism in Nova Scotia was essential to determining the path forward towards a human-centred approach as detailed in Chapter 7. It was also foundational to the

planning and action that has already happened through the process. The following sections share the learning and understanding achieved within the process and explain why the commitments, plans, actions, and recommendations made in Chapter 7 are identified as part of the way forward.

This chapter proceeds in a similar way to the rest of the Report by addressing each of the central issues that have structured the Restorative Inquiry's work. This chapter begins where the analysis of the experience of the Home and of former residents on their journey to light left off in Chapter 5 – addressing the central issue on responding to institutional abuse (and other failures of care). In many ways, this reflects what first brought the former residents to seek this Inquiry process. The impetus for the Inquiry was the call to respond to the abuse experienced by former residents within the Home. The effort to understand this abuse made clear the need to understand the abuse in the context of the overall experience of care and the care system. It was also evident that it was not possible to understand either without attending to the significant and structuring role of systemic racism.

It is important to remember that while this chapter considers each of the central issues in turn, we do not view them as distinct or separable. Rather, as discussed in Chapter 2, the central issues are overlapping, layered, interconnected, and integrated. As common themes emerged in the learning and understanding phase, the Council of Parties approached each central issue with clear and careful attention to the layered, integrated, and complex nature of the issues and the responses needed.

A. Shifting the Response to Institutional Abuse and other Failures of Care

The history and experience of the Home in terms of responding to institutional abuse is, in some ways, more recent. As detailed in Chapter 4, this Inquiry is a part of the response to abuse sought by former residents when they came forward as adults to share what happened to them as young people. Our proximity to the response to former residents' allegations of abuse means that less has changed. This makes it easier to translate the lessons from this part of the history and experience with the Home and come to understand how it continues to be relevant today. This means that much of the analysis in Part 3 of Chapter 5 regarding the response to historical institutional abuse reveals issues and characteristics of our current responses. More attention was required, however, to examine and transfer the lessons from the response to institutional abuse and failures of care as they were experienced by residents of the Home at the time they were living there. As with the other central issues related to care and systemic racism, drawing out the lessons from the past required careful consideration of the current context and experiences to discern where and how issues remain and the relevance of lessons from the past regarding the shift that is needed.

This does not mean nothing has changed or improved with respect to the response to abuse over the course of the years the former residents fought for justice. Through the Inquiry process, it became clear that there have been changes supporting a shift towards a human-centred

approach. Indeed, some of these changes resulted from learning about the experience with the Home and applying that knowledge to make a difference in real time. However, the Inquiry process also revealed the extent to which the approach that marked the former residents experience in response to their abuse remains unchanged in significant and important ways from that described in Part 3, Chapter 5 of this Report.

There continues to be a system-centred approach that is adversarial, individualized, concerned primarily with the breach of law/rules, backward-focused, and concerned with blame and liability.

I. Responding to Historical Institutional Abuse and Failures of Care

Part 3 of Chapter 5 provides a comprehensive picture of what we have come to learn and understand about our current responses to historical institutional abuse and failures of care. By historical, we are referencing claims of abuse that come after the situation or circumstances of care are over or changed. This is contrasted with the responses to such claims or concerns while care is ongoing or underway. The difference is a temporal and situational one. Although it does not require significant passage of time (it need not be long past history), it does mean the alleged abuse has happened and is not ongoing. Further, it typically refers to cases where the situation or circumstances of abuse (of failure of care) have materially changed.

Through the Inquiry process, various parties — former residents, justice system stakeholders (including police, lawyers from the Government and the private bar, policy makers and other system leaders) and those from community — reflected on the response to abuse at the Home as it was experienced by the former residents and by others involved. The uniform concern and regret for the human toll and failure of the response to meet the needs of those most involved was striking. This reflects what we have heard from former residents about the harms they suffered during their experiences with both the criminal and civil justice systems. Those who work within and alongside these systems also recognized the impact of adversarial processes on victims both as witnesses and complainants. Lawyers and police acknowledged how difficult it is to find ways within the roles they play in the adversarial process to attend to the needs of those who have experienced trauma and harm. There was also a shared sense, whatever part one played in the formal process, that individuals are caught up in a system with rules and expectations that make it difficult to act differently.

What emerged across the various processes, including those with former residents, police, lawyers, community stakeholders, and system stakeholders, was a remarkable recognition of the need for a shift and a genuine desire to contribute to such a shift. There was a significant appreciation of the fundamental and cultural nature of this shift that entails more than tweaks or small reforms to justice practice and process. It requires a different way of thinking about justice. Participants reflected on their experiences in the Inquiry process as a different response to abuse and a helpful basis from which to imagine what such a shift might entail.

The restorative approach that ultimately informed the settlement of the civil claims related to the Home and of this Inquiry was possible, in part, because of Nova Scotia's experience with restorative justice. In fact, Nova Scotia is a recognized leader, both nationally and internationally, in restorative justice. The development of restorative justice ran in parallel to the former residents' journey to light. Nova Scotia began development of a restorative justice program as part of the criminal justice system in 1997, the year before the first public abuse revelations from former residents.³⁷ Restorative justice was piloted and rolled out provincewide for young people in conflict with the law over the next four years. The Nova Scotia Restorative Justice program saw significant growth over the next decades, eventually resulting in the expansion of the program to include adults across the province in 2016. The experience also led to other developments in the province, including a restorative approach in schools³⁸ and at the Nova Scotia Human Rights Commission³⁹ (first applied to the case of the Halifax Black Firefighters Association case of systemic racism⁴⁰), and within various organizations and institutions in the province seeking to address climate and culture.⁴¹

The Nova Scotia Restorative Justice (NSRJ) Program involves collaboration between the Government and community and receives significant support from academic researchers and experts. The NSRJ Program is based on a set of restorative principles that supported a different understanding and approach to justice. These principles and the understanding of justice provided an important foundation for thinking about how to respond to the abuse at the Home differently. The experience of the Home has, in turn, impacted the development of a restorative approach in response to institutional abuse and failures of care with relevance to the future development of restorative justice in Nova Scotia. One of the real-time impacts of the Restorative Inquiry process, for example, was the application of a restorative approach to the resolution of a civil claim regarding a death in custody.⁴²

NSRJ Program Principles

- **Relationally focused:** attention to interconnection, seeking to understand and promote just relations between individuals, groups, and communities
- **Comprehensive and holistic:** takes into account histories, contexts and causes of harm, and its impacts
- **Inclusive and participatory:** culturally grounded and trauma informed, attentive to the needs of parties and the safety and well-being of participants
- **Responsive:** contextual, flexible practice, accessible, efficient and effective processes, informed by data and knowledge
- **Focused on promoting individual and collective accountability and responsibility**
- **Collaborative and non-adversarial:** among parties to the process and system and community partners
- **Forward-focused:** educative (not punitive), problem-solving, preventive and proactive

This experience with a restorative approach to justice also helped frame an understanding of the shift to human-centred justice. A restorative approach to justice in Nova Scotia is based on relational principles that are central to being human-centred. The principles of a restorative approach that ground the NSRJ program⁴³ also shaped the approach of this Inquiry and inform the nature of the shift in the context of the responding to institutional failures of care.

The goals of the NSRJ program are significant in that they resonate with what we heard from participants within the Inquiry about what was important in terms of a shift in the response to institutional abuse and failures of care. The goals and objectives of the Nova Scotia Restorative Justice Program are:

- **Respond to needs of individuals and communities affected by crime:** with particular attention to the needs of victims and those harmed by crime (individuals and communities)
- **Harm reduction:** reduce cycle of harm and injustice, prevent further harms to vulnerable individuals and communities, and reduce over-representation of marginalized individuals in the justice system
- **Support individual and collective taking of responsibility for harm and public safety**
- **Increase access to justice:** more effective, timely, inclusive, equitable justice system
- **Provide responsive justice:** human-centred justice processes that consider root causes and seek meaningful outcomes and responses
- **Increase public confidence and accountability in the administration of justice**
- **Build and support healthy, safe, and strong communities**⁴⁴

This experience with restorative justice, grounded in relational principles, helped frame the understanding of the shift to a human-centred approach and what it entails for responding to institutional abuses and failures of care. The shift can be understood — as it was for the former residents of the Home — as a shift to restorative responses to institutional abuse. We have identified this shift, as we have come to understand it through the Restorative Inquiry, as involving the following elements:

From	To
System centred/siloed/fractured/impartial	Human centred/integrated/holistic/caring
Focused on isolated individuals and system imperatives	Focus on relationships/connection/context
Adversarial	Collaborative
Individual accountability	Individual and collective responsibilities
Focus on compliance with fixed structures, regulations and rule	Responsive to needs/context and circumstances, problem-solving/flexible
Backward focused – establishing blame	Future focused – concerned with safety and addressing harm
Reactive	Proactive and preventative
Risk averse – framed by liability/focused on minimizing all risk	Needs focused – support to balance risk with public safety

As discussed in Chapter 5, the current adversarial, individualistic, punitive character of the system-centred approach to justice has significantly influenced responses to institutional abuse and, more generally, failures of care within and beyond the formal justice system. The need for a shift is not limited to changing the approach within the justice system (criminal, civil, and public inquiries), but is also required with respect to the ways in which organizations, institutions, and systems (within government and community) respond to institutional abuse and other failures of care. This includes complaint, investigation, and review processes, as well as the mechanisms of accountability for systems and those that work within them. Burford, Braithwaite and Braithwaite point to the significance of restorative justice to supporting regulation that is responsive in place of the current reliance on regulatory systems backed by punitive reactions to institutional failures.

Restorative justice and responsive regulation both seek to be forward-thinking, that is, moving to problem solving and to planning for the future. Both hold in common the view that punishment, when it is seen as excessive, unfairly administered, or is seen as a bluff, typically fails in its goals and often provokes defiance and a rippling loss of trust in the system of regulation. Quite often even backlash. They also hold in common that when people have access to

safe, timely, fair and trustworthy means of having their grievances, including their experiences of persecution, or even questions about the way they are being treated, heard and understood, that the likelihood of conflict escalation and the associated costs are reduced. Then hopes of harmonious relations and reduced threat of continued strife are increased. We expect this to hold true in most areas of the human services including health, education, social services and justice settings and encounters.⁴⁵

The shift to human-centred justice is important not only to address the justice system's role in responding to institutional abuse and other failures of care, it is also important to inform the approach to responses within care systems. This is also important, as became clear through the Inquiry processes, because of the collateral effect that the response to abuse has on the system of care. Responses to abuse and failures focused on blame and punishment have significant impacts on those involved in these processes. The impact is most significant for those who have experienced harm, as we learned from the experience of former residents. But they also have an effect on those working within the system of care and on the system itself. Such responses create fear of failure — a fear of being blamed for failure and a resulting focus in protecting the system against risk, liability, and failure.

By some measures this is not a bad thing. It is important that systems learn from past mistakes and take seriously the need to avoid similar failures in future. However, as we heard through the Inquiry, fear of failure is particularly problematic in the context of care — an undertaking that is

laden with inherent risks associated with the changing and unpredictable needs of human beings. Being human-centred then requires flexibility and responsiveness rather than the certainty that is sought when the primary concern is exposure to risk and liability. The impact of this focus on risk and liability on care will be addressed further in the next section. For now, it is important to recognize that the shift needed to responses to institutional abuse and failures of care would also support a similar shift in the system of care. Indeed, participants in the Inquiry identified current responses to failures of care as one of the drivers of a system-centred, siloed approach within the system of care and a significant barrier to a human-centred integrated approach to care.

It is important to be clear that the suggestion that we shift from an approach that is backward-focused, oriented to blame, and a punitive response does not mean simply looking forward and not attending to mistakes and failures of the past. The move from a focus on blame is not a move away from responsibility. Quite the opposite, as the experience of this Inquiry process has demonstrated. Guided by the model of Sankofa,

It is important to be clear that the suggestion that we shift from an approach that is backward-focused, oriented to blame and a punitive response does not mean simply looking forward and not attending to mistakes and failures of the past. The move from a focus on blame is not a move away from responsibility.

it is essential to look back and deal with the past in order to move forward in knowledgeable and good ways. It is important to acknowledge that it can be difficult, and even painful, to look back and come to understand what happened in the past and one's role in it. That this can be difficult, however, should not be mistaken as a necessary part of the process. The difficult process of looking back can bring important insight, yet pain is not the source of the insight. John Braithwaite's work on reintegrative shaming is helpful on this point. He insists it is important to contend with the shame that often results from coming to understand responsibility (individually or collectively) for harms or failures, yet it is the way in which we manage and deal with shame that is key. We need processes that are able to support the difficult process of dealing with responsibility for harm if we are to build the relationships and understanding needed for a just outcome.⁴⁶

It is also important to think about the significance of shame in the context of acknowledgement of harm and responsibilities — as part of what it means to “be sorry.” The role of apology in the response to the abuse and harm related to the Home has been instructive. The Government apology acknowledged responsibility but also committed to a process in which the Government (and Nova Scotians) could come to understand their collective responsibilities and apply those lessons rather than be defensive. It was not an apology that expected forgiveness. Apologies for institutional failures serve the purpose of acknowledgement and acceptance of responsibilities. They are not aimed at reconciliation in the same way in which interpersonal apologies often are. Apologies for institutional failures are often resisted in the context of systems focused on blame and liability. They are also sometimes resisted by those within the systems because they feel they cannot apologize for something they did not do. This is expressed particularly with respect to historic harms or in cases where the individual(s) directly involved in inflicting the harm are not willing or able to offer an apology for their actions.

However, in the context of a shift to a restorative human-centred approach, apologies from institutions and collectives are not focused on admitting “fault” or accept “blame” in the simplistic individualistic ways we apply those concepts in our current system. They are about acknowledgement and a willingness to learn and understand what it means to be sorry — to show we are sorry — for what has happened by what we do in the future.

The Government apology acknowledged responsibility but also committed to a process in which the government (and Nova Scotians) could come to understand their collective responsibilities and apply those lessons rather than be defensive. It was not an apology that expected forgiveness. Apologies for institutional failures serve the purpose of acknowledgement and acceptance of responsibilities.

II. Responding While Institutional Care is Failing

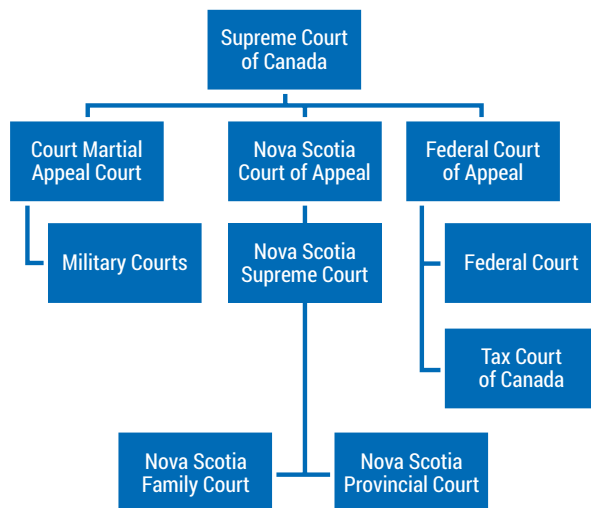
The other important aspect of responding to failures of care concerns how systems respond while care is ongoing. This was an important learning from the story of the Home as we considered the experience of former residents as young people living in the Home. As discussed in Chapters 3 and 5, part of the failure of care experienced by former residence was the lack of response to the neglect and abuse they were experiencing at the time. This was true in terms of the staff and leadership at the Home. There was also a significant failure of response by systems and system actors beyond the Home. Indeed, as noted in Chapter 5, the siloed and fragmented nature of the systems resulted in a failure to connect the dots and fully understand or respond to what was happening for residents at the Home. A recent report from the United Kingdom in institutional child sexual abuse concluded that:

Within institutions, factors that may help keep children safe – or expose them to greater risk – include the quality of relationships with staff, staff ratios, the size of establishments, the physical environment, the population mix, staff training and the extent to which institutions are open to input from external agencies. Besides requiring rigorous recruitment and selection processes, organisations need to build an open culture where safeguarding is seen as everyone's business, children have safe spaces and positive relationships with several staff members, and opportunities for abuse to occur are minimised.⁴⁷

As evident in the history of the Home (see Chapters 3 and 5) these factors were clearly absent or inadequate in the case of the Home. Various stakeholders connected to the system of care reflected within the Inquiry process that the siloed and fragmented culture remains and continues to make it difficult for the care and protection of children to be a shared responsibility. There remain significant barriers to sharing information or to stepping outside operational or jurisdictional boundaries to assess whether there is cause for concern and response. When there is collaboration, it is often born of necessity in the form of a clear crisis that requires collective action. Participants shared how difficult it is to work in integrated and collaborative ways absent an urgent or crisis situation. This remains true despite the successes realized by working in more integrated holistic ways. There was a clear consensus within the Inquiry process that there would be significant value in working in more integrated and collaborative ways proactively and preventively. Participants in the Inquiry acknowledged that the barriers to working this way are not all structural – there are cultural issues that get in the way, including trust between and among professionals working in these different systems. However, there are also real structural impediments to responding in more integrated ways, including the lack of mechanisms for integrative governance, practice, and service across mandates and operational responsibilities.

One such structural impediment in responding to institutional abuse and other failures of care is the siloed and fragmented nature of the justice system. Young people and families experiencing issues related to care and well-being can be (and often are) the subject of multiple judicial processes. In part, this is a function of the court system in Canada, which divides jurisdiction over criminal and family matters among different courts. Some matters are dealt with by provincial courts and others by superior courts.

Court Structure – Nova Scotia



A young person or family connected to the care system may end up involved in a number of different proceedings resulting from or related to the relational and care issues. These might include, for example, child protection proceedings in family court, other custody and access matters in family court, youth criminal matters dealt with in youth court, adult criminal court and/or the domestic violence court (where operative), and/or mental health or drug court. Each proceeding may deal

with a particular aspect of the young person's and family's issues or experiences and may make decisions or issue orders that impact members of the family. Seldom do decisions and orders take account of other existing and potentially conflicting decisions, creating a patchwork and complex terrain for individuals and families to try to understand and navigate. In the process, the full measure of individual and family circumstances and needs is often obscured and left unaddressed by these various processes.

Even a single court process can be intimidating and confusing for young people and their families. We heard this clearly from the young people who participated in the Inquiry and from legal counsel working for Government and legal aid. They shared how confusing, frustrating, and sometimes frightening the process can be, especially if you do not have family support or legal counsel. The same concerns expressed by young people here in Nova Scotia are shared across other jurisdictions. For example, in the UK, "A common theme in the feedback from interviews with children who have experienced family proceedings is that they felt that the proceedings were 'happening' to them and that they felt excluded, powerless to influence, contribute to or even make their voice heard in the process."⁴⁸ The sense of disempowerment and confusion

multiplies with additional and overlapping court processes. During the Inquiry, we heard about the impact this has on young people and families. We also heard concerns from those within the justice system about the impact on ensuring access to justice and to securing effective justice solutions across multiple proceedings and courts for young people and their families.

Through the Restorative Inquiry, we came to understand from participants what is needed or gets in the way of shifting the way we respond to institutional abuse and failures of care. We also came to appreciate that there has been some change already that is keeping with and supportive of the shift we seek. While there are many insights from the Home that remain relevant for today, things have not remained the same. Participants in the Inquiry pointed to some helpful and hopeful signs of the potential for such a shift. One such example, discussed above, is the development of restorative justice in Nova Scotia and the impact that is having. Another example is police attention to the need to be trauma informed in their investigations and other work. Police participants acknowledged there is still much work to be done on this front, but there is a commitment to support learning and change. The RCMP also shared there have been significant changes to the ways that files are handled to ensure better tracking and accountability. They recognized more needs to be done to place human beings at the centre of their approach to handling files and information.

Changes are also underway in terms of the Government's response to institutional failures through the civil justice system. The Department of Justice shared that they have made some adjustments to their processes and are exploring a restorative approach. For example, they have started offering counselling support, where appropriate, to those who bring claims prior to any determination about settlement or litigation strategy.

There are also efforts underway to be more proactive in the context of institutional care than was the case when the Home was operating. The Nova Scotia Office of the Ombudsman, for example, has a mandate to oversee young people in residential care settings. While there are limits to the office's role and capacity, they shared with the Inquiry that they are trying to take a problem-solving approach when young people raise complaints. The office has been proactive about reaching out to young people to ensure they know there is an avenue to share their concerns. However, the individual, complaint-based nature of their response makes it challenging to address systemic issues or to work in non-adversarial ways to address the issues with institutions and systems.

In our consideration of responses to institutional abuse and other failures of care, we came to appreciate the impact the nature of the responses has within the system of care. There is a clear link between the system-centred responses to abuse and failures of care and the experiences with the system of care.

B. Shifting Experiences of Care and the System of Care

I. Overarching Shift – Human-Centred Care

The need to be more human-centred in the system of care was a clear and constant theme throughout the learning and understanding phase of the Restorative Inquiry. Participants clearly identified the current approach of the system as a barrier to working differently – to putting human beings and their needs at the centre of the work. The following sections reflect these insights about the nature and implications of a shift to a human-centred approach to care.

One of the most profound lessons taken from the history and experience of the Home was that caring for children and young people requires placing them and their needs at the centre of the systems, institutions, organizations, and services intended to care for them. As discussed in Part 1 of this Chapter, to do this we must recognize the relational nature of children and young people – that caring for them means caring about the importance of their relationships/ connection to family, friends, and community. In other words, a human-centred approach must reflect the fact that human beings are relational and cannot abstract individuals from their relationships. The truth of the importance of connections to family and to community rests at the core of the story of the Home and the harms experienced by its former residents. The importance of relationship to the well-being of children and young people was a central message from the young people with recent experience in care who participated in the Inquiry and was echoed across those connected to the care system in Government and community. Indeed, this significance of relationships is at the root of the need for a shift to a human-centred system of care capable supporting and sustaining the well-being of children and young people.

The learning and understanding phase of the Inquiry reflected on the need, nature, and implications of such a shift for the system of care, particularly for young people. Knowledge from research and provided by local and international experts supported participants from Government and community in this learning and understanding work of the Inquiry, and is reflected in this Chapter. As indicated at the beginning of this Chapter, the Inquiry supported parties' learning and understanding by engaging with national and international expert researchers and practitioners. The Inquiry received support with respect to considering the implications of a shift to a human-centred system of care from researchers and jurisdictions that have engaged or are engaged in such a shift. Of particular significance to our understanding was the knowledge from research and experience from jurisdictions taking a restorative approach within their system of care, including those in the United Kingdom, United States, New Zealand, and Australia. The Inquiry accessed expertise and research from across such jurisdictions with support from the Restorative Approach International Learning Community (ILC). Individuals associated with the ILC offered support to the Inquiry by suggesting and providing relevant international research and information, advice, and direct support to Inquiry participants through workshops and participation in learning and understanding, and planning and action

processes. Members of the Council of Parties and partners in the Inquiry also participated in several conferences and workshops through the ILC during the mandate of the Inquiry.

The following sections draw upon this international research and experience and, most significantly, on the work of the Inquiry during the learning and understanding phase to identify and consider the essential elements and implications of this shift for the experience of care and the system of care for young people and their families.

From	To
System centred/siloed/fractured	Human centred/integrated/holistic/caring
Focused on isolated individuals and system imperatives	Focus on relationships/connection/identify
Institutions and stranger care (care by strangers)	Care by family/friends/community
Professional controlled	Child/family/community lead
Focus on compliance with fixed structures, regulations and rule, values certainty – permanence	Responsive to needs/context and circumstances, values flexibility in seeking stability in changing and dynamic relationships
Driven by system's culture	Driven by family/community culture
Hierarchical/top down/imposed	Negotiated/collaborative/collective effort
Risk averse – framed by liability/ focused on minimizing all risk	Needs focused – support to balance risk with wellbeing (and understands inherent risks involved in children/families)

II. From Silos and Fragmentation to Integrated and Holistic

FROM System centred/
siloed/fractured

TO Human centred//integrated/holistic

As described in Part 1 of this Chapter, a system-centred approach is characterized by silos and fragmentation. This was identified through the Inquiry as an issue with the system of care in Nova Scotia. Silos and fragmentation are evident in how the system is organized across the Government and in community. It has significant impacts to the way in which care is understood and, consequently, how it operates, functions, and is experienced.

i. Within Government

One of the impacts of silos and fragmentation is the view of care as if it is the jurisdiction or preserve of the one system: child protection. Care is often associated with taking children and young people into the care of the State. This focus narrows the view of the nature and range of care needed and actually provided to young people, families, and communities. As we heard during the Inquiry, this has significant effects in terms of undermining the collaboration and integration of areas and services required to provide good care. At a system level, it often leaves child protection independently responsible for care and care outcomes, while isolating the resources and capacity needed for this work. From the perspective of young people and families, it can create misleading impressions or expectations that the care system is able or designed to meet their comprehensive care needs.

The Restorative Inquiry has used the term “*system of care*” in reference to Government to broaden the view of its care work to encompass all the relevant systems, services, and supports, including (but not limited to) education, justice, health, labour and advanced education, and community services (children protection, housing, income support, disability services etc.). It is also important to recognize that Government departments alone do not provide care support and services, there are many Governmental and non-governmental agencies engaged in this work. Also, as discussed below, communities play a significant role in the system of care.

The Restorative Inquiry has used the term “system of care” in reference to government to broaden the view of its care work to encompass all the relevant systems, services and supports.

The siloed and fragmented approach to care has not only limited our view of care to child protection, but even within that realm, the system is divided according to how the system provides this service. Care is generally thought about in stages oriented around the role and engagement of the system: before or coming into care, during care, and leaving care. Indeed, these distinct stages structure players, programs, and policy areas in ways that initially led

Care is generally thought about in stages oriented around the role and engagement of the system – before or coming into care, during care and leaving care.

...it became clear that these divisions made sense from the perspective of the system but not when we turned attention to addressing the experiences and needs of young people and families.

the Inquiry to approach our work along these lines. As the process developed, however, it became clear that these divisions made sense from the perspective of the system but not when we turned attention to addressing the experiences and needs of young people and families.

Examined from the perspective of young people and families, care is much more complex and multifaceted. It does not orbit around the child protection system with need measured by the proximity to that system. Certainly, proximity to the child protection entry point is significant and should trigger attention to the care needs of a young person. However, this is not the only way the need for care presents, and attention is needed to other entry points – other places, spaces, and ways that signal the need for support to ensure relations of care are adequate. This recognition significantly blurred the stages and categories of care for the Inquiry and revealed the ways in which such an approach fails to recognize the important connections across the stages of care.

The issue with dividing up the stages of care in this way was particularly clear as we considered the experience of “leaving care” – when young people age out of care and the system no longer provides a service.

There was a remarkable gap in the attention, services, and supports

at this stage of care. In part, this reflected that the care system was no longer engaged in care at this stage. Those within the child protection system are aware of this issue. Indeed, they raised it often within the Inquiry processes. They have made some efforts to respond by extending some services and supports for longer (for example, supporting young people who are going to university or college, or by extending placement in care by consent/agreement of the young person). What this does not address, though, is the failure to build lasting networks of caring relationships during time in care so that leaving the child protection system would not mean being left with no one who cares. This was the experience of many of the former residents we heard from, and was also true for those young people we heard from with recent care experience. The very notion of being “out of care” is not reflective of the relationships key to well-being for young adults or adults. A relational view of people challenges the idea that healthy and successful adults are independent or self-sufficient. Well-being requires networks of healthy, caring relationships. It is marked by interdependence, not independence. The information regarding over-representation of former children in care within the homelessness and prison⁴⁹ populations, and the under-representation in higher education, is telling in this regard.

Wellbeing requires networks of healthy, caring relationships – it is marked by interdependence not independence.

A 2016 study on the connection between child welfare and homelessness in Canada found:⁵⁰

- 57.8% of youth experiencing homelessness reported some type of involvement with child protection services over their lifetime.
- 63.1% of youth who are homeless report experiencing childhood trauma, abuse, and/or neglect - a key cause of involvement with child welfare.
- 73.3% of youth who became homeless before the age of 16 reported involvement with child protection services.
- Compared to the general public (Statistics Canada, 2011), **youth experiencing homelessness are 193 times more likely to have been involved with the child welfare system than the general public.**
- 31.5% of youth who are homeless report their first contact with the welfare system at the age of 6, with 53% reporting continued involvement beyond the age of 16.

A system of care needs to be oriented to building the relationships needed for well-being. This means orienting resources and supports to ensure relationships of care and support, including, for example, places to go back to once a young person is not formally within the ambit of the child protection system. There should be enduring connections and relationships of care built that will be there when things get rough, or to celebrate when things go well, or to return to for holidays, etc. It was helpful within the Inquiry to consider the significant attention the issue of “care leavers” has drawn in the United Kingdom.⁵¹

A system of care needs to be oriented to building the relationships needed for wellbeing.

Care is a shared responsibility with multiple entry points that need to be connected and integrated.

This understanding influenced the work of the Inquiry and the effort to engage all those across systems and in the community who are concerned with children and youth in need of care in a range of ways. This focus

was much broader than the current child protection system and the parameters of its care. Care is a shared responsibility with multiple entry points that need to be connected and integrated.

Through the Inquiry, we came to understand how the view of care shapes the idea that young people are either in or out of care. This is also evident in the extent to which the system’s focus is on the

entry point to care — on “taking kids into care” or the prospects of doing so. This characterizes the State’s role in care rather than considering its part in the care network alongside others who are connected to care. On the systems’ terms, care becomes either/or: you’re in or out, and this shapes responsibilities and resources for care. During the Inquiry, we learned of the efforts underway within the system to intervene earlier and in more supportive ways with families. However, such efforts generally remain within the frame of the care system and have been led or controlled within the ambit of child protection. This has made it difficult to navigate the jurisdictional relationship with other departments, agencies, and, importantly, with families and communities.

The siloed and fragmented view of care and its significance was evident in the Inquiry’s efforts to engage partners/parties. One of the challenges in the initial work of the Inquiry was to build an understanding of the role and responsibilities of various systems and stakeholders for the issues and work of the Restorative Inquiry. As explained in Chapter 2, the initial stage of the Inquiry focused on relationship-building. This included building awareness and understanding of parties’ relationships/connections to the central issues and among one another in relation to these issues. This required overcoming siloed and fragmented ways of thinking about care, responses to failures of care, and racism.

Placing young people at the centre revealed how silos carve up the experiences and needs of young people in ways that are not reflective of their lives.

To reveal and build these connections, the Inquiry did not approach the issues in terms of the jurisdiction of departments or the way systems interact or serve young people. Rather, we started from the story of the Home through the perspective of those most affected and continued to place young people and families at the centre when considering the current situation. Starting with children, young people, and their families cut across the various silos because their experiences and needs are not fragmented. For example, it is not possible to assign the task of ensuring young people are loved and feeling valued to one system, department, or program. Similarly, the need for young people to have a consistent, caring adult in their life cannot be the concern just of the Department of Community Services and social workers; young people look to education, health, and the community to meet this need. Placing young people at the centre revealed how silos carve up the experiences and needs of young people in ways that are not reflective of their lives. The Inquiry processes also revealed the importance of connections — of relationships — to young people. Silos and fragmentation not only divide up issues and needs according to system mandates, but, in the process, often separate individuals from their contexts — from their identity as part of families and communities — and deal with them as clients or subject matters of a system. Given the significance of relationships to young people’s well-being and, indeed, to their identity, the impact of silos can result in harmful fragmentation in young people’s sense of themselves and their sense of belonging. Coming to understand these impacts of silos and fragmentation brought clarity and urgency to the need for a shift to a system of care that is holistic and integrated.

It also became clear through the Inquiry that such integration requires more than support to navigate the existing siloed systems, and more than efforts to coordinate the silos. Such efforts may mitigate some of the inefficiency or frustrations at an operational level; however, in as much as such solutions leave the structural silos and fragmentation in place, they do not achieve the shift in care needed. This key learning was also identified by the United Kingdom's Department for Education, Children's Social Care Innovation Programme. Following the first wave of the Programme, based on the evaluation of 17 projects, they determined that better outcomes for children and young people required more than making it easier to deal with multiple systems by coordinating how issues and children will be passed from system to system according to their issues. It requires a substantial change in how the system works.⁵²

...better outcomes for children and young people requires more than making it easier to deal with multiple systems by coordinating how issues and children will be passed from system to system...

ii. Between Government and Community and within Community

As explained in Chapter 3, the historical divisions between private/public and Government and community institutions and agencies in child welfare had a significant impact on the story and experience of the Home. The Inquiry found that this is not a thing of the past. The divisions between system and community care efforts, and between both and the young people and families they seek to support, is another example of the siloed and fragmented nature of care.

The reference to "system" in the system of care the Inquiry is concerned with is not limited to the formal Government systems, but refers to the broader system of care, including community-level systems and networks of care.

We also came to understand through the Inquiry that silos and fragmentation exist at the community level as well.

There continues to be clear and significant silos between community-based care organizations and efforts and Government care systems. Through the Inquiry, we also came to understand that silos and fragmentation exist at the community level as well. In no small part, this is a result of the influence of Government structures, systems, and funding models at the community level with respect to community-based programs and services.

As we saw in the origins and history of the Home in Chapter 3, silos and fragmentation exist across communities and within communities between the leaders and grassroots. In the case of the African Nova Scotian Community, these silos and fragmentation are, in part, a structural impact

Community-based care organizations are often more aware of the interconnected and integrated needs of young people, families and community and, therefore, often see the need for more holistic integrated care.

of racism and the way the white establishment and Government engages with the Black community.

Community-based care organizations are often more aware of the interconnected and integrated needs of young people, families, and community and, therefore, often see the

need for more holistic, integrated care. However, the ability to appreciate the need does not translate into the willingness or ability to work in collaborative and integrated ways. This is especially true if it requires sharing of scarce resources, or sharing or ceding specialization over an issue or service area within the community.

This then distracts attention from the fact that, at its core, care is about relationship. This view of care as a system or service reinforces the subsidiary role of community in care. As a result, community engagement in care is generally the purview of organizations and often through programs and services funded by Government.

Shifting the view of care as a matter of relationship would draw attention to the nature of relationships and connections required for care. This would bring to the foreground the significance of family and community relations. The role of parents, family (related or chosen), and community become more central to the idea of care than systems and services. The UK Department of Education's Children's Social Care Innovation Programme's learning summary from their work to bring positive outcomes for children and families similarly found that "what makes the difference to young people's lives is the quality of the relationships they have with the carers and practitioners around them."⁵³ Recognizing care is relational – it requires relationship – also shifts the idea of protection. No longer is it sufficient to focus on protection from others or circumstances. Connection and relationships with others becomes core to protection. The work of child protection must be concerned with establishing protective relationships. This is not work that Government systems and agencies are well placed to do, at least not alone. This is work for community with their access, knowledge, and capacity to identify, build, and nurture these caring relationships. Of course, not all relationships are caring or support the care needs of young people. The work of child protection needs to be concerned with finding, supporting, and sustaining the sort of relationships young people require to be well and flourish. This is work that requires support, effort, and resources from both the Government and community. Systems of care then must be reoriented (shifted) to ensure the sort of connections needed, rather than simply serve as a mechanism to deliver a set of care services.

It is important to understand that the inability to meet needs or keep a child safe is not always indicative of a lack of care nor that the young person or parent does not care about that connection.

The relational nature of care then reflects a different understanding of young people's safety and well-being than is often articulated by care systems. Safety and well-being are often determined by a lack of risk or harm, rather than in relational terms. Of course, physical safety matters to well-being and there are circumstances where that cannot be provided or where the basic physical and emotional needs cannot be met. In such cases, intervention is needed to secure a different plan for a living arrangement. Ending a living arrangement is often approached as if it is ending care (perhaps as signified by the term being "taken into care" of the State). It is important to understand that the inability to meet needs or keep

a child safe is not always indicative of a lack of care, nor that the young person or parent does not care about that connection. Indeed, we have come to understand the significance young people place on being connected to family and community. We heard that those connections are often lost or significantly diminished when the State becomes involved in care. The loss of or damage to these relationships often undermines a young person's sense of identity and belonging, which has a significant impact on well-being and safety.⁵⁴ The need for connection and relationship was described by those who have been in care as the factor that drives them to seek out relationships with parents or family after care.

The Inquiry also came to appreciate how important it is to understand families relationally. This sounds obvious since, of course, families are constituted by relationships. What we mean by this is to understand families as complex ecosystems that do not operate well in isolation.⁵⁵ They are impacted and influenced by other systems in both positive and negative ways. We cannot assess or measure families with respect to their ability to provide care without considering the systems surrounding them that impact their capacity, including social and economic structures (for example, racism and socio-economic inequality). We need to attend to the relational needs of families in terms of the systems and supports they need to be well and able to support well-being of family members. Silos and fragmentation impact families, often resulting in isolation from other systems and supports.

Viewing care relationally, through the Inquiry, revealed the value and significance of connection with family and its role in well-being. It made clear the importance of maintaining young people's connection with family. This is best achieved by supporting them to remain living with, or in close connection to, their family. The primary concern for child protection, then, should not be whether the child can remain in their home or not, but what is needed to support healthy connection with their family. Sometimes that will be possible within the existing living relationships, and sometimes it will require a change in those arrangements on a temporary or permanent basis. Figuring this out requires those who are most knowledgeable and can be helpful with respect to assessing and supporting these relationships. There is clearly a supporting role for professionals and others within formal systems in this work, but family and friends close to these relationships are key to this work as well. This makes clear how important the relationships are among caregivers (family, community, and systems) in order to ensure integrated support for care.

The primary concern for child protection, then, should not be whether the child can remain in their home or not but what is needed to support healthy connection with their family.

Attention to the siloed and fragmented nature of the current system of care and its impacts resulted in participants in the process clearly seeing the need for a shift. Through the process, participants delved deeper to identify and explore the elements involved in such a shift.

III. From Risk Averse To Needs Focused

FROM Risk adverse
(framed by liability/focused
on minimizing all risk)

TO Needs focused (support to balance risk
with wellbeing understanding inherent risks
involved in children/families)

As we discussed earlier in this chapter, the blame-based, punitive, and adversarial response to failures of care has contributed to risk aversion as a driving force in the system of care. Paul Nixon, former Chief Social Worker for New Zealand, offered his expert knowledge and support to the Inquiry. In describing the state of child welfare systems generally, he shared his view which accords with what we have come to understand about the system of care in Nova Scotia. He said:

Systems are out of date and *driven by fear* of making a mistake. This creates risk averse practice conditions in which agencies focus on making a *defensible* decision rather than making the *right* decision.

Enduring obsessions with ‘risk’ and ‘risk assessment’ in statutory child protection systems seem not entirely motivated by concerns about the safety of children; they are just as likely to be driven by the need to provide mechanisms to ration resources and allocate accountability and subsequently blame (usually to social workers) when things go wrong.

This risk focus is clearly concerned with risks *to* the system, but it has also shaped the view of what children and young people need. Their needs are now often characterized through the lens of risk factors.

The focus on risk seems so pervasive and consuming, in part, because of the nature of child protection. Risk is often perceived when things are unpredictable or uncontrollable. Child protection is an inherently uncertain enterprise — there are so many variable factors, including the changing nature and needs of young people, the dynamic and fluid nature of relationships, and the interconnected ecosystem of families. Child protection is, therefore, by its very nature, laden with risk. The Munro Review of Child Protection in the UK also identified that the uncertain nature of child protection is related to the fact that abuse and neglect often happen within the privacy of the family home and can be concealed. Uncertainty also results from having to make predictions about the future safety of young people with limited and imperfect information.⁵⁶ This nature of child protection led Munro to call for a recognition that risk cannot be eliminated because:

Uncertainty pervades the work of child protection. Many of the imbalances in the current system arise from efforts to deal with that uncertainty by assessing and managing risk. Risk management cannot eradicate risk; it can only try to

reduce the probability of harm. The big problem for society (and consequently for professionals) is working out a realistic expectation of professionals' ability to predict the future and manage risk of harm to children and young people.⁵⁷

The predictive nature of care is related to what the Munro Review identified as the significant problem with hindsight bias in assessing risk. Munro explained:

Mistakes in assessing risk can be either of under-estimating (false negative) or over-estimating (false positive) the danger to the child. With hindsight, it can be deemed that the child was left in an unsafe home or was removed without sufficient cause. The former kind of mistake is more easily seen so there is more pressure in general to avoid false negatives than false positives. However, there seems a predictable rhythm to society's pressure. Fluctuations in public attitudes to removing children from their birth families are linked to major media coverage of mistakes.

...

It is important to be aware how much hindsight distorts our judgment about the predictability of an adverse outcome. Once we know that the outcome was tragic, we look backwards from it and it seems clear which assessments or actions were critical in leading to that outcome. ... The hindsight bias:

'oversimplifies or trivialises the situation confronting the practitioners and masks the processes affecting practitioner behaviour before-the-fact. Hindsight bias blocks our ability to see the deeper story of systematic factors that predictably shape human performance.'⁵⁸

The focus on risk and risk factors has another disadvantage, it overshadows or obscures attention within the child protection system to protective factors for children and youth. Protective factors are often the flip side of risk factors. They are what supports a young person's well-being. The New Zealand White Paper for Vulnerable Children described protective factors this way:

While addressing risk factors is often the focus of prevention activities, building protective factors is also important. To some extent, protective factors are the inverse of risk factors: in the absence of risks such as those set out above, children are much more likely to thrive. For example, economic resources provide a buffer against poor outcomes, as do good-quality housing and parents who avoid behaviours that can jeopardise the wellbeing of children.⁵⁹

According to the New Zealand White Paper for Vulnerable Children (2012), research has identified a range of other factors that help to protect children against poor outcomes, even in the presence of other risks. These factors include:

- Parental-child attachment
- Positive parenting
- Family stability
- Social support
- Social capital
- Parents' knowledge about child development
- Family traits and practices, including cohesion, belief systems, coping strategies and communication patterns
- Cultural identity
- Community cohesion
- High-quality ECE centres and schools

This shift to a focus on protective factors also reveals the need for a relational analysis of risk as it draws attention to the context, causes, and circumstances needed for well-being. The absence of these factors generates risk for harm. One of the issues with the current system-centred approach is that it focuses on individual clients (young people) and generally on a narrow range of their life circumstances to determine risk. This focus typically finds risk emanating from those responsible for care (caregivers – often parents) either by their actions or lack of action to mitigate or address other external risk factors. As Featherstone et al. argue:

...it is time to question a child protection project that colludes with a view that the greatest threats to children's safety and well-being are posed by their parents' or carers' intentional negligence or abuse. This project has created systems that convert the need for help into evidence of risk, and operate with a crudely reductive and punitive understanding.⁶⁰

Viewing risk then, in this individualized way (as discussed in Chapter 5 Part 3 and in this chapter regarding the responses to failure and accountability frameworks) obscures systemic factors. The preoccupation with risk

at an individualized level in child welfare systems results in a search for harmful actors – for those who are to blame. Solutions are aimed at controlling or managing those harmful actors and actions. Munro sees this as related to the problem of hindsight bias:

Hindsight bias has influenced the authors of many of the SCRs [serious case reviews] conducted when children, known to services, die or are seriously injured. The most frequent conclusions are that the faulty practice is due to human error: with hindsight it looks as if, for example, the teacher or social worker 'should have' been able to see the danger to the child and ought to have acted differently. In this respect, child protection has followed the pattern of other inquiries in high risk areas of work in concluding that human error was the problem. There is, indeed, a common pattern across different areas of work of about 70–80 per cent of inquiries concluding that human error was a significant cause.⁶¹

The focus is on addressing individual behaviour and not system and societal change. Avoiding this mistake has been one of the driving factors in the choice and design of this Restorative Inquiry. Through our broader examination of what happened in the Home, we have come to understand the significant structural and contextual issues that shaped individual actions and reactions. Without this understanding, we would have missed what matters most about the history and experience of the Home for making a difference in the future. We would have been left to apportion blame among individuals and institutions without the information needed to understand why and how the harm and abuse happened. Featherstone et al., raise questions that are seldom attended to in the context of assessing child welfare and call for a shift in keeping with the one advocated for through the Restorative Inquiry.

Child protection has become inextricably linked with the failure of professionals to prevent children dying at the hands of parents or carers. However, the numbers of such deaths are very low and appear to be in long-term decline. Comparatively speaking many more children and young people are dying from what would appear to be avoidable reasons such as poverty and associated issues. Why the lack of attention to this from across society, including those constituencies concerned with child protection? Why are its social determinants obscured in the emphasis on parental intentionality and culpability?⁶²

Such a change should, they suggest, employ a social model that reflects the shift in approach we have come to see as necessary through the Restorative Inquiry.

The social model has challenged thinking across a range of fields, including disability and mental health, leading to change in policy and practice. It has proved particularly compatible with the 'social' in social work and provided a philosophy and framework for articulating practices that challenge dominant biomedical models and their narrow focus on individual impairments, disease and risk. The social model specifically draws attention to the economic, environmental and cultural barriers faced by people with differing levels of (dis)ability. We explore its utility for 'child protection'; an area of work in England that is dominated by a focus on risk and risk aversion. This area has paid limited attention to the economic, environmental and cultural barriers to ensuring children and young people are cared for safely within families and communities and obscures the social determinants of much of the harms they experience.⁶³

There need to shift attention in this way is particularly urgent where there are significant structural and systemic inequalities and factors like systemic racism (as exemplified in the case of the Home) that are foundational to the risks and harms young people experience and key to

A broader understanding of the nature of risk and protective factors does not mean that we should not attend to risks young people face. On the contrary, it calls for a more significant commitment to attend to risks at both at the individual and systemic/structural levels but not in isolation from one another.

their protection. As we discussed in Part 1 of Chapter 5, one cannot attend to racism only by looking for racists or individual racist acts because this will miss the systemic and structural nature of racism.

A broader understanding of the nature of risk and protective factors does not mean that we should not attend to risks young people face. On the contrary, it calls for a more significant commitment to attend to risks at both at the individual and systemic/structural levels but not in isolation from one another.

Munro recommends a shift from a “risk management” approach which trades on the idea that risk can be avoided or eliminated to an approach she calls “risk sensible.”⁶⁴ Being risk sensible, accepts the inherent riskiness of care and of the lives of young people and aims to minimize the probability of harm.⁶⁵ This accords with the fundamental commitment and approach underlying the Restorative Inquiry to “do no further harm.” In this respect we came to see potential for a harm reduction approach within the system of care.⁶⁶ An approach developed within the field of drug treatment as a pragmatic response that focuses on keeping people safe and minimizing harm associated with risky circumstances and behaviours, while recognizing that the circumstances and behaviour may continue despite the risks. The idea of harm reduction as focused on the conditions, circumstances and needs of those affected to minimize harm offers a helpful shift from the perspective of risk aversion.⁶⁷

Shifting away from a central focus on risk avoidance would also support a move away from individualized blame. As discussed earlier in this chapter the current approach to accountability is generally focused on allocating blame. This often results in blaming individuals when things go wrong. The focus on risk in the context of care contributes to the propensity toward ascribing blame. As discussed in Part 1 of this Chapter this blaming approach results in defensiveness or what Munro refers to as a defensive system. Munro explains that “[c]oncern with managing uncertainty has been affected by the level of public outcry when mistakes are made, so there has been a shift towards defensive practice where a concern with protecting oneself or one’s agency has completed, and sometimes overridden, a concern with protecting children.”⁶⁸ This defensive character of the system has led to increased formal regulation through rules and procedures dependent on blame-based accountability and punitive enforcement measures.

The focus on risk in the context of care contributes to the propensity toward ascribing blame.

IV. From Formal Regulation to Responsive Regulation

FROM formal regulation focused on compliance with fixed structures, regulations and rule, values certainty – permanence.

TO formal regulation focused on compliance with fixed structures, regulations and rule, values certainty – permanence.

The nature of care, as discussed above, is inherently relational and laden with uncertainty. It is not only uncertain, as discussed above, because of the subjects of care work are human beings; it is also human beings within systems and communities that do the work of care. Human beings make mistakes and generate risk in the course of doing this very difficult work. Systems, in turn, try to control these human beings to ensure the needs and interests of the system are met and to protect the system from blame for mistakes or harms. Munro's review of child protection offers a helpful analysis of how the system seeks to control for this human risk factor.

Human beings make mistakes and generate risk in the course of doing this very difficult work. Systems, in turn, try to control these human beings to ensure the needs and interests of the system are met and to protect the system from blame for mistakes or harms.

When it is concluded that human error is a significant causal factor, the customary, and understandable, solution has been to find ways of controlling people so that they do not make these mistakes. The three main mechanisms are: psychological pressure on professionals to try harder; reducing the scope for individual judgment by adding procedures and rules; and increasing the level of monitorings to ensure compliance with them. This has been the repeated response in child protection. Each inquiry adds a few more rules to the book, increases the pressure on staff to comply with procedures, and strengthens the mechanisms for monitoring and inspecting practice so that non-compliance can be detected. ... Each addition in isolation makes sense but the cumulative effect is to create a work environment full of obstacles to keeping a clear focus on meeting the needs of children.⁶⁹

As a result of this focus on regulating those providing care, rules and procedures are central to the work of child protection. As Nixon identifies:

[a] key challenge facing social work is that it is now delivered through complex bureaucratic structures with increasing attention paid to managerial and procedural mechanisms to deal with children's placement needs. Set within strict agency standards, procedures and courts can lead decision making –

with little time or space for social workers to develop partnerships with families (Freeman and Hunt 1999, Smale et al 2000, Adams 2003). Child protection and risk management have dominated contemporary social work thinking and practice (Parton 2001).⁷⁰

The formal regulation of child welfare is evident in the approach to cases through case management rules and procedures. This shapes the view and approach of systems to care. Cases are viewed through the lens of procedures rather than starting from the experience and needs of the parties involved to determine how best to respond. Throughout the Inquiry, we heard the frustration that results for those who work within the system of care. They echo the very same concerns reflected in Munro's finding that:

Cases are viewed through the lens of procedures rather than starting from the experience and needs of the parties involved to determine how best to respond.

...such an approach provides an incomplete account of the intricacies of working with children and families for many of the professionals involved in child protection. It undervalues the fact that the work is done *in relationship* with children and family members so that the importance of continuity in human relationships is overlooked, causing considerable distress to children and parents.⁷¹

Inquiry participants from across sectors and systems of care expressed that the focus is too often on doing things right (according to rules and procedures) rather than doing the right thing (doing right by children and families).

Through the Inquiry, we have come to understand that this approach causes significant distress for many working within the system of care (both in Government and in community). Those working within or alongside care systems shared how difficult it is to work in ways that do not prioritize or sufficiently support relationship building as core to the work of care. In this respect, the rhetoric of the system — as valuing children and families — does not always, or even often, feel like it is reflected in the structure, approach, and operations of the system. We learned the toll this takes on those working within the system. It has contributed to high staff turnover and burnout, which, in turn, undermines relational consistency for children, young people, and families. Inquiry participants from across sectors and systems of care expressed that the focus is too often on doing things right (according to rules and procedures) rather than doing the right thing (doing right by children and families).

Doing right by young people and families requires more than rules and procedures. We have come to understand that a shift is needed to a principled approach. Care requires the ability to be flexible and responsive. This requires a move away from fixed compliance and rule-based models of practice to principle-based models. We have come to understand then that a significant element in the shift to a human-centred approach is to guide practice by adherence to relational principles. This is not to suggest that individuals working in the system of care are somehow unprincipled. The call for a principle-based approach

Doing right by young people and families requires more than rules and procedures. We have come to understand that a shift is needed to a principled approach. Care requires the ability to be flexible and responsive.

seeks to guide how things are done at the levels of systems, policies, procedures, and practice. This Restorative Inquiry offers an example of how relational principles can support responsive regulation in practice. Another significant example can be found in the Nova Scotia Restorative Justice Program that is guided by similar relational principles (as listed earlier in this Chapter). Parties in the Inquiry saw the importance of a principle-based model of practice to ensure that *why* (the purpose) of supporting and sustaining relationships of care informs *how* things are done within the system of care and to assess whether we are doing the right things in *what* we do.

This shift will require stepping back from the formal regulatory model currently in place and its reliance on strict rules and procedures. This recognition led the Munro Review to recommend, for example, that:

Government revise statutory, multi-agency guidance to remove unnecessary or unhelpful prescription and focus only on essential rules for effective multi-agency working and on the principles that underpin good practice. For example, the prescribed timescales for social work assessments should be removed, since they distort practice. The underlying principle of timeliness is important and should be applied to the whole process of helping a child or young person, not just the early stage of assessment.⁷²

Such principles would then inform an overall care strategy and the approach to services and supports. Paul Nixon shared a New Zealand-based example of principle-based guidance for the provision of services in the care system.

Services for Children and Young People in Care are to be planned, developed and delivered according to the following key principles:

- Children's and Young people's Best Interests are the paramount consideration in all matters relating to the Child or Young Person.
- Cultural Responsiveness and Respect for diversity and different cultures, values and ways of raising children that reinforce children's sense of belonging, positive self-identity and culture.
- Participation of children, young people and family is to be meaningful in all stages of assessment, decision-making and review. This will also apply to service development and evaluation.
- Outcome focussed approaches will guide planning. Progress will be monitored and reviewed against the five key outcomes for children.
- Care Planning that is child centred ensuring children have high quality assessments of their needs and excellent care planning and matching of their needs to placements and services. This also require through monitoring of plans with timescales and specified outcomes.
- Evidence informed practice will help shape assessment, decision making and services. Research evidence and local evaluation of outcomes for children, will determine our interventions and services.
- Children will be supported to grow up in their own family wherever possible. Children should be prevented from entering the Care system when alternatives in their family or community can be found. Family support services will be solution focussed and strengths based.
- Placement with wider family or friends will be the first choice for those children unable to be cared for by their parents. Services will actively seek to identify and engage wider family through FGCs and through family networks to find appropriate care solutions for vulnerable children.
- Multi agency partnerships will be used to deliver a range of services for individual children who are vulnerable. Strategic planning will be conducted on an inclusive interagency basis.
- Permanent care and Home for Life arrangements providing lasting family relationships will be sought for children who are in care. Excellent planning is vital. This means ensuring that most children move swiftly out of the care system to permanent care arrangements through; reunification to parents, family, Home for Life, Adoption or moving to independence. The use of legal orders to support these placements is encouraged. In all cases drift in care planning must be avoided.
- Sustaining relationships for children and being close to their community is a key factor in making plans about where children should live. Placements should be sought that provide continuity and sustain links for children promoting contact with family, friends and where possible school.
- Longer-term Care placements must be rare and especially justified. These placements must have distinct therapeutic goals, with clear plans and timescales for the child's exit from care. The placement type must have clearly agreed therapeutic goals are closely monitored and frequently reviewed.
- Practice standards will help drive professional practice and will be developed with practitioners and service users. Practice, performance and quality are measured against standards and good quality supervision and training will be provided to equip staff to meet these goals.

This example is a helpful illustration of implementing the shift sought through the Inquiry. Rules and procedures that are developed to support case management and practice would have to reflect these principles. Importantly, this enables flexibility in the application of such rules and procedures as required to fulfil these principled commitments.

As discussed in Part 1 of this Chapter, a principle-based approach should support a shift from a focus on compliance with rules and procedures as a means of regulating the system of care. Instead, what is needed to ensure good practice is support for reflection and learning about what these principles require within the system of care. This will enable regulation that is responsive to the uncertain and complex nature of care. This approach also, as noted earlier in this Chapter, needs to shape the response when things go wrong in the system. Failures are often blamed on inadequate compliance with regulations or inadequate rules and procedures. In response, enforcement is often increased to ensure better compliance in future or to adjust or add rules and procedures. The response seldom considers whether the compliance culture itself was part of the problem.

Instead of backward-focused blaming, what is needed is a broader consideration of why a failure occurred. This requires a process oriented to learning and understanding the contexts, causes, and circumstances that contributed to the situation. The Restorative Inquiry has modelled this learning approach.

As discussed in the previous section regarding responses to abuse, it is difficult to support such a learning approach in a defensive system. Since the blame-oriented response to failures contributes significantly to this defensive posture of the system, careful attention will need to be paid to the nature of investigations and reviews, both internal and external. The Munro Review was tasked specifically with considering how the United Kingdom's version of such investigations/reviews (called serious case reviews) could be improved. It notes that the serious case review model has come under significant criticism for creating a process in which people are fearful and unsupported. Ofsted, the UK oversight agency, concluded: "Serious Case Reviews were generally successful at identifying what had happened to the children concerned, but were less effective at addressing why."⁷³

Investigations and reviews typically focus on allocating blame for what happened (generally focused on the professionals involved) and are prescriptive in their response. As noted above:

[t]he problem with such a prescriptive approach is that without sufficient understanding of what is making it difficult for staff to comply to certain standards or procedures in the first place, renewing and revising those procedures or reminding professionals of their existence, is unlikely to be effective in securing or sustaining the desired change.⁷⁴

Such an approach then will not support a shift to human-centred care. The shift requires a change in the blaming culture that leads people to be protective and defensive rather than open and transparent in the efforts to determine what happened and why. The Restorative Inquiry has modelled and determined the need to replace this blaming culture with a culture focused on learning and understanding. It is instructive that Munro's comprehensive assessment of child protection in the UK came to this same conclusion. Munro presented the case for moving from a compliance to a learning culture. She argued that:

The Restorative Inquiry has modelled and determined the need to replace this blaming culture with a culture focused on learning and understanding.

The complexity of the multi-agency child protection system heightens the need for continual and reliable feedback about how the system is performing. This is in order that organisations can learn about what is working well and identify emerging problems and so adapt accordingly. Such a learning culture is needed both within and between agencies. It needs to include people at all levels in organisations, from the frontline workers engaging with families, to the most senior managers in hierarchies. Mechanisms for generating organisational learning are therefore also valuable forms of multi-agency training. These provide opportunities for people to better understand their relative roles and areas of expertise across agencies and how they can best work together and support each other in their common goal of helping children and families.⁷⁵

As discussed at length in Chapter 4, similar concerns about the traditional approach of public inquiries motivated former residents to seek a different path through this Restorative Inquiry. Through this Inquiry process, participants have come to understand the significance and opportunity of a learning culture for responding to failures of care and supporting a successful system of care.

Notable for the next element in the shift to human-centred approach, one of the concerns expressed by Ofsted's regarding the effectiveness of serious case reviews was the lack of involvement in the processes by those affected – by children, young people, and their families. This speaks to the need for professionals to share control and authority with young people and their families.

Through this Inquiry process participants have come to understand the significance and opportunity of a learning culture for responding to failures of care and supporting a successful system of care.

V. From Professional Controlled to child/family/community led

FROM professional controlled

TO child/family/community led

Social workers and other professionals within the current child protection system are called on to balance the rights of children to have a voice and be safe, the responsibilities of parents to care for their own family, and the role of the State to intervene in family life when the child's safety requires it. How to strike this balance is often unclear and highly contested. Courts are generally ill equipped to deal with the inherent tensions in this work, so professionals within care agencies are expected, but often not required or held to account, to work in partnership with children and their families. Partnership is a central theme in many child protection policies and is reflected in most of the recent reviews and reforms. Paul Nixon shared with the Inquiry his assessment that across child welfare systems, statutory social workers have been slow to engage the kinship, social and informal networks around children. A lack of involvement by family, leaves families feeling uncertain or uncommitted to plans imposed on them by social workers, which is often then misinterpreted by social workers as a lack of family commitment to children. This cycle of mistrust and misunderstanding leaves both sides expecting the worst of each other. There is a significant body of research and knowledge to show how effective collaboration around and with children is more effective.

As we heard in the Inquiry, Nova Scotia is similar in its stated commitment to partnership and the struggle to realize it in practice. For example, there is a clear commitment to partnership in the transformation agenda underway within the Department of Community Services. This commitment to partnership clearly aims to ease the tension among the different rights, responsibilities, and roles involved in care. However, on the ground this idea or commitment to partnership in Nova Scotia (as elsewhere) is an idea in search of an approach to practice that would make it real.

This element of the shift should not be read as a criticism of professionalism in social work or elsewhere. We have come to appreciate the significant contribution of knowledge and expertise by social workers and other professionals in the system of care. However, we have also learned that the shift to a human-centred approach requires attention to the role professionals play and how they play them within the system of care. A system-centred approach results in decision-making and the processes through which decisions are made being largely controlled by professionals working for the system. This is a characteristic of the approach of the system and the way it structures the role and relationships of professionals, rather than inherent in the nature of professionals. Professionalism, in and of itself, is not the issue. Rather, it is

Professionalism, in and of itself, is not the issue. Rather, it is how professionals are captured and deployed by a system-centred approach in service of system imperatives that is the issue.

how professionals are captured and deployed by a system-centred approach in service of system imperatives that is the issue. Ian Hyslop sees this reflected in the significant move to a management approach within the system of care, and to social work, teaching, and other caring professions in recent years.⁷⁶

The shift from system-centred then does not call for a shift away from knowledgeable and skilled professionals but it does entail a transformation in their role and approach. It would refocus the knowledge and efforts of social workers and other professionals to work *with* and *alongside* families in support of their decision-making and plans and not that of the system.

VI. From institutional/stranger care to care by family/friends/community

FROM institutional/stranger care

TO care by family/friends/community

One of the significant elements of the shift to a human-centred approach and the different understanding of care it brings is a recognition of the importance of supporting care within family care networks. Elisabetta Carrà describes this approach using the term “personalization.” She explains:

Personalization, an innovative model to design human services, has started to spread in European welfare regimes since the early 2000s: referring to ‘person’ rather than an individual highlights that the human being is a subject embedded *within* a network of relations, beginning with *family*...⁷⁷

Carrà contrasts this approach with the significant move within modern welfare regimes to what she calls “defamilization” which strives to “make individuals independent from family and intergenerational relationships.” This approach views “family social capital as a hinderance rather than a facilitator of social wellbeing.”⁷⁸ Interestingly, she identifies this view with, among others, the Swedish welfare State, a State that is generally considered one of the most advanced in the world. Her insight here is an important one for the shift we seek to support. While the Swedish approach to welfare is often described as socialist because of the central role of the State in the provision of social care, it is not, Carrà argues, collectivist — or relational. In fact, she points out, its “welfare policies and family law are aimed at making individuals autonomous from family (women from men, children from parents, elderly from young people).”⁷⁹ This individualism then pits family norms against community norms and, thus, views families as a threat to State power and control. This is an important insight about the shift that is needed in terms of the role of the State supporting and empowering families and communities rather than replacing them. As Carrà argues, it requires ensuring “family relations and their wellbeing are the cornerstones of policies,

programs and practices.”⁸⁰ This will require sharing power and authority with families and other relational networks in the provision of care. At the core of this shift is a recognition that “individuals wellbeing is closely interwoven with their family relationships’ wellbeing and it cannot be pursued unless a family lens has been adopted and the whole family is engaged in the process of producing wellbeing.”⁸¹ This entails a shift in focus then from individual well-being to “relational well-being.”

This would shift the norms and ideals of the system of care away from care by institutions and strangers as the primary focus of the system to facilitating and resourcing care by family and friends. It would require a shift from care by the system as the norm to community-based care. This does not mean there would be no role for institutional care in a human-centred system, but such care would never be primary or the default mechanism. Even when such mechanisms are required, they would not replace or oust the involvement of family and care networks.

The shift to human-centred care requires significant investment and support of kinship (family) care as central to the system of care. The move to kinship care is about more than de-institutionalization or changing preferred placement options. It entails a reorientation of the system of care akin to the shift we propose to support the conditions required for successful kinship care.

In 2007, Nixon’s study on kinship care noted that:

Kinship care – also known as relative care, network care, kin care, and often called family and friends care in the UK – is attracting increasing international interest. This common child-rearing practice exists in families and communities throughout the world, but there is now a distinct re-emergence of professional and political interest in this type of care for children who cannot live with their parents.⁸²

The meaning of “family” in kinship care is broadly defined. Nixon explains that “contemporary professional orthodoxy tended to reduce the concept of ‘family’ to parents ... children and parents often perceive their family in broader terms, seeing relations and friends as natural networks and sources of support.”⁸³ Kinship care generally aligns with families’ own sense of their relational networks. It is not typically limited to immediate family or even relatives. It can include friends or other people so long as they have a connection to the young person. New Zealand’s law, for example, defines kin care as “inclusive of a wide family group and states the importance of the child’s psychological attachment to carers. The family group can include anyone to ‘whom the child has a significant psychological attachment’.”⁸⁴

Nixon’s study of kinship care found that it “offers a good placement choice for many children, but places significant burdens on carers.” This burden, however, is not inherent to the nature of this type of placement, nor is it inevitable or insurmountable. Nixon attributes the burden on kinship carers to the failure of systems to adequately support such placements. Given the importance of

Given the importance of connection to family for young people's wellbeing it is incumbent upon a human-centred system of care to attend to the particular needs for kinship care to succeed.

connection to family for young people's well-being, it is incumbent upon a human-centred system of care to attend to the particular needs for kinship care to succeed. Nixon concludes that "we may need to re-think how we best organise practice and services for kinship care. ... It may require a distinct policy and service framework that delivers unique financial and support arrangements. And it may suggest a different type of social work assessment and practice tailored for kin care."⁸⁵

There has been more attention and developments with respect to kinship placements since Nixon's comprehensive review of research and practice in 2007. These include significant developments in many jurisdictions (as

discussed further below) with respect to processes supporting family-led decision-making that have increased options for kinship care. This increased use of kinship care has not generally received, however, the specialized attention and support Nixon recommended.

The move to prioritize kinship care within the system of care will require shifts in how the system of care operates. It will require, as identified in the overall shift from system to human centred, the shift **from hierarchical & imposed solutions and plans to those that are negotiated and collaborative and reflect collective responsibility and action**. The processes, practices, and the resulting plans cannot **then be driven by and reflect the culture of the system, but, rather, must reflect the culture of the families and community involved**.

VII. Supporting Kinship Care: Essential Elements

The central role of kinship care is essential to a human-centred approach to care. As we have discussed in this section, the shift to human-centred care will require significant changes in the approach, structure, policies, practices, and operation of the system of care, broadly conceived. Considering the move to kinship care during the Inquiry deepened our understanding of the implications of the shift to a human-centred system of care. It revealed several key aspects as essential for such a shift to succeed. The Inquiry identified and considered the following aspects key to kinship care:

- 1) Care oriented to the needs of children, young people, and families***
- 2) Shared responsibility for outcomes that matter for young people and their families***
- 3) Sharing information***
- 4) Trust across systems and with young people, families, and communities***
- 5) Value placed on stability through relationships not placements***
- 6) Power to make decisions/plans rests with families not systems***

Below, we have shared our learning and understanding of each element for the success of kinship care and its essential role in the overall shift to human-centred care. The insights shared in these sections are of general importance then to supporting a shift to a human-centred approach. However, the following sections are particularly important in terms of information and examples to supporting the application and implementation of the commitment to family-led decision-making described in the Chapter 7.

i. Care oriented to the needs of children, young people and families

The shift to a human-centred system will require organizing system resources to meet the needs of young people and their families. As discussed earlier in this Chapter, this requires more than being “client-centred.” In the context of child protection, this individualized approach can result in a focus on the needs or “best interests” of children in contrast, or opposition, to the needs of parents or families. This focus fails to appreciate the relational nature of children and care. Orienting the system of care to the needs of young people must start from the recognition that young people cannot be approached as isolated individuals but in the context of the relationships that are central to who they are and to their well-being.

This requires what the UK Department for Education’s Innovation Programme refers to as a “whole family approach,” which is deeply reflective of the relational approach advocated within the Inquiry.

The whole family approach means that adult behaviours and needs are seen as important to address alongside those of the child. Many models also take a strengths based approach to working with whole families, where families are seen as part of the solution and not part of the problem, being actively brought in to co-develop solutions with professionals. Relationships are prioritized over transactions, and the strength and qualities of relationships promoted within families must be mirrored in those between families and services, and within practitioner teams.⁸⁶

ii. Shared responsibility for outcomes that matter for young people and their families

A human-centred approach places children and young people (and their connections to family and community) at the centre. This means meeting these needs is the driving purpose and aim of the system of care and its work. This requires a revision of the outcomes sought by the system and against which its success is judged. We came to understand through the Inquiry, the powerful role outcomes play in orienting systems. Outcomes reflecting system purposes and goals, and not those of the people the system is mean to care for, have had a powerful influence on how systems operate.

Supporting a shift to a human-centred system then requires defining an outcomes framework centred on what matters to children and young people and their families – on what well-being

Supporting a shift to a human-centred system then requires defining an outcomes framework centred on what matters to children and young people and their families – on what wellbeing means to them.

means to them. This framework should guide the system of care. It is important to be clear that by “outcomes” we mean something different than actions. Outcomes are the result of an action. In the context of the system of care, actions are what we do: the processes, services, and support. Outcomes identify the difference we are trying to make through these actions. As explained by the What Works for Children’s Social Care Initiative, outcomes “tell

us what works – and what doesn’t work. In setting out our approach to outcomes we’re also outlining our understanding of the purpose of Children’s Social Care.”⁸⁷

Several jurisdictions have begun to consider the significance of such outcome frameworks in the context of social care for children and young people. We do not point to these examples because we think they are perfect or ready-made models.

Indeed, it is clear from these efforts that engagement with children, young people, and families is essential to create such outcome frameworks. These examples are, however, helpful to illustrate the shift in orientation of outcomes from the systems to the humans involved. New Zealand, for example, developed “wellbeing domains” as foundational to their strategy for their Children and Youth Wellbeing Strategy.

It is clear from these efforts that engagement with children, young people and families is essential to create such outcome frameworks.

In his submission in response to the strategy, the Children’s Commissioner acknowledged that well-being is a complex idea that is hard to define. Based on a lengthy review informed by the views of young people, he offered the following definition of well-being (note that the word *whānau* in the following definition is a Maori word meaning extended family relations):

Wellbeing is a positive state and not simply the absence of negatives. Children experience wellbeing when their family and *whānau* are connected and united; relationships within and beyond the family and *whānau* are thriving; family and *whānau* members support each other; there are opportunities for individual and collective growth; and all members of their family and *whānau* have their needs met. A community has achieved child wellbeing when all children and their *whānau* have their rights fulfilled and the conditions are in place to enable all children to participate in society and plan, develop and achieve meaningful lives.⁸⁸

The Commissioner developed a graphic called the “Child Wellbeing Wheel” that shows the different areas that matter for well-being. It places children's participation at the centre to signal it is essential in all areas.

In its recent guidance for professionals working in relation to care for young people, the New Zealand Government offered the following description of well-being and its relationship to safety (often the central focus of child protection). It explained:



One way to think about safety is as a part of wellbeing, not a separate thing. If there is a safety issue then [young people's] wellbeing will be affected. But not all wellbeing issues are safety issues.

[Young people's] and whānau lives vary and can be complex. There are different combinations of resilience, strengths, supports, needs, and risks that need to be considered together when thinking about worries for [young people's] wellbeing or safety. Concerns for their wellbeing or safety could be because of a one off event or because of a series of events over time.

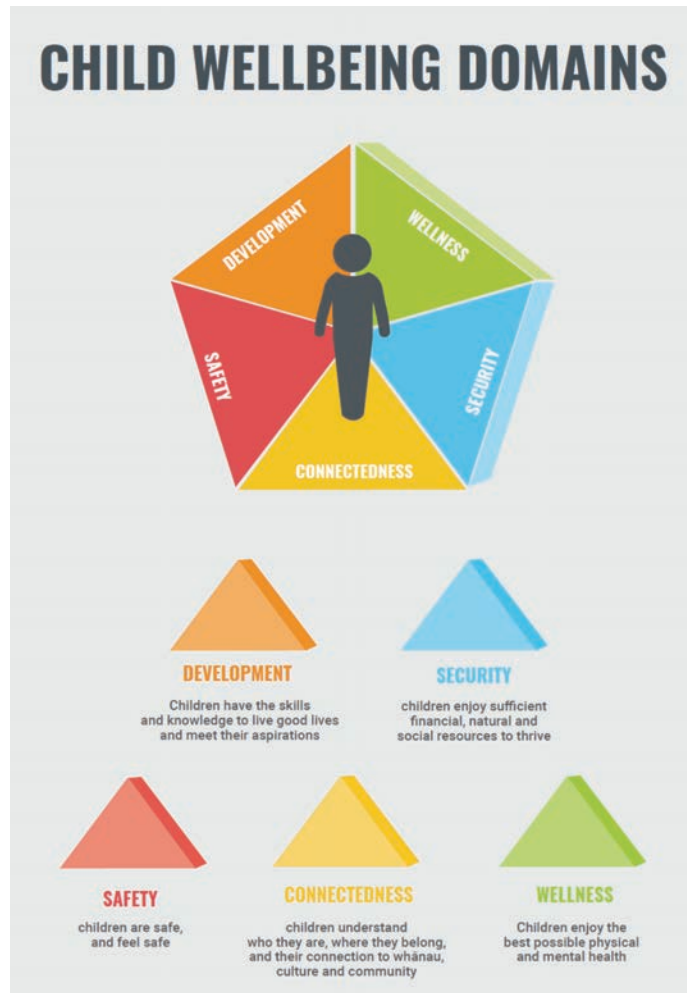
The idea of wellbeing covers a broad group of things that come together in a holistic way. They are things that relate to the welfare of [young people], help them to thrive, feel supported, safe, loved, and have a positive sense of who they are and where they belong. Exactly how wellbeing looks is different for each [young person] and whānau because in many ways it's a very personal thing. Wellbeing can include things like:

- strong positive whānau relationships
- spiritual and cultural connections
- having their developmental needs met and supported – education, behaviour, life skills and selfcare skills
- emotional resilience and support
- social and peer groups that are supportive, caring and positive
- physical and mental wellness
- security – being safe from harm, living in a safe community, having a warm dry home, having enough food.

The well-being strategy developed by the New Zealand Government focused on five domains reflective of these aspects of well-being. Notice the domains are structured hierarchically in order to indicate those needs that might require more urgent attention compared to those that may warrant a more measured, long-term response.

This model is helpful in highlighting an approach to outcomes that is human-centred rather than focused on system priorities and goals. It orients systems to outcomes important for children and youth.

The recent Nova Scotia Quality of Life Initiative (based on the Canadian Wellbeing Index developed at the University of Waterloo⁸⁹) being led by Engage Nova Scotia might also provide important insight into developing the process and substance of such outcome measures.⁹⁰



The recent report by the New Zealand Children’s Commissioner, however, offered an instructive and helpful reminder that merely shifting the outcomes to focus on children will not make the difference we seek if it remains focused at the individual level. As discussed, the shift to a human-centred approach must focus on human beings as relational and interconnected. It cannot simply replace the goals of the system with those of individual clients or consumers. It is intended to shift from an individualistic view to a relational one. The Children’s Commissioner in New Zealand argues that the current approach to the well-being domains is problematic on this front. After expressing his concern, he recommended:

...the addition of an extra wellbeing domain, or re-organisation of the existing domains and desired outcomes, to reflect the emphasis that needs to be placed on whānau/family wellbeing in order to achieve child wellbeing. If adding a separate new domain, we suggest “Children and young people are

part of thriving whānau/families” and redistributing the desired outcomes as appropriate. If amending the existing domains we suggest “Children and young people are loved, nurtured and safe in thriving whānau/families.”⁹¹

The What Works for Children’s Social Care Initiative in the UK developed an outcomes framework that recognized the significance of outcomes for children and young people and for parents, carers, and families.⁹² Their outcomes framework also recognized the importance of identifying system outcomes that are key to achieving the outcomes for young people and families. They acknowledged the danger that these may overshadow or replace the human-centred outcomes. To address this concern, the framework distinguished between “primary” outcomes (those for children and families) and “intermediate” outcomes, which are organizational factors that are key to achieving the primary outcomes. This approach ties the system outcomes to the primary focus on outcomes for young people and families.

The What Works outcomes framework draws another very helpful distinction — one between rights and outcomes. This is a very important clarification in the context of systems of care. The risk of outcomes frameworks is that they assess the success of systems of care according to whether the system/program/service “works” as judged according to whether they deliver or achieve the outcomes. The problem with this utilitarian approach to measuring success is that it suggests the value of working in these ways is related to what they produce (outcomes). It undermines then the idea that there is inherent value in attending to the voice of children or ensuring connection to family and community even if it does not produce some sort of outcome — if it cannot be shown to “work” by some measure. This approach is particularly problematic when outcomes are determined by the needs of the system and not the people it serves.

The revision of outcomes from system to human focused is somewhat better on this front in that the measures are attentive to what works *for* children and young people. However, it is still potentially problematic to obscure the rights-based nature of the entitlements of children and young people to have their voices heard in decision-making and to have their relationships with family and community protected. There is inherent value in these rights whether they can be shown to achieve some outcome or not. Indeed, they are human rights because they “work” to recognize and realize inherent human dignity and respect. The rights of children and young people, as articulated in the United Nations Convention on the Rights of the Child (and reflected in Canadian law), are foundational to the relationships required to achieve well-being and, thus, are to be fulfilled and respected regardless of whether a particular outcome is produced. In other words, rights must structure or set the parameters for *how* such outcomes should be pursued.

We must be very careful, then, that the move to outcomes frameworks, as helpful as they are to orient and assess the system of care, do not undermine commitments to the rights of children and youth. For example, we cannot determine that ensuring children and young people have connections to family is not “working” according to outcome-based measures as a reason not to do it. Insofar as these are rights, we need, instead, to ask how we can *make it work* in order to secure the outcomes that matter for children and young people.

The City of Leeds in the UK articulated outcomes focused on children and young people and considered systems roles and responsibilities towards these outcomes through the identification of priorities and indications related to achieving the outcomes. Leeds did this as part of its commitment to be a “child friendly city,” that is, to orient the city around meeting the rights and needs of children and young people. Doing so, they realized, requires attention to families and communities because “Children live in families. Families create communities. Communities create cities.”⁹³ The city’s current business plan has updated its approach to Leeds as a “child friendly city.” The work to transform the city through this human-centred approach focuses on the well-being of children and youth is anchored in a commitment to five outcomes, pursued through eleven priorities with a particular focus on three obsessions and assessed through cross sector/system indicators of how they are doing. The outcomes for children and youth, thus, orient and guide the system of care and the very idea and identity of the city.

As one can see on the one-page plan reproduced on the following page, Leeds’ five outcomes reflect the conditions of well-being they want for all children and young people. They were developed in consultation with children, young people, and their families. The plan lists eleven priorities in order to achieve these outcomes.

A plan was developed for how Leeds will go about securing these outcomes in connection with the priorities. The plan then identifies indicators that reflect the responsibilities and contributions across systems and programs. The indicators help answer the question: How will we know how we are doing? The Leeds plan looks for evidence of progress and success through these indicators. This is all captured in an overall plan that guides people, policies, and programs connected to caring for children and youth.

The outcomes identified by children and young people for what well-being means have remarkable resonance across jurisdictions. The Inquiry heard from former residents and young people with recent experience with the care system whose articulation of what matters for well-being echoed the voices of young people elsewhere.

It is important that outcomes frameworks are based on the views of children, young people, and families. This ensures the system of care has a shared understanding of the outcomes that matter to those they care about. In doing so, it centres the system’s notion of care and efforts to provide it on human needs and interests. Such outcomes are also important to overcoming silos

Leeds Children and Young People's Plan 2018-2023



What we'll do

1

One vision

Our vision is for Leeds to be the best city in the UK and the best city for children and young people to grow up in. We want Leeds to be a child friendly city. Through our vision and obsessions we invest in children and young people to help build an increasingly prosperous and successful city. We aim to improve outcomes for all our children whilst recognising the need for outcomes to improve faster for children and young people from vulnerable and deprived backgrounds.

5

Five outcomes

Conditions of well-being we want for all our children and young people

All children and young people:

1. are safe from harm
2. do well at all levels of learning and have skills for life
3. enjoy healthy lifestyles
4. have fun growing up
5. are active citizens who feel they have a voice and influence

11

Eleven priorities

1. Help children and parents to live in safe, supportive and loving families
2. Ensure that the most vulnerable are protected
3. Support families to give children the best start in life
4. Increase the number of children and young people participating and engaging in learning
5. Improve achievement and attainment for all
6. Improve at a faster rate educational progress for children and young people
7. Improve social, emotional, and mental health and wellbeing
8. Encourage physical activity and healthy eating
9. Support young people to make good choices and minimise risk-taking behaviours
10. Help young people into adulthood, to develop life skills, and be ready for work
11. Improve access to affordable, safe, and reliable connected transport for young people

3

Three obsessions

1. Safely and appropriately reduce the number of children looked after
2. Reduce the number of young people not in education, employment and training
3. Improve achievement, attainment and attendance at school

Helping deliver the Best Council Plan and our Best City ambition of a strong economy in a compassionate city

How we'll do it



The best start in life for all children
Before and after birth, we will support parents and babies to create the conditions where attachments can form, and language skills develop.

Think Family Work Family
We will consider family relationships, the role of wider context such as friends and the local community, and how these impact on outcomes for children and young people.

Challenging Child Poverty
In acknowledging the scale and impact of poverty on families, we will work with communities and families to mitigate the impact of poverty on children's outcomes and ensure that every child grows into secure adulthood in a prosperous city

Early help – the right conversations in the right place at the right time
Building on what works well, and recognising more of our services around the Restorative Early Start (RES) approach, we will focus help to where it is needed earlier.

A stronger offer to improve social, emotional and mental health (SEMH)
We will work with our partners to develop a stronger offer to improve social, emotional and mental health (SEMH) for all children and young people. This will include working with our partners to develop a stronger offer to improve social, emotional and mental health (SEMH) for all children and young people.

Outstanding Outcomes for all children and young people
We will work with our partners to develop a stronger offer to improve social, emotional and mental health (SEMH) for all children and young people. This will include working with our partners to develop a stronger offer to improve social, emotional and mental health (SEMH) for all children and young people.

How we'll know if we've made a difference

1. Number of children looked after
2. Number of children subject to a child protection plan
3. Number of parents that have been contacted by a social worker more than one child enter care at different times
4. Number of children in need
5. Pupils achieving a good level of development at the end of the Early Years Foundation Stage (end of reception year)
6. Infant mortality rates
7. Newly created school places in good and outstanding schools
8. School attendance
9. Fixed-term exclusions from schools
10. Pupils reaching the expected standard at the end of Key Stage 2 (end of year six)
11. Progress 8 score for Leads at the end of Key Stage 4 (end of year 11)
12. Destinations of young people with special educational needs and/or a disability when they leave school
13. Progress against measures in the Future in Mind dashboard
14. Children that are a healthy weight at age 11
15. Young offenders that re-offend
16. Under-18 conception rates
17. Under-18 alcohol-related hospital admissions
18. Students achieving a level 3 qualification at age 19
19. Young people not in employment, education, or training, or whose employment status is 'not known'
20. Transport for young people indicator to be developed after further discussions with young people



Outcomes centred on the needs of children and youth do not belong to one system or another but require a shared/collective responsibility.

and fragmentation and supporting an integrated system of care. Outcomes centred on the needs of children and youth do not belong to one system or another but require a shared/collective responsibility. Children's and young people's needs are seldom carved up according to the mandates and jurisdiction of different systems,

institutions, organizations, or departments. They are often global in their application — for example, the need for love, to ensure connections to family are protected, to have information about their lives, and to be supported in making a plan for their own future, etc. These are not outcomes that apply only to young people in the child welfare system, but also to young people when they are in education, justice, or health systems. Indeed, many goals require collective efforts across these systems to achieve because they cannot be met in one system and not another without harm or undermining outcomes all together. Outcomes thus can provide common goals and orientation across various systems and services. They provide a foundation for collaborative and collective work.⁹⁴

Outcomes can provide common goals and orientation across various systems and services. They provide a foundation for collaborative and collective work.

iii. Sharing information

As discussed in Part I of this Chapter, silos are sometimes described as information silos. This is because of the significant role that information plays in governance and operations. Breaking

Breaking down barriers to collaboration and working in integrated ways will, then, require careful attention to ensuring information is shared. It is also clear that more than access to information is required.

down barriers to collaboration and working in integrated ways will require careful attention to ensuring information is shared. It is also clear that more than access to information is required. Integration requires shared understanding of information and its significance for care. How information is shared and communicated is, therefore, important. The importance of this issue was very clear during the Inquiry. Participants across sectors and systems, from Government and community-based agencies, pointed to information sharing as a significant barrier to a human-centred system and the integration and collaboration it requires. Participants identified real and perceived barriers to sharing information. Many believed that sharing information in the ways required for such integration and collaboration would be in tension (if not conflict) with

privacy law and policy. The impact of this concern with privacy seems to extend far beyond the actual intentions or parameters of the law. It is a function of the policies, practices, and attitudes through which the law is interpreted and applied. Those with knowledge and

experience in privacy law and policy acknowledged that the use of privacy as a reason not to share information often reflects misunderstandings of the intentions and parameters of the law. It is a matter of culture as much as law. They also expressed concern about a lack of clarity in the current legislation regarding how and in what instances and circumstances information can be shared. In their view, this lack of clarity has had an impact on the sharing of personal information.

Participants from Government readily recognized the need for access to information often held by other systems, and, at the same time, were protective of information they or their systems held. There was a clear recognition of how essential information and understanding is to care – for all those involved including systems, professionals, children, young people, and families.

Information is also fundamentally important for carers and for those being cared for. Young people and families cannot make plans and decisions about care, or fully engage with their care, without information. During the Inquiry, we heard from young people with experience in the care system about their frustration with the lack of information shared with them about their own lives. Former residents also shared how difficult it has been to gain access to information about their time in care. Caregivers, too, express concern about access to information needed.

The Family Rights Group in the UK, in their submission to the Munro Review, identified lack of information as one of the barriers to family engagement with the care system and in care decisions regarding their children.⁹⁵ Research confirms the need for carers (family or foster) to have more access to information.

A lack of information disadvantages carers who may be unaware of services and the choices available to them.

Carers need information that outlines roles, responsibilities, rights, support services and financial assistance, but they find it very hard to obtain such information (Richards 2001, Broad 2001). Children also expressed a need for more information about their placements and the support available (Doolan et al 2004).⁹⁶

The New Zealand guide for information sharing identified the importance of involving young people in decisions to share their information.⁹⁷ Doing so centres those whose interests and needs are often being guarded by the use of privacy laws and policies. One of the significant impacts of the way information is controlled by systems is not just the silos it creates within government, but the resulting silos between government and community and between systems and those affected/involved with the system (carers and young people).

The shift to a human-centred system of care requires an approach to information sharing that is consistent with the relational purposes and principles core to such a system. Information

The shift to a human-centred system of care requires an approach to information sharing that is consistent with the relational purposes and principles core to such a system.

Information must be shared in ways that facilitates and supports integrated working and collaboration

must be shared in ways that facilitate and support integrated working and collaboration. It must also adhere to the importance of information to empowering children, young people, and families to be active participants in decision-making and care planning.

It is important that legislation, policy, and practice related to information sharing is clear and consistent with a human-centred approach. New Zealand recently developed a guide for information sharing sought to enable “[s]afe and appropriate information sharing [that] will ensure everyone working with tamariki [young people] can collaborate in the best interests of the child.” It is aimed at professionals working within or alongside the child welfare system. It is anchored in the belief that “Information is always a real person’s story, life and experience. It should be respected and cared for in the same way we respect and care for people themselves.”⁹⁸ The information-sharing provisions apply to government and non-government services and agencies working in a wide range of areas related to care, including education, health and medical services, social services, family supports, youth services, indigenous social service organizations, cultural social services, recreation, housing, justice agencies, etc. Further, the document is clear about the importance of providing *guidance* rather than strict rules and procedures to ensuring support for care that is responsive to the circumstances and needs of those involved. It acknowledges, for example,

Professionals don’t always have the same ideas about information sharing because of their different functions, roles, skills and purposes. That’s why it’s important to use this guidance, consider the context of the situation, talk with each other, get advice, use your organization’s policies and, where it is appropriate and possible, talk with tamariki [young people] and whānau [family] when you’re making decisions about sharing.⁹⁹

It is important, though, to ensure that information sharing is done in the context of a shift in the system to be human-centred. While we clearly heard that privacy law and policy get in the way of integration and overcoming silos, it is important to acknowledge that this protection was developed for good reasons. Privacy protection provides a check on the power of systems that exercise authority and

Privacy protection provides a check on the power of systems that exercise authority and control and are often driven by their own interests. The protection seeks some measure of assurance about the reasons why, how and when information will be shared.

control and are often driven by their own interests. The protection seeks some measure of assurance about the reasons why, how, and when information will be shared.

Ian Hyslop also expressed concern about the sharing of data and information about families in the context of current systems oriented towards blaming individuals (particularly parents) for failing children. In this context, attention to information sharing is often used in support of increased surveillance, including reporting on young people and families. Hyslop was particularly critical of the New Zealand White Paper in this regard, as he worried about the move to share information about young people and families across systems unmoored from any real change in the orientation of the system.¹⁰⁰

Information sharing alone, then, will not effect a shift to a human-centred approach. However, it plays an important part in such a shift. It is also clear that information sharing in support of this shift requires attention to the nature of relationships within and with the system of care. Trusting relationships play a significant role in ensuring information is shared and in such a way that it can support human-centred care.

Trusting relationships play a significant role in ensuring information is shared and in such a way that it can support human-centered care.

iv. Trust across systems and with communities and families

What came through clearly during the Inquiry is that silos, at least in part, reflect the lack of trust that characterizes relationships within the current system of care. This lack of trust is fed by a lack of knowledge and understanding of others (by other systems, by the system of families and communities, and by families and communities of the system). This lack of trust then results in a lack of communication and unwillingness to share information and knowledge. It is a reinforcing cycle that makes it difficult to shift to integrated and collaborative models of care.

As discussed earlier in this Chapter, trust in relationships is also undermined by the system's focus on risk and blame in response to problems or mistakes. The resulting fear of failure leads to defensiveness and protectionism that erodes the trust that is essential for systems to work in integrated and innovative (responsive) ways.

It is perhaps significant that the Inquiry process itself — as a restorative process engaged in building relationships among parties and that responded to failure with a learning approach — modelled information sharing within the process. As a result, participants engaged in open and honest discussion within the process about the need to overcome information-sharing barriers in the system of care.

v. Value placed on stability through relationships not placements

The system's desire for certainty (and risk avoidance) has not only influenced the system of care, but also the system's view of care itself. Good care has thus come to be associated with certainty for children and young people in the form of stability (often sought through permanence). As discussed in Chapter 5, this concern was evident in the early preference in

child welfare in Nova Scotia for placing children in foster care over institutional care. The initial vision of institutions as ideally suited for short-term care and the move to deinstitutionalization in Nova Scotia were driven by, among other things, a concern for stability. Child protection in Nova Scotia continues to reflect this concern, including in the recent amendments to the *Children and Family Services Act* to ensure a faster timeline for placement and permanence. The concern, here, is not with the idea that stability is important for children and young people. In fact, we heard from former residents and young people with experience in care about the difficulties of being moved frequently from placement to placement. We also heard about their experiences of constant changes in assigned social workers resulting in little or no stability in terms of a caring adult presence in their lives, and, in terms of their relationship with the system. Clearly, stability is an important value for care. However, the current system-centred approach seeks stability in terms of system outcomes, that is stability or permanence of placements or care arrangements. However, this notion misses that the nature of stability required for well-being is not to be found simply in the certainty of arrangements of care. Stability comes from the certainty of supportive relationships. Things can and do change; the value of stability is related to those factors and elements that allow for resilience amid change. Given the uncertainty of children and young people's lives generally, and particularly those who need support and care, stability in terms of permanence may or may not result in well-being.

What is clear from the learning and understanding during the Inquiry is that a human-centred system requires an approach to stability that views it as being about relationships rather than care plans and placements. Viewing it this way shifts the idea of what is required to ensure stability. Valerie Braithwaite's notion of "social scaffolding" points to the importance of building relationships and the capacity for relationship as a key part of what is required for stability.¹⁰¹ She explains that building the social scaffolding needed for well-being requires learning how to be regulated by others and oneself and to use social scaffolding to build one's character and understand social life. Such social scaffolding then provides stability through the changing circumstances of life as a young person and into adulthood.

Likewise, the New Zealand White Paper identifies social capital as a protective factor for young people, noting it has been demonstrated by a number of studies to be associated with positive child well-being.¹⁰² Stability of relationships then is important not only in the relations between the young person and the carer, but also surrounding the young person and the carer. Stability of relationships also does not require that relationships remain unchanged. In fact, the inability for relationships to develop and adapt according to the changing needs of those within them is often part of what creates significant care issues. Stability then is secured through the maintenance of relationships as the constant to be relied upon. Stability of relationships is also stronger when there is interconnection amongst relationships of care — when relationships form a web of care. The shift to a human-centred approach recognizes that stability is to be found by fostering and supporting relationships of care.

vi. Power to make decisions/plans rests with families not systems

The significance of relationships for stability and care requires that building and maintaining relationships be prioritized as central to the system of care. This requires mechanisms that can ensure a meaningful role for those within the web of caring relationships surrounding a young person. Care then requires support for relational networks of care (families and connected others who care) to take up a leadership role in planning for and providing care. This cannot be led or controlled by the systems. This will require a significant shift in which systems share authority with families while retaining their responsibility to support and ensure the success of care plans for young people. It will entail a shift from doing things *for* families or (often when they are non-compliant) doing things *to* them, to working *with* families. This requires a significant shift in terms of power and authority. For the system to work *with* families, it must empower families (including the young people concerned) to make decisions regarding care. Of course, this power should not be unchecked. The State still has an obligation to ensure the safety and security of young people. However, the State can meet its responsibility by ensuring safeguards within the family's decision-making process, rather than taking over as the decision maker. Ensuring families have the power to participate meaningfully in decisions about care also requires support for the decisions and plans they make.

Care then requires support for relational networks of care (families and connected others who care) to take up a leadership role in planning for and providing care.

Involving young people and their families as decision-makers about care is a fundamental feature of the shift to a human-centred system. The New Zealand White Paper notes that “service planning that involves community helps reduce fragmentation.”¹⁰³ It enables what the Munro Review describes as an “integrated response of all who care about/for the child.”¹⁰⁴ However, for family engagement in decision making to reflect a genuine shift, it must be about more than efficient and effective coordination — for example, as a sort of one-stop shop for family and community views to be heard by different systems. While such coordination may bring the silos together and potentially reduce fragmentation, it would not necessarily overcome or reduce silos. Doing so requires integration, not just coordination. Instead, decision-making involving the family must be oriented to meet the needs of the young person and family, not the system. It must be for the family and by the family, which requires that such decision-making be family-led.

The idea of family-led decision-making is a commitment and approach that is core to a human-centred system of care. Family-led decision-making will require mechanisms and processes (such as the most familiar model: family group decision-making); it is not merely a process option but a value that shapes the approach of the system of care. Family-led decision-making is, therefore, best understood as an expression of the relational, restorative, human-centred approach we have been discussing.

The idea of family led decision-making is thus a commitment and approach core to a human-centred system of care.

The involvement of family in decision-making about care has been shown to make placements with family (immediate, extended, or others among the young person's care network) more likely.¹⁰⁵ It also protects and maintains a young person's connection to family whatever the plan for living arrangements. It makes kinship care more likely and possible.

Family-led decision-making entails a shift in approach for the system and those professionals working within the system. As Nixon explains:

In practice, practitioners are used to working with decision-making models that, conceptually and physically, are dominated by professionals. Family Group Conferences (FGCs) are one effective way of changing this by bringing families together to make shared plans for children. The systematic application of FGCs would ensure that families are fully involved in decision making and that possible kin placements are not overlooked. The FGC would enable families and professionals to collaborate, organise appropriate supports and decide how to deal with any issues of conflict.¹⁰⁶

The experience of jurisdictions around the world has shown that family group conferences (as a model of family-led decision-making) are one of the strongest models of partnership and inclusive practice and that they provide children and their families a genuine opportunity to take up their rights and responsibilities in decision-making about their own lives. Family-led decision-making mobilizes networks of family and friends to help find solutions when families are facing difficulties.

It is important to be clear here, though, that family-led decision-making does not aim to simply substitute the family in place of the system in terms of its approach to making decisions for or about young people. This would generate the concern that some have expressed about family interests and needs being privileged over young peoples'. Indeed, this concern has been a driver for the idea of "defamilization" discussed earlier in this Chapter as the need to liberate individuals from families based on the view that independence is essential to well-being. This adversarial notion of family interests vs. best interests of the child misunderstands the intention of family-led decision-making and the underlying approach it reflects. It is not about substituting the family as the centre of concern, but fostering and supporting the sort of family relationships children need to be well. The commitment to family-led decision-making is intended to take seriously the empowerment of networks of care as core to supporting well-being.

It is important to be cautious of the ways in which family-led decision making could be captured in service of other ends. This includes the potential for the idea of family "empowerment" to be a means of off-loading State responsibility for care, rather than ensuring State support for family-care plans. This concern looms particularly large in the face of austerity measures. Family-"led" decision-making about care should not leave families with all the responsibility for social care. It is

not aligned with efforts by some States to turn over their welfare responsibility to private interests and families.¹⁰⁷ This would run counter to the shift we seek to a human-centred system. Indeed, the history of the Home demonstrates the significant harms that can result by privatizing interest in care. Leaving care to the private means of families and communities is particularly problematic for marginalized communities who must rely on limited means or charity for resources.

VIII. Understanding What's Needed to Support a System Shift:

What we heard and have come to understand about the need for a fundamental shift in the approach of system of care resonates with insights from other care systems and experts. For example, the recent report from the UK Department for Education Children's Social Care Innovation Programme that funded and reviewed learnings from 17 projects in the first wave of the programme produced the Report: *What have we learned about good social work systems and practice?* The overall purpose of the Innovation Programme was to "inspire whole system change."¹⁰⁸ It is important to acknowledge that this innovation work was undertaken in the context of a commitment to austerity by the central government resulting in an emphasis on cost saving as an underlying goal of innovation. Despite this focus (and, perhaps, particularly interesting in light of it) the innovation projects identified a common concern with the lack of focus on families and young people as a system driver.

The 17 projects were significantly different in context and approach, but common themes emerged across them in terms of the system issues to be addressed. Owing to the focus on current children services, there was a particular focus on social workers in the innovation work across the projects. Our work in the Inquiry envisions change much broader in scope across systems, professions, and disciplines. There is, however, significant overlap in what we came to understand through the Inquiry about what needs to happen regarding the system of care. Across the projects, there emerged a consensus about the issue that must be addressed in order to shift government systems of care, including "importance of leadership, organizational culture, inter-agency working, accountability, workforce stability and development."¹⁰⁹

Through the Inquiry processes, we have come to appreciate the challenge of system change, particularly given the nature of the shift that is required to a human-centred system of care. This shift is about more than changing what the system does (in terms of programs and operations). It requires change rooted in a different way of thinking about *why* we do what we do, and *how* we do it, that will then result in changes to *what* we do. Change of this nature requires a holistic and integrated approach to consider the implications of this shift for the entire system of care (government and community based). It is not merely a change to government systems and the services they provide; it is a culture change with implications for the whole system of care that includes how families, communities, government and non-governmental organizations, and agencies think and act.

It is clear, however, that such a change will require particular attention and support for formal systems because they have a significant structural influence and impact on the conditions for relationships of care in communities and families. Also, it will take deliberate and sustained attention because changing formal systems is never easy or simple and is, perhaps, even more challenging when the shift is cultural as well as operational.

It will require a shift in ways of thinking and patterns of relationship at interpersonal, institutional and even societal levels. Shifting to be human-centered will require those within the system to change not just what they do but how they do things and to be committed to why this shift matters.

Participants in the Inquiry shared their knowledge and experience trying to bring about change of this nature. They were clear that it will require more than changing policies or programs or even structures to shift the system of care. It will require a shift in ways of thinking and patterns of relationships at interpersonal, institutional, and even societal levels. Shifting to be human-centred will require those within the system to change not just what they do, but also how they do things, and to be committed to *why* this shift matters. This will require attention to a range of factors that will be key to creating the conditions for and supporting such a shift.

Cameron Fincher argued the idea that simply removing barriers will allow innovation to flourish is mistaken because the impact of passive resistance and attachment to daily routines and ways of doing things is a powerful inhibitor of change.¹¹⁰ It is therefore important to consider the reasons for such passive resistance and to support those within systems

to make such a shift. Addressing this barrier requires development of a shared understanding and commitment to why the shift is needed – its purpose. Leaders of the change in children's services in Leeds emphasized with participants in the Restorative Inquiry the importance of developing a shared “why” or vision. This vision needs to be communicated clearly and consistently to support collective commitment and collaboration needed for change. John Braithwaite's experience of responsive regulation in the context of the aged-care system also made clear that the response to resistance (passive or otherwise) is not likely to be effective if it is met with a punitive response. While he acknowledges that deterrence is important, it does not work on its own. Threats, he finds, are an ineffective way to gain control. He makes the case for a mix of regulatory strategies and notes that much of the effective work is done in informal, relational ways before escalating to more formal responses. In particular, he notes the effective use of praise and positive feedback (support) in efforts to bring about change and improvement of care.

As discussed earlier in this chapter then, it is particularly important to consider how the system will respond to resistance or failure at the individual and collective level because of the impact it has on the culture of the system. Change is made more difficult by defensiveness because it makes it hard to take the risks required for learning and change.

The experience of the Inquiry itself has made clear that shifting to a different way of thinking and working requires sustained attention and time. It requires patience to lay the groundwork and build the capacity needed to support and sustain such a shift. The nature and scale of the shift envisioned is not likely to progress in a straightforward, linear way. It will be key for success to allow time to fail and learn and try again.

It is important that making the shift be approached in a flexible and responsive way to allow for failures, and that it is supported by a learning culture in order to allow recovery and renewed efforts. This reflects the responsive approach to regulation the Inquiry has identified as essential for a human-centred system. As John Braithwaite explains, “responsive regulation helps us organise a mix of regulatory strategies to tackle the problem. Because most regulatory strategies fail most of the time, we must learn to fail fast, learn, and adjust to a different regulatory strategy.”¹¹¹

It will be key for success to allow time to fail and learn and try again. It is important that making the shift be approach in a flexible and responsive way to allow for failures and that it is supported by a learning culture in order to allow recovery and renewed efforts.

The UK Department for Education considered the conditions for change in children’s social care. Based on the experience across its various innovation projects it identified four key enablers. The importance of these elements was also clearly identified across participants within the Inquiry.

► *Focus practice on strong relationships and shared decision-making*

Balance safe placements with supportive and secure relationships: reducing placement moves, providing consistent key workers, and prioritizing the existing bonds in children’s lives. Develop personalized interventions and solutions: finding new ways to listen to children and families, generating a shared understanding of need, and responding with flexible models of support.

► *Change culture to create an enabling environment for professionals*

Build a supportive environment for professionals and practitioners: integrated, interdisciplinary and cross-agency teams; rethinking roles and career paths for social workers; and thinking differently about recruitment and retention. Adopt evidence-based practice across the whole workforce: better use of evidence and data, cultures of learning and new models of training.

► *Lead and govern in partnership with a shared, practical vision*

Articulate a clear and shared vision, purpose, and set of values that are championed by leaders but owned by everyone, aligning values across organizations and bringing together teams from multiple agencies.

Translate this into governance, structures, partnerships, and ways of working, including multi-agency governance groups and distributing leadership.

► *Change whole systems to enable new approaches to embed and scale*

Design new models of commissioning, funding, and delivery: build cross-agency partnerships to enable joint commissioning, create alternative funding and delivery vehicles and decommission what does not work. Balance fidelity and flexibility at scale: scaling models across multiple locations, implementing evidence-based programmes that have been developed elsewhere and helping others to learn from innovative practice.

These findings regarding key enablers of change resonate with the experience and learning within the Inquiry. In addition to these key enablers, we have identified other aspect that require attention in support of this system shift.

This shift will require leadership at all levels within an organization or system across Government and community. This leadership will have to be integrated and collaborative. This will require

Working in a collaborative way with community will require government to overcome the silos and fragmented structures to be able to collaborate well with community.

development and investment in mechanisms to support working in integrated and collaborative ways within and outside Government. Given the silos and fragmentation the shift seeks to overcome, intentional effort will be needed to establish mechanisms to support an integrated and holistic approach to this change. *This will require multi-agency involvement, an integrated plan, shared authority,*

and collective governance (across Government and community). This will also offer learnings and build capacity for working in this way that will contribute to the overall success of the shift in the system of care. Working in a collaborative way with community will require Government to overcome the silos and fragmented structures to be able to collaborate well with community.

It will be important to work toward this shift together with community in consistently collaborative ways that are not fragmented or intermittent. This too will require mechanisms to support Government/community collaboration. Such collaboration will require more than service provider arrangements and/or advisory panels. The shift to a human-centred approach will require a commitment to shared authority at the level of governance to support collective action. In addition to a mechanism for systems and Government generally with this change, integration at the level of policy and operations will also be required.

The Restorative Inquiry has modelled this idea of shared authority and governance through the Council of Parties. As explained in Chapter 2, the Council of Parties was designed to support shared authority and collective responsibility for action through its membership reflecting all of the central parties related to the Home and work ahead. Another helpful model of shared authority through a restorative approach in Nova Scotia is the Governance and Management Committee for the Nova Scotia Restorative Justice Program. This committee facilitates collaboration across justice system and community stakeholders in the governance, management, and operation of the program. It reflects a deep commitment to partnership between Government and community that is fundamental to a restorative approach.

Mechanisms alone, of course, will be insufficient to affect this shift. As we have discussed, transformation will be required in the way people and systems think and work. This culture change will need an enduring commitment. Long-term change work is difficult in the context of changing governments and priorities. To be successful, then, this shift needs to be rooted in a shared public commitment to the rights of children, young people, and families. It needs to be about more than a new initiative, direction, program, or policy. *It requires an entrenched entitlement for children, young people, and families to set the terms for what they can expect from the system of care.* Such a commitment is an essential element for a shift to a human-centred approach. For example, the legal entitlement to have family play a central role in decision making about care through family group conferences was the foundational lever for the shift in the system in New Zealand in 1989. It guaranteed the place of families in decision-making, such that the system had to shift to accommodate the commitment. The entitlement also ensured a rights-based approach that protected the commitment from being eroded when and if it no longer matched system priorities. The legislative protection also secured the commitment and time for culture to shift within the system of care. A legislative commitment can also play a helpful role in support of integration because it can solidify a commitment to young people and families across all aspects of the system of care. It could serve as a shared commitment to the rights and outcomes for young people and families for which all parts of the system are responsible. Legal entitlements can play a significant role in securing the conditions required for a shift. Such entitlements alone, however, are not sufficient to bring about a shift in the system of care. They can easily become hollow if adhered to in form, but not accompanied by a substantive change in approach.

This culture change will need an enduring commitment. Long term change work is difficult in the context of changing governments and priorities. To be successful this shift needs to be rooted in a shared public commitment to the rights of children, young people and families.

C. Shifting Understanding and Response — Systemic Racism

As our analysis of systemic racism in Part 1 of Chapter 5 made clear, addressing racism requires going beyond the individual to understand the role of systems and structures. Our examination of the Home revealed the need for a more nuanced understanding of racism and how it operates at institutional, systemic, and structural levels. The learning and understanding phase of the Inquiry considered the continuing role and significance of systemic racism in the system of care and responses to institutional failures of care, including abuse. Participants recognized that systemic racism marks the system of care. It has been replicated over generations despite system reforms and improvements.

In the initial phase of the Inquiry, participants shared the following issues and concerns:

What we heard in early phase of relationship building

Systemic racism continues to have a major impact on African Nova Scotian families and communities.	In information sessions around the province, participants identified institutional racism and discrimination as an ongoing concern. Issues of over-representation were expressed, and people in rural areas, in particular, spoke of being reluctant to interact with many public agencies and services because they felt they were treated as second-class citizens. Many people stressed that these issues are not new: “It feels like we’re talking about the same things we were talking about 40 years ago,” one participant noted, a sentiment echoed in several sessions around the province.
African Nova Scotian youth need strong role models, and to see their culture better reflected in their environments.	Former residents who share positive memories from their youth almost always identify at least one adult who provided them with guidance and/or treated them with kindness. Participants in the youth events and community information sessions also stressed that youth need more opportunities to take leadership roles in positive situations—too often, African Nova Scotian youth become the focus only in the context of “problems,” while their successes go unrecognized.
African Nova Scotian communities desire a better partnership with government and public agencies.	In community information sessions and events, most participants expressed “cautious optimism” about the potential of the Restorative Inquiry. Many people spoke of a desire to see change, but admitted they were wary after past experiences where Government departments invited input or promised consultations yet did not take up community feedback in their final reports/recommendations. Former residents, community service providers, and other participants all said that they wanted to feel included throughout the process, and they want to see commitment to true partnership and accountability from Government departments and other public agencies that may be involved in the process.
Government and public agencies also desire a better working relationship with community.	In presentations and information sessions with public partners, many participants acknowledge that they are not serving African Nova Scotian communities as well as they would like. They are open to feedback on how to improve access and service, and they are hopeful that the Restorative Inquiry model will open doors for more collaboration and meaningful change.

Systemic racism is not, then, just the story of our past or of the experience of former residents alone. It is an ongoing story with profound impacts on the lives of African Nova Scotia young people, their families, and communities. African Nova Scotian children are today much more likely than children in the general population to be removed from their families and placed in the care of the system. According to statistics provided by the Nova Scotia Department of Community Services during community presentations in June 2016 regarding the proposed changes to the *Children, Youth and Family Services Act*, African Nova Scotian children were approximately 4.4 times more likely to be removed. Information provided by the Department during the Inquiry's learning and understanding phase of work indicated that, in 2017, 24 per cent of the children in care were Black while they make up only 2.4 per cent of the population. During the Inquiry, the Department acknowledged current weaknesses in their data with respect to African Nova Scotians involvement with child protection.

Participants throughout the Inquiry concluded the story of systemic racism must be told and its lessons known because it is important and urgent that we change the narrative and write a different story for the future. The persistence of systemic racism reflects the failure to reveal systemic racism in the system of care and to subject it to the intentional and sustained attention required to systematically undo it.

As Chapter 5 discussed in detail, racism cannot be fully explained or addressed at the individual level. It is not merely a matter of individual behaviour that can be fixed by the right measure of blame or censure. Yet this has characterized much of the attention and response to racism. As discussed in Chapter 5, Kwame McKenzie's discussion of the response to the UK's Stephen Lawrence Inquiry, and the efforts to address systemic racism that followed, reveal the significant challenge of moving beyond this individual frame to acknowledge and address racism at a systemic level. As McKenzie describes, despite clear acknowledgement in the UK response that institutional racism is a *collective* problem, individuals within the various departments, agencies, and services involved felt that they were being accused of being racists. As discussed in this Report, such a defensive response is, in part, a reflection of the individualized, adversarial, and punitive character of our current system-centred approach. The response also reveals the failure to comprehend racism at a systemic level.

Dealing with systemic racism requires using this lens to examine the world and individuals' experience of it. For this reason, the Inquiry deliberately brought the lens of systemic racism into consideration of the central issues on response to abuse and the care system. This is in keeping with the mandate of the Inquiry to consider the Home as an example of systemic racism. As we examine the history and experience of the Home, racism was embedded and foundational. One of the significant lessons from the Home is that racism cannot be understood or addressed apart from its systemic and structural expressions. The Inquiry worked from this insight to examine how racism is reinforced and replicated through the system of care and our efforts to address its failures. This work of the Inquiry and the understanding that resulted has clear implications for recognizing and addressing racism as it operates in other institutions, systems, and social structures in Nova Scotia.

Appreciation of the systemic nature of racism reinforces the importance of a human-centred approach. Addressing systemic racism requires an integrated approach precisely because one cannot separate out consideration of race from the ways it shows up within institutions, systems, and structures. In short, systemic racism requires a systemic response. Individualistic responses (discussed in Part 3 of Chapter 5 and earlier in this Chapter) focus on identifying individual actors or actions often to ascribe blame and apportion punishment through adversarial processes. This often masks or detracts from appreciation of systemic issues and collective responsibility. It risks missing the racism, blinded by its singular focus on racist individuals or acts. As noted in Chapter 5, Senator Sinclair's description of systemic racism is a poignant reminder of the inadequacy of the individualism of our current system-centred approach. Systemic racism is, he said, the racism that is left when we get rid of all the racists. While it is clear we are not rid of individual racism, it cannot be the sole focus or the conditions for such racism will continue to prevail.

By contrast to this individualistic approach, a human-centred approach is relational and requires attention to the contexts, causes, and circumstances. This attention reveals the complexity and character of the relationships and interconnections that are essential to understanding and addressing systemic racism. The human-centred approach is also characterized by a forward focus on responsibility rather than a backward-focused blaming response to harm and failures. This is important in the context of addressing systemic racism because a focus on blame for the past feeds an individualistic understanding of racism. In the process, it tends to oversimplify the issues and focuses the response on making up for the past, rather than addressing the need for complex systemic, structural, and cultural change.

The Home is an example of how systemic racism requires a broad lens on the issues in order to see their complexity and interrelatedness. This holistic picture is obscured or lost when fragmented by the siloed structures of departments, jurisdictions, or issues. The Restorative Inquiry has worked with partners to examine issues through a relational lens in order to develop a holistic understanding. This understanding was essential to the work of planning and action. As explained in Chapter 5, systemic racism cannot be fully grasped or addressed simply by responding to "isolated incidents" or attending to the individual ways racism shows itself within particular systems or on particular issues. Systemic racism is greater than the sum of its various expressions. As we have come to understand through the Inquiry, the siloed structure of Government plays a key role in maintaining and perpetuating systemic racism by rendering it, by times, invisible, or revealing it only partially. One of the enduring consequences of working in fragmented ways is that the structures of institutions and systems replicate the conditions in which systemic racism operates and thrives, while at the same time making it difficult to recognize and, thus, to challenge and address.

In these ways, then, the system-centred individualistic, blame oriented, siloed and fragmented approach is ill-suited to address systemic racism. Indeed, as we have come to see through the Inquiry, it hides the systemic nature of racism from view, enabling it to continue to operate and

replicate. A focus on racism through the experience of the human beings affected brings its systemic nature to the fore as it did through our examination of the Home.

It is essential, if we are to deal with systemic racism, that it be brought to light. It thrives unseen – operating in unconscious ways. We are becoming increasingly aware of the insidious character of unconscious bias as our blame-based notions of justice struggle to respond to what is done without malice or intent. It is clear that systemic racism requires a different response. A response that raises our consciousness and, with it, the recognition of responsibility to mine the breadth and depth of impact and to respond to what is found. The Coalition for Racial Equality and Rights in Scotland has argued that, in fact, we should not refer to this bias as unconscious because,

[t]hat description could arguably imply that it's something buried so deeply, people cannot be aware of it – which is inaccurate. In fact, developing an awareness of our underlying attitudes is vital to a genuinely anti-racist approach. A term which acknowledges this more is 'implicit' bias.¹¹²

Addressing systemic racism, then, requires an approach that will make it explicit. This has been central to the approach of the Inquiry. The Inquiry supported the work of learning and understanding required, first to see the Home as a complex story of systemic racism and, then, to reveal how this story continues with relevance for today. But addressing systemic racism requires an approach that is able to keep making it explicit. Systemic racism cannot be revealed or addressed through a one-off process. We have been explicit in the Inquiry that we seek to model a different way forward. One of the goals of the Inquiry was to establish the relationships, learning, and understanding among parties to create agenda and momentum for further learning and action on related issues of systemic racism that are revealed through the process. The Inquiry has sought to equip parties with knowledge and experience about how to carry forward the mandate and goals of the Inquiry including to:

Build Just & Respectful Relationships

Foster relationships of mutual respect, care, acceptance, and dignity within and among communities, systems, structures, and institutions. Support collective ownership, shared responsibility, and collaborative decision-making.

Develop Plans & Take Action

Towards a better future for African Nova Scotian children, families, and communities and all Nova Scotians.

Establish Shared Understanding & Seek Just Social Change

To ensure that such harms never happen again by seeking an end to systemic and institutionalized racism.

One of the motivating factors to take a restorative approach to this Inquiry was a recognition that we lack processes to support the individual and collective responsibility needed to change institutions and systems. There are few pathways to respond and seek change outside of the framework of the current system-centred approach characterized by adversarial, blame-focused processes. The restorative approach of this Inquiry was designed to establish the conditions in which individuals could come to examine and understand the complexity of systemic and institutional racism and to recognize individual and collective responsibility for systemic and institutional change. The Inquiry has shown the importance of investing in processes by which individuals can make systemic and institutional racism explicit and come to understand what is required to address and change it. It has also demonstrated the significance of taking a learning approach to this work. Dismantling systemic racism requires collaboration in support of shared understanding, responsibility, and collective action. This requires an approach that calls people in to inclusive and participatory processes. It cannot be achieved through a “call-out” culture based on naming, shaming, and blaming. We need some way for those who clearly play a role in the problem of white privilege and structural inequality to see and take up their responsibility to be actively engaged in finding solutions. The Inquiry has modelled this way forward. It will be important to ensure continued opportunity to work in this way to address systemic racism.

It is also essential to deal with the systemic nature of racism to recognize the significance and impact of internalized racism. The importance of understanding and responding to this aspect of racism was made clear through the history and experience of the Home. As noted in Chapter 5, the failure to appreciate this aspect of systemic racism caused some to even question or express confusion about how the experience of former residents within the Home reflected systemic racism, given that the staff and management of the Home were also African Nova Scotian. The question revealed the failure to appreciate the systemic nature of racism and the ways in which it works to structure relations and interactions at all levels, including internally for those subjected to it.

As Suzette Speight explains,

Looking to the larger society to construct a sense of self, members of the target group find negative images that serve to colonize and recolonize them. Through its internalization, oppression becomes self-sustaining or domesticating (Freire, 1999). The target group members believe the dominant group’s version of reality, in turn, ceasing to independently define themselves (Bulhan, 1985). Watts-Jones (2002) explained that “when people of African descent internalize racism it is an experience of self-degradation, and self alienation; one that promotes the assumptive base of our inferiority” (p. 592). From this position of alienation, target members tragically often end up colluding with their own oppression. Targets “think, feel, and act in ways that demonstrate the devaluation of their group and of themselves as members of that group” (Hardiman & Jackson, 1997, p. 21).¹¹³

Donna Bivens' work in internalized racism has been very helpful. It reflects clearly what we have learned through the work of the Inquiry, particularly in efforts to understand the response to the Home within the African Nova Scotian community. Fully appreciating the impact of systemic racism within the African Nova Scotian community requires an understanding of internalization. In her piece "What is Internalized Racism?" she argues that to understand and address internalized racism, we must be aware of three major things:

1. As people of color are victimized by racism, we internalize it. That is, we develop ideas, beliefs, actions and behaviors that support or collude with racism. This internalized racism has its own systemic reality and its own negative consequences in the lives and communities of people of color. More than just a consequence of racism, then, internalized racism is a systemic oppression in reaction to racism that has a life of its own. In other words, just as there is a system in place that reinforces the power and expands the privilege of white people, there is a system in place that actively discourages and undermines the power of people and communities of color and mires us in our own oppression.

Individuals, institutions, and communities of color are often unconsciously and habitually rewarded for supporting white privilege and power and punished and excluded when we do not. This system of oppression often coerces us to let go of or compromise our own better judgment, thus diminishing everyone as the diversity of human experience and wisdom is excluded. Equally harmfully, the system can trap people and communities of color in an oppositional stance that can undermine creativity as situations are seen through a limited victim/perpetrator lens that cuts us off from the breadth of possibility.

2. Because internalized racism is a systemic oppression, it must be distinguished from human wounds like self-hatred or "low self esteem," to which all people are vulnerable. It is important to understand it as systemic because that makes it clear that it is not a problem simply of individuals. It is structural. Just as racism results in the system of structural advantage called white privilege for white people and their communities, internalized racism results in the system of structural disadvantage called internalized racism for peoples and communities of color. Thus, even people of color who have "high self-esteem" must wrestle with the internalized racism that infects us, our loved ones, our institutions and our communities. Internalized racism must, then, be understood as a system to be grappled with by people and communities of color in the same way that even the most committed anti-racist white people must continue to grapple personally and in community with their own and other white people's privilege until our existing racist system is abolished and replaced.
3. Internalized racism negatively impacts people of color intra-culturally and cross-culturally. Because race is a social and political construct that comes out of particular histories of domination and exploitation between Peoples, people of colors' internalized racism often leads to great conflict among and between them as other concepts of power—such as

ethnicity, culture, nationality and class—are collapsed in misunderstanding. Especially when race is confused with nationality and ethnicity, internalized racism often manifests in different cultural and ethnic groups being pitted against each other for the scarce resources that racism leaves for people who do not have white privilege. This can create a hierarchy based on closeness to the white norm. At the same time it cripples all of us in our attempt to create a society that works for all of us.¹¹⁴

Great care must be taken to ensure that internalized racism is not misunderstood in ways that are used to victim blame. Internalized racism does not take away from the root of systemic racism in white supremacy that has hardwired white privilege as the norm and that shapes ways of understanding and organizing the world. It does though, have implications for the way we address systemic racism.

Addressing internalized racism requires a recognition that it is an expression of systemic racism and must be tackled at its root. Systemic racism is maintained and perpetuated by power. As Bivens explains, systemic racism involves:

an unequal distribution of systemic power for people with white-skin privilege in four main areas:

1. the power to make and enforce decisions;
2. access to resources, broadly defined;
3. the ability to set and determine standards for what is considered appropriate behavior; and
4. the ability to define reality.¹¹⁵

Addressing systemic racism then requires acting to disrupt the power in these areas that maintain it. It will be essential that the shift we seek to human-centred care, and the response when care fails, must be attentive to these areas.

As we have discussed, power over decision making is key. If we are to disrupt systemic racism, we must ensure that families and communities are empowered to lead decision making and, in the process, set and determine standards for what is appropriate for their family and in their community and culture. Family-led decision-making must support them to define reality through their plans and be supported with resources to ensure their decision-making authority is meaningful. Yet the reality of internalized racism requires attention to the conditions that will make this decision-making possible in a way that will make a genuine shift and a significant difference to systemic racism.

It is clear that ensuring the shift will require changes in the systems, institutions, and structures. Understanding systemic racism and its internalization, though, demands particular attention to

how this change is pursued. The approach to systemic change — how it is pursued — must be reflective of the shift we seek. As we have come to understand through the Inquiry, this has several significant implications for the way we move forward in addressing systemic racism and securing this shift. These insights have been identified through the learning and understanding phase of the Inquiry:

- ▶ Making such a change requires disrupting the current distribution of systemic power. Deliberate efforts must be made to share power with those in the African Nova Scotian community at the levels of decision-making, implementation, and assessment.
- ▶ Shared responsibility and collective action is required to make this shift.
 - Current efforts to address the existence and impact of systemic racism have focused primarily on diversifying the public service. As we discuss below, this is an important aspect of supporting change that needs to be carefully pursued. However, it cannot be seen as the solution that absolves others (particularly those in the white majority) of their responsibility to be actively engaged in the work of addressing systemic racism. This shift is a shared responsibility and requires collective action. It also requires careful consideration of the appropriate role and responsibilities for those in the majority. There is significant work that needs to be done within the dominant society and within the systems in which they are privileged. That work cannot fall to members of the African Nova Scotian community to carry. Bivens make this point as she argues,

Much of the time that people of color spend helping white people understand racism could and should go into helping people of color get clearer about internalized racism — especially as the debates on race and racism become more confusing, complex and obscured. As more white people become clearer about white identity and how to “do the work”[of making systemic racism and its basis in white privilege explicit] with white people, people of color are freed up to look beyond our physical and psychological trauma from racism to other questions about our ability to create what we want for ourselves and our peoples.¹¹⁶

This will require clear expectations and communication of the commitment to this work, including the dedication of the time and attention required to do it. Care must be taken to build the capacity and opportunities needed to support learning and understanding within systems and institutions as the basis for collective action to address systemic racism in all the ways it operates.

- It is also essential that systems and institutions continue their commitment and efforts to be inclusive in order to ensure shared power within systems. This is key for change because it will bring into the system the knowledge and perspectives needed for the ongoing work of revealing and addressing systemic racism. However, this needs to be done in a way that is sensitive to the real dangers and impacts of internalized racism.

Of course, this will require bringing African Nova Scotian people into the system in greater numbers. However, representation alone will not make the difference to the system. People must come into the system in roles that have the power and authority to make a difference. They must be capable and supported to bringing community views and perspectives into the system in meaningful ways that can unearth and challenge systemic racism and secure change. The siloed and fragmented nature of our current system-centred approach can be a significant barrier to this.

Creating the conditions to deal with systemic racism will require a shift to human-centred systems that are integrated and holistic in their structure and approach. This integrated approach resists more simplistic ways of addressing systemic and institutionalized racism through increased representation among staff and professionals within the system of care. Increased representation is not unimportant, however, our work in the Inquiry revealed deeper attention is required to how the systemic and structural dimensions of racism are operating if such representation is to have its full effect. In other words, the human experience of racism and its roots in the system have to be revealed and made to matter or else inclusion of diverse knowledge and experience can make no difference. This was one of the significant insights from the history of the Home — increasing the representation of African Nova Scotian people on the Board did not fix or change the culture through which systemic racism continued to operate and impact the care experience of children.

Through the Inquiry, we also learned the toll it takes on those who are racialized and working within the system of care. They feel responsible, and are often expected to carry the burden of improving the system and leading others in the work to address systemic racism. At the same time, as they work within the care system, they are confronted with the failures of care and called upon by young people, families, and the community with expectations that they can make it better.

The Coalition for Racial Equality and Rights in Scotland similarly recognized this concern and identified that “mismatched relationships between senior and operational staff often hamper equality work.” On their account, “[s]enior figures may enthusiastically demonstrate leadership on equality, for example, but lack the expertise needed to put their ethos into action. At the same time, there may be people

further down the chain of command who specialise in equality but don't have the authority to drive improvement." This was in keeping with what parties identified within the Inquiry. The Scottish Coalition description aptly captures the experiences and reflections shared during the Inquiry:

Because of this mismatch [between senior and operational staff], equality initiatives driven from below often aren't understood by management, whilst management may propose activities which sound good in theory but are impractical or ineffective in practice. Personnel changes worsen this; if there isn't a shared understanding of what works or is desirable, it's very difficult to pick up the thread once the person driving change is gone. The end result is that organisations often invest significant time and energy planning equality work only to eventually water down or abandon those plans.

These failures are symptomatic of the power hierarchies which underpin racial inequality and block progress. Those with influence and responsibility need to empower equality specialists to fulfil their potential. This is especially important when their work aims to challenge persistent inequalities, which can be a hard sell in environments that favour the status quo. The solution is for staff and management within institutions to take collective responsibility for creating change, and to work towards this through evidence based positive action measures.

There was agreement and common commitment across parties within the Inquiry about the importance of this approach for the way forward. Indeed, during the Inquiry, the Department of Community Services recognized this issue as it sought to be fully prepared to engage with the planning and action within the Inquiry. They established a new senior role to bring expertise in line with the authority required to drive change. Yet a lasting shift will require much more of this kind of action and with further-reaching effects on the structure of power and privilege within systems. The system-centred approach, as we have discussed at length in this Chapter, makes it difficult, if not impossible, for one person to make the difference needed for young people and families. While we learned of the incredible efforts made by individuals within systems to do the right thing by young people, families, and communities, the cost it exacted to make small differences one case at a time was evident. The differences they have made are not insignificant, certainly not for the young people and families involved. These efforts are also significant for the disruptions they cause within systems and the model they lift up of doing the right thing.

Through the Inquiry process, we have come to learn from these efforts and see the real possibility of a shift in the system of care. But such efforts alone are insufficient and unsustainable. The shift we seek cannot and will not be achieved in this piecemeal individual way.

► Part of what will increase representation within systems to support broad-based change is to ensure the mechanisms by which representation can be meaningful and effective. Change will not be piecemeal if it is rooted in communities that can exercise systemic power. Community empowerment will require investment and support on two fronts:

- 1) Communities need resources and support to undertake the work needed to tackle internalized racism.
- 2) Communities need to be empowered to have a real say in the way systems work and be genuine partners in ways that can change the power and privilege that fuels current systems.

Through the Inquiry, we have come to see the importance of the shift to human-centred systems and the restorative approach that it entails as essential to both these aspects of community empowerment.

- 1) The siloed and fragmented nature of systems has contributed to disconnects within the African Nova Scotian community/community structures and in the relationship between community and Government. These disconnects allow systemic racism to permeate these relationships in ways that go undetected or acknowledged. The Inquiry heard from community organizations and members about the impact of fragmentation and divisions within and across communities on the ability to support care and respond to abuse. The divisions and fragmentation within community have been shaped and influenced by the context and environment of systemic racism in Nova Scotia. We have heard that this context of racism heightened the perception and reality of risk to community in the face of blame for harms and failures, including abuse. This shaped the community's reaction to abuse claims related to the Home and resulted in their responses that sought to protect and defend community against risk and liability. This reaction, in the case of the Home, silenced and isolated those affected, increased their vulnerability, and amplified the impacts of systemic racism. It is essential then, as we have learned through the experience of the Inquiry, that the African Nova Scotian community be supported to develop more spaces, places, and opportunities for community to come together to do the work required within community to understand and contend with the impacts of systemic racism. This message came loud and clear as community gathered together within the Inquiry. "We need more opportunities to talk like this — to talk with one another and our leaders

in this way.” Community members recognized the truth of what Bivens identified, that they needed to dedicate time and to find support to deal with systemic racism as it has impacted their understandings and their relationships within community.

- 2) Empowerment of community is also required to shift the nature of engagement with governing systems, institutions, and structures. Parties within the Inquiry recognized this will require a fundamental shift in the terms of engagement if it is to make a difference. This shift will require a move from “consultation” to more genuine engagement that is reflective of shared authority – of partnership. Attention to the structural terms and conditions for engagement is particularly important given the impact of internalized racism. It will be essential, then, to ensure that engagement is not merely another mechanism to bring the community into service of the system. Rather, communities must have the resources and supports to do the internal work identified above if they are to be able to engage as full and equal partners.

Through the Inquiry, we heard what is required for effective engagement with community. The Inquiry itself was designed and implemented to model such engagement through its restorative approach that was inclusive, participatory, collaborative, and action oriented. The experience of the Inquiry offered its own lessons on this front. These reflect the advice from the Scottish Coalition for Racial Equality and Rights regarding effective community engagement which concluded:

Effective engagement also requires community empowerment. Communities need to have enough information to work with, a safe and welcoming space and confidence that their input will make a difference.

...

The tendency for policy makers to listen to the loudest voices or rely on the ‘usual suspects’ becomes even more of a problem when internalized racism is at play...

Engagement processes also need to recognise that minority ethnic communities are not homogenous groups; there are imbalances of power both within and between communities. Choosing not to explore differences and conflicts within the engagement setting is both patronising and counter-productive.

Engagement with minority ethnic communities must have visible results, be inclusive of all communities and be undertaken from a position of mutual trust and respect. True involvement, however, also requires a degree of power sharing. To achieve this, it may be necessary to address issues around direct racism, hidden bias and institutional discrimination. Many institutions will

have to address issues with their own policy making hierarchy and power dynamics. This requires a degree of honesty and humility which policy makers may find challenging, but ultimately rewarding.¹¹⁷

Through the Inquiry, we have come to understand the significance of centring first voice in order to reveal and grasp impacts of systemic racism. Engagement with community is essential to this work. Yet experiences cannot be taken in isolation, because that risks individualizing racism and reducing it to specific acts or actions. Attention to the full human experience and impact of racism at individual and collective levels reveals its holistic and integrated nature. It reveals enduring patterns of experience and outcomes that point to the systemic nature of racism. The Inquiry process has shown the potential of a restorative approach to addressing systemic racism. It supports an understanding of the relational complexity of systemic racism and offers processes through which parties can come to this shared understanding and establish a basis for collective action. The restorative approach of the Inquiry, from its design through to its conclusion, has reflected the Africentric principle of Ujima — the commitment to collective work and responsibility that is required to bring the fundamental change in thinking and operations of systems, institutions, organizations, and the patterns of our relationships needed to address systemic racism in Nova Scotia.

Conclusion

The shift from system-centred to human-centred, from silos and fragmentation to holistic and integrated, from blame to responsibility, is fundamentally a shift to justice in our relations — with one another, in our systems and institutions, and in community and society. As this chapter has detailed, this shift will require more than a change in what we do, it will require a change in how we do things that is grounded in this commitment to just relations that places human beings at the centre and fosters the relationships we need to be well and succeed.

The third phase of the Inquiry focused on planning and action to ensure what we have learned and come to understand will make a difference for the future. Our progress through this stage — the commitments, plans, and actions that have emerged and will be carried through as the mandate of the Restorative Inquiry — is carried on by the parties and partners as described in Chapter 7. It is important to read these actions, plans, and commitments in the context of the shift they are trying to achieve. At its core, the commitment of the Restorative Inquiry was to find and model a different way forward — this shift to a human-centred approach is that different way we sought through the work we have done and will continue to do together during the way ahead describe in the next chapter.

Endnotes:

- ¹ Paul Adams and Kristine Nelson, *Reinventing Human Services: Community and Family Centred Practice* (New York: Aldine de Gruyter, 1995) at p.2.
- ² United Nations E-Government Survey 2014, Chapter 4 at p.76 Available at: https://publicadministration.un.org/egovkb/portals/egovkb/documents/un/2014-survey/e-gov_complete_survey-2014.pdf
- ³ United Nations E-Government Survey 2014, Chapter 4 at p.76 Available at: https://publicadministration.un.org/egovkb/portals/egovkb/documents/un/2014-survey/e-gov_complete_survey-2014.pdf
- ⁴ Tony Fenwick, Erica Seville and Dave Brunsdon, *Reducing the Impact of Organizational Silos on Resilience* (New Zealand: Resilient Organizations Research Programme, 2019) at p. 3. Available online at: www.resorgs.org.nz
- ⁵ Max Weber, *Rationalism and Modern Society: New Translations on Politics, Bureaucracy, and Social Stratification*, edited and translated by Tony Waters and Dagmar Waters. New York: Palgrave Macmillan, 2015) at p. 76. Also see: Kenneth D. Allan, *Explorations in Classical Sociological Theory: Seeing the Social World*. (California: Pine Forge Press, 2005) at pp. 172–76.
- ⁶ Frans Cilliers & Henk Greyvenstein "The impact of silo mentality on team identity: An organisational case study" *SA Journal of Industrial Psychology* 38(2) January 2012.
- ⁷ Tony Fenwick, Erica Seville and Dave Brunsdon, *Reducing the Impact of Organizational Silos on Resilience* (New Zealand: Resilient Organizations Research Programme, 2019) at pp. 3–4. Available online at: www.resorgs.org.nz
- ⁸ Raquel Meneses & João Caseiro, "Silos Mentality In Healthcare Services" Conference: 11th Annual Conference of the EuroMed Academy of Business — Research Advancements in National and Global Business Theory and Practice, At Malta, September 2018.
- ⁹ United Nations E-Government Survey 2012, Chapter 3 at p.63 Available at: www.publicadministration.un.org/egovkb/protals/egovkb/documents/un/2012-survey/chapter3-Taking-a-whole-of-government-approach.pdf
- ¹⁰ Organization for Economic Cooperation and Development, (OECD) 2014 "Breaking out of Silos: Joining up Policy Locally" <http://www.oecd.org/regional/leed/43056251.pdf> Also see: OECD (2010) *Breaking Out of Policy Silos: Doing More with Less*, Local Economic and Employment Development (LEED), OECD Publishing.
- ¹¹ United Nations E-Government Survey in Support of Sustainable Development, 2016 Chapter 1 at p.11 Available online at: <http://workspace.unpan.org/sites/Internet/Documents/UNPAN97453.pdf> Also see: G. Berger & R. Steuer, "Horizontal policy integration and sustainable development: Conceptual remarks and governance examples" 2009 *ESDN Quarterly Reports*.
- ¹² Louise Comfort, "Risk Security, and Disaster Management" *Annual Review of Political Science*, 2005, 8 (1), 335–356 at p. 343.
- ¹³ United Nations E-Government Survey 2012, Chapter 3 at p.55 Available at: www.publicadministration.un.org/egovkb/protals/egovkb/documents/un/2012-survey/chapter3-Taking-a-whole-of-government-approach.pdf
- ¹⁴ United Nations E-Government Survey 2012, Chapter 3 at p.64 Available at: www.publicadministration.un.org/egovkb/protals/egovkb/documents/un/2012-survey/chapter3-Taking-a-whole-of-government-approach.pdf
- ¹⁵ United Nations E-Government Survey 2014, Chapter 4 at p.75 Available at: https://publicadministration.un.org/egovkb/portals/egovkb/documents/un/2014-survey/e-gov_complete_survey-2014.pdf
- ¹⁶ United Nations E-Government Survey 2014, Chapter 4 at p.78 Available at: https://publicadministration.un.org/egovkb/portals/egovkb/documents/un/2014-survey/e-gov_complete_survey-2014.pdf
- ¹⁷ United Nations E-Government Survey 2012, Chapter 3 at p.69 Available at: www.publicadministration.un.org/egovkb/protals/egovkb/documents/un/2012-survey/chapter3-Taking-a-whole-of-government-approach.pdf
- ¹⁸ United Nations E-Government Survey 2012, Chapter 3 at p.63 Available at: www.publicadministration.un.org/egovkb/protals/egovkb/documents/un/2012-survey/chapter3-Taking-a-whole-of-government-approach.pdf

- ¹⁹ Organization for Economic Co-Ordination and Development (OECD), "Breaking out of Silos: Joining up Policy Locally" *Leed Programme* <http://www.oecd.org/regional/leed/43056251.pdf> at p.1
- ²⁰ United Nations E-Government Survey 2012, Chapter 3 at p.64 Available at: www.publicadministration.un.org/egovkb/protals/egovkb/documents/un/2012-survey/chapter3-Taking-a-whole-of-government-approach.pdf
- ²¹ United Nations E-Government Survey 2014, Chapter 4 at p.76 Available at: https://publicadministration.un.org/egovkb/portals/egovkb/documents/un/2014-survey/e-gov_complete_survey-2014.pdf
- ²² Iris Marion Young, *Responsibility for Justice* (Oxford: Oxford University Press, 2010) at pp.98–99.
- ²³ Iris Marion Young, *Responsibility for Justice* (Oxford: Oxford University Press, 2010) at pp.106–107.
- ²⁴ Amy Harbin and Jennifer J. Llewellyn, "Restorative Justice in Transitions: The Problem of 'The Community' and Collective Responsibility" in Kerry Clamp ed., *Restorative Justice in Transitional Settings* (Oxford: Routledge, 2015), 133–151.
- ²⁵ Gale Burford, John Braithwaite, Valerie Braithwaite (eds.) *Restorative and Responsive Human Services* (1st Ed.) (New York: Routledge, 2019) at p.13.
- ²⁶ See generally: Gale Burford, John Braithwaite, Valerie Braithwaite (eds.) *Restorative and Responsive Human Services* (1st Ed.) (New York: Routledge, 2019).
- ²⁷ Gale Burford, John Braithwaite, Valerie Braithwaite (eds.) *Restorative and Responsive Human Services* (1st Ed.) (New York: Routledge, 2019) p.22.
- ²⁸ Gale Burford, John Braithwaite, Valerie Braithwaite (eds.) *Restorative and Responsive Human Services* (1st Ed.) (New York: Routledge, 2019) at p.1
- ²⁹ Gale Burford, John Braithwaite, Valerie Braithwaite (eds.) *Restorative and Responsive Human Services* (1st Ed.) (New York: Routledge, 2019) at p.2.
- ³⁰ Gale Burford, John Braithwaite, Valerie Braithwaite (eds.) *Restorative and Responsive Human Services* (1st Ed.) (New York: Routledge, 2019) at p.10.
- ³¹ Valerie Braithwaite, "Families and Schools That Are Restorative and Responsive" in Gale Burford, John Braithwaite and Valerie Braithwaite eds., *Restorative and Responsive Human Services* (New York: Routledge Press, 2019) at p.51.
- ³² United Nations E-Government Survey 2012, Chapter 3 at p.63 Available at: www.publicadministration.un.org/egovkb/protals/egovkb/documents/un/2012-survey/chapter3-Taking-a-whole-of-government-approach.pdf
- ³³ Jennifer J. Llewellyn, "Responding Restoratively to Student Misconduct and Professional Misconduct: The Case of Dalhousie Dentistry" in Gale Burford, John Braithwaite and Valerie Braithwaite eds., *Restorative and Responsive Human Services* (New York: Routledge Press, 2019) 127–142.
- ³⁴ Gale Burford, John Braithwaite, Valerie Braithwaite (eds.) *Restorative and Responsive Human Services* (1st Ed.) (New York: Routledge, 2019) at p.10.
- ³⁵ Gale Burford, John Braithwaite, Valerie Braithwaite (eds.) *Restorative and Responsive Human Services* (1st Ed.) (New York: Routledge, 2019) at p.xvi.
- ³⁶ Gale Burford, John Braithwaite, Valerie Braithwaite (eds.) *Restorative and Responsive Human Services* (1st Ed.) (New York: Routledge, 2019) at p.13.
- ³⁷ For a detailed account of the development of the Nova Scotia Restorative Justice Program see: Bruce Archibald and Jennifer Llewellyn, "The Challenges of Institutionalizing Comprehensive Restorative Justice: theory and Practice in Nova Scotia" (2006) 29 Dalhousie Law Journal 297. Also see Don Clairmont, "Penetrating the Walls: implementing a system-wide restorative justice approach in the justice system" (2005) New Direction Restorative Justice 247.

- ³⁸ Nova Scotia's Restorative Approach in Schools Project see: https://novascotia.ca/just/prevention/restorative_approaches_in_schools.asp
- ³⁹ See: Nova Scotia Human Rights Commission Policy and Procedures, May 2018. <https://humanrights.novascotia.ca/dispute-resolution-policy-and-procedures>
- ⁴⁰ "Halifax fire chief apologizes to black firefighters: Human rights complaint filed in 2008" *The Canadian Press*, April 25, 2013 accessed at: <https://www.cbc.ca/news/canada/nova-scotia/halifax-fire-chief-apologizes-to-black-firefighters-1.1368401>
- ⁴¹ For example: Jennifer J. Llewellyn, Jacob MacIsaac and Melissa MacKay, *Report from the Restorative Justice Process At the Dalhousie University Faculty of Dentistry* May 2015 available at: <https://cdn.dal.ca/content/dam/dalhousie/pdf/cultureofrespect/RJ2015-Report.pdf> A restorative approach has also been taken within some government units in Nova Scotia including the Departments of Justice and Community Services.
- ⁴² Jennifer Llewellyn and Jacob MacIsaac and Heather McNeil, *Facilitators' Report: A Restorative Review of the In-Custody Death of Jason LeBlanc* (March 13, 2018). Available at SSRN: <https://ssrn.com/abstract=3154715> or <http://dx.doi.org/10.2139/ssrn.3154715>
- ⁴³ Nova Scotia Restorative Justice Program Protocols 2018 section 1.3 available at: <https://novascotia.ca/restorative-justice-protocols/>.
- ⁴⁴ Nova Scotia Restorative Justice Program Protocols 2018 section 1.3 available at: <https://novascotia.ca/restorative-justice-protocols/>
- ⁴⁵ Gale Burford, John Braithwaite, Valerie Braithwaite (eds.) *Restorative and Responsive Human Services* (1st Ed.) (New York: Routledge, 2019) at p.3.
- ⁴⁶ Gale Burford, John Braithwaite, Valerie Braithwaite (eds.) *Restorative and Responsive Human Services* (1st Ed.) (New York: Routledge, 2019) at p.6.
- ⁴⁷ Di McNeish and Sara Scott, *Key messages from research on institutional child sexual abuse* (UK: DMSS Research, 2018) p. 1 available online at: <https://www.dmss.co.uk/pdfs/key-messages-institutional-CSA.pdf>
- ⁴⁸ Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) p.99.
- ⁴⁹ Shelley Trevethan, Sarah Auger, John-Patrick Moore, Michael MacDonald and Jennifer Sinclair *The Effect of Family Disruption On Aboriginal And Non-Aboriginal Inmates* (September, 2001) available online at: <https://www.csc-scc.gc.ca/research/r113-eng.shtml#Anchor-Tabl-30226>
- ⁵⁰ Stephen Gaetz, Bill O'Grady, Sean Kidd and Kaitlin Schwan *Without a Home: The National Youth Homelessness Survey Canadian* (Observatory on Homelessness; A Way Home Canada; National Learning Community on Youth Homelessness, 2016) available online at: <https://www.homelesshub.ca/YouthWithoutHome>
- ⁵¹ For an example of the resources and attention to this issue see the Children's Commissioner Website at: <https://www.childrenscommissioner.gov.uk/help-at-hand/leaving-care-your-rights/> Also see Mike Stein & Jim Wade, "Helping Care Leavers: Problems and Strategic Responses" Social Work Research and Development Unit University of York online at: <https://www.york.ac.uk/inst/spru/pubs/pdf/helpingCL.pdf>.
- ⁵² Di McNeish et al., *What have we learned about good social work systems and practice: Thematic Report 1* (London, UK: Department of Education, July 2017) at p.4. Available online at: <https://www.dmss.co.uk/pdfs/Thematic-Report-2017-Social-Work.pdf>
- ⁵³ Department of Education, *Learning Summary #3: Implementing Systemic Models of Social Work* 2017 available online at: <https://www.innovationunit.org/wp-content/uploads/LS-3-Social-Work-FINAL-18OCT17.pdf>
- ⁵⁴ Janet Mosher and Jeffery Hewitt "Reimagining Child Welfare Systems in Canada (Part I)." *Journal of Law and Social Policy* 28. (2018): 1–9. Available online at: <https://digitalcommons.osgoode.yorku.ca/jlsp/vol28/iss1/1>

- ⁵⁵ Di McNeish et al., *What have we learned about good social work systems and practice: Thematic Report 1* (London, UK: Department of Education, July 2017) at p.11. Available online at: <https://www.dmss.co.uk/pdfs/Thematic-Report-2017-Social-Work.pdf>
- ⁵⁶ Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) pp. 18–19.
- ⁵⁷ Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) at p.38.
- ⁵⁸ Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) pp. 17–19.
- ⁵⁹ *The White Paper for Vulnerable Children Volume II* (New Zealand Government, 2012) available online at: <https://library.nzfvc.org.nz/cgi-bin/koha/opac-detail.pl?biblionumber=3970>
- ⁶⁰ Brid Featherstone, Anna Gupta, Kate Morris and Joanne Warner, "Let's stop feeding the risk monster: towards a social model of 'child protection'" *Families, Relationships and Societies*, 7:1, (March 2018) pp. 7–22(16). For submitted online version see: <http://eprints.hud.ac.uk/id/eprint/26745/3/revised%2520stats%2520on%2520social%2520model.docx.pdf>
- ⁶¹ Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) pp. 17–18.
- ⁶² Brid Featherstone, Anna Gupta, Kate Morris and Joanne Warner, "Let's stop feeding the risk monster: towards a social model of 'child protection'" *Families, Relationships and Societies*, 7:1, (March 2018) pp. 7–22(16). For submitted online version see: <http://eprints.hud.ac.uk/id/eprint/26745/3/revised%2520stats%2520on%2520social%2520model.docx.pdf>
- ⁶³ Brid Featherstone, Anna Gupta, Kate Morris and Joanne Warner, "Let's stop feeding the risk monster: towards a social model of 'child protection'" *Families, Relationships and Societies*, 7:1, (March 2018) pp. 7–22(16). For submitted online version see: <http://eprints.hud.ac.uk/id/eprint/26745/3/revised%2520stats%2520on%2520social%2520model.docx.pdf>
- ⁶⁴ Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) at p.135.
- ⁶⁵ Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) pp. 18–19.
- ⁶⁶ During the mandate of the Inquiry the Council of Parties discussed the work of the Inquiry and the human-centred shift we propose through the lens of harm reduction at a conference on Harm and Harm Reduction in the Criminal Justice System, 8th National Conference On Critical Perspectives: Criminology And Social Justice, June 21–22, 2018 at Saint Mary's University, Halifax, Nova Scotia.
- ⁶⁷ For an example of the effort to bring this approach into child protection see: Aron Shlonsky, Colleen Friend, and Liz Lambert, "From Culture Clash to New Possibilities: A Harm Reduction Approach to Family Violence and Child Protection Services" (2007) 7 *Brief Treatment and Crisis Intervention* 345–363.
- ⁶⁸ Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) at p. 20.
- ⁶⁹ Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) at p. 19.
- ⁷⁰ Paul Nixon, *Relatively Speaking: developments in research and practice in kinship care* (UK: Research in Practice, 2007) at p.22.
- ⁷¹ Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) at p. 20.

- ⁷² Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) p. 7.
- ⁷³ Ofsted, *Learning lessons, taking action: Ofsted's evaluations of serious case reviews* 1 April 2007 to 31 March 2008 available online at: https://dera.ioe.ac.uk/10562/1/learninglessons_scr.pdf
- ⁷⁴ Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) p. 60.
- ⁷⁵ Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) at p. 62.
- ⁷⁶ Ian Hyslop, "The White Paper for Vulnerable Children and the Munro Review of Child Protection in England: a comparative critique" *Aotearoa New Zealand Social Work Issue* 25(4), 2013 at p.6.
- ⁷⁷ Elisabetta Carrà, "Familiness and Responsiveness of Human Services: The Approach of Relational Sociology" in Gale Burford, John Braithwaite and Valerie Braithwaite eds., *Restorative and Responsive Human Services* (New York: Routledge Press, 2019) at p.75.
- ⁷⁸ Elisabetta Carrà, "Familiness and Responsiveness of Human Services: The Approach of Relational Sociology" in Gale Burford, John Braithwaite and Valerie Braithwaite eds., *Restorative and Responsive Human Services* (New York: Routledge Press, 2019) at p.77.
- ⁷⁹ Elisabetta Carrà, "Familiness and Responsiveness of Human Services: The Approach of Relational Sociology" in Gale Burford, John Braithwaite and Valerie Braithwaite eds., *Restorative and Responsive Human Services* (New York: Routledge Press, 2019) at p.78.
- ⁸⁰ Elisabetta Carrà, "Familiness and Responsiveness of Human Services: The Approach of Relational Sociology" in Gale Burford, John Braithwaite and Valerie Braithwaite eds., *Restorative and Responsive Human Services* (New York: Routledge Press, 2019) at p.78.
- ⁸¹ Elisabetta Carrà, "Familiness and Responsiveness of Human Services: The Approach of Relational Sociology" in Gale Burford, John Braithwaite and Valerie Braithwaite eds., *Restorative and Responsive Human Services* (New York: Routledge Press, 2019) at p.78.
- ⁸² Paul Nixon, *Relatively Speaking: developments in research and practice in kinship care* (UK: Research in Practice, 2007) at p. 7.
- ⁸³ Paul Nixon, *Relatively Speaking: developments in research and practice in kinship care* (UK: Research in Practice, 2007) at p. 22.
- ⁸⁴ Paul Nixon, *Relatively Speaking: developments in research and practice in kinship care* (UK: Research in Practice, 2007) at p. 11.
- ⁸⁵ Paul Nixon, *Relatively Speaking: developments in research and practice in kinship care* (UK: Research in Practice, 2007) at p.7.
- ⁸⁶ Department for Education, *Learning Summary #3: Implementing Systemic Models of Social Work* 2017 available at: <https://www.innovationunit.org/wp-content/uploads/LS-3-Social-Work-FINAL-18OCT17.pdf>
- ⁸⁷ See: *What Works for Children's Social Care* at <https://whatworks-csc.org.uk/research/outcomes-framework-for-research/>
- ⁸⁸ Submission From The Office Of The Children's Commissioner on The Child and Youth Wellbeing Strategy (New Zealand, December 2018) available online at: <https://www.occ.org.nz/assets/Uploads/OCC-CYWB-sub-final.pdf>
- ⁸⁹ See online at: <https://uwaterloo.ca/canadian-index-wellbeing/>
- ⁹⁰ For details see Engage Nova Scotia online at: <https://engagenovascotia.ca/current-priorities/quality-life-index-survey/>

- ⁹¹ The Child And Youth Wellbeing Strategy: Submission From The Office Of The Children's Commissioner, December 2018 available online at: <https://www.occ.org.nz/assets/Uploads/OCC-CYWB-sub-final.pdf>
- ⁹² See What Works for Children's Social Care. "Outcomes Framework" available online at: <https://whatworks-csc.org.uk/research/outcomes-framework-for-research/>
- ⁹³ Leeds Children and Young People's Plan 2018–2023 available online at: <https://www.leeds.gov.uk/childfriendlyleeds/Documents/CMT18-022%20Childrens%20and%20YP%20Plan%2018-23.pdf>
- ⁹⁴ Di McNeish et al., *What have we learned about good social work systems and practice: Thematic Report 1* (London, UK: Department of Education, July 2017) at p.4. Available online at: <https://www.dmss.co.uk/pdfs/Thematic-Report-2017-Social-Work.pdf>
- ⁹⁵ Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) at p.36.
- ⁹⁶ Paul Nixon, *Relatively Speaking: developments in research and practice in kinship care* (UK: Research in Practice, 2007) at p. 65.
- ⁹⁷ Government of New Zealand, *Information sharing to support tamariki wellbeing and safety* Version One July 2019 at p.15. Available online at: <https://www.orangatamariki.govt.nz/working-with-children/information-sharing/>
- ⁹⁸ Government of New Zealand, *Information sharing to support tamariki wellbeing and safety* Version One July 2019 available online at: <https://www.orangatamariki.govt.nz/working-with-children/information-sharing/>
- ⁹⁹ Government of New Zealand, *Information sharing to support tamariki wellbeing and safety* Version One July 2019 at p. 9. Available online at: <https://www.orangatamariki.govt.nz/working-with-children/information-sharing/>
- ¹⁰⁰ Ian Hyslop, "The White Paper for Vulnerable Children and the Munro Review of Child Protection in England: a comparative critique" *Aotearoa New Zealand Social Work Issue* 25(4), 2013 at p.6.
- ¹⁰¹ Valerie Braithwaite, "Families and Schools That Are Restorative and Responsive" in Gale Burford, John Braithwaite and Valerie Braithwaite eds., *Restorative and Responsive Human Services* (New York: Routledge Press, 2019) at p.40.
- ¹⁰² *The White Paper for Vulnerable Children Volume II* (New Zealand Government, 2012) at para. 66–69. Available online at: <https://library.nzfvc.org.nz/cgi-bin/koha/opac-detail.pl?biblionumber=3970>
- ¹⁰³ *The White Paper for Vulnerable Children Volume II* (New Zealand Government, 2012) at Chapter 3 para.50. Available online at: <https://library.nzfvc.org.nz/cgi-bin/koha/opac-detail.pl?biblionumber=3970>
- ¹⁰⁴ Eileen Munro, *The Munro Review of Child Protection: Final Report A child-centred system* (London, UK: Department for Education, 2011) at p.71.
- ¹⁰⁵ Paul Nixon, *Relatively Speaking: developments in research and practice in kinship care* (UK: Research in Practice, 2007) at p. 69–70.
- ¹⁰⁶ Paul Nixon, *Relatively Speaking: developments in research and practice in kinship care* (UK: Research in Practice, 2007) at p. 67.
- ¹⁰⁷ Dorothy E. Robert, "Black Mothers, Prisons and Foster Care: Rethinking Restorative Justice" in Gale Burford, John Braithwaite, Valerie Braithwaite (eds.) *Restorative and Responsive Human Services* (1st Ed.) New York: Routledge, 2019) 116–126.
- ¹⁰⁸ Di McNeish et al., *What have we learned about good social work systems and practice: Thematic Report 1* (London, UK: Department of Education, July 2017) at p.8. Available online at: <https://www.dmss.co.uk/pdfs/Thematic-Report-2017-Social-Work.pdf>
- ¹⁰⁹ See Di McNeish et al., *What have we learned about good social work systems and practice: Thematic Report 1* (London, UK: Department of Education, July 2017) Table 1: "Some common themes in projects' theories of change".

- ¹¹⁰ Cameron Fincher, AIR Between Forums: The Failures of Innovation *Research in Higher Education* 1980 12:4 pp. 373–376.
- ¹¹¹ See Film *Radical Ideas in Justice and Regulation* Ronin Films 2014 available at: <https://www.roninfilms.com.au/feature/10829/radical-ideas-in-justice-regulation.html>
- ¹¹² Coalition for Racial Equality and Rights, *Changing the Race Equality Paradigm Key concepts for public, social and organisational policy* (March 2016) Scotland at p. 12. Available online at: <http://www.equalitiesinhealth.org/Link-Files/Changingtheraceparadigm.pdf>.
- ¹¹³ Suzette L. Speight, "Internalized Racism" *The Counseling Psychologist*, Vol. 35 No. 1, January (2007), 126–134 at 130.
- ¹¹⁴ Donna Bivens, "What is Internalized Racism?" in Maggie Potapchuk et al., *Flipping the Script: White Privilege and Community Building* (MP Associates, Inc. and the Center for Assessment and Policy Development (CAPD): 2005) at pp.45–46. Available online at: <https://www.racialequitytools.org/resourcefiles/potapchuk1.pdf>.
- ¹¹⁵ Donna Bivens, "Internalized Racism: a definition" (Women's Theological Center:1995) available online at: <https://www.racialequitytools.org/resourcefiles/bivens.pdf>.
- ¹¹⁶ Donna Bivens, "Internalized Racism: a definition" (Women's Theological Center:1995) available online at: <https://www.racialequitytools.org/resourcefiles/bivens.pdf>.
- ¹¹⁷ Coalition for Racial Equality and Rights, *Changing the Race Equality Paradigm Key concepts for public, social and organisational policy* (March 2016) Scotland at p. 29. Available online at: <http://www.equalitiesinhealth.org/Link-Files/Changingtheraceparadigm.pdf>.