



Alberta Association
of Services for
Children and Families



|Combined Notes from the Table Conversations
Caring for Our Children: We Are in This Together Workshop
Lethbridge – Feb 10, 2015 - 65 participants
Medicine Hat – Feb 12, 2015 - 48 participants

There is an African proverb which says:

“Regardless of a child's biological parent(s) its upbringing belongs to the community.”

Introduction

The Alberta Association of Services for Children and Families (AASCF), the Alberta Foster Parent Association (AFPA) and South Region Child and Family Services (CFS) worked collaboratively to provide an opportunity for foster parents, kinship providers and agency staff to come together to hear about some of the initiatives being implemented in South Region and to provide feedback as the changes. 113 people participated in the two sessions (Lethbridge and Medicine Hat)

Presentations included:

- An overview of some of the practice shifts and initiatives being implemented throughout the province and within the region by the Regional Director, Lonnie Slezina
- An introduction to Signs of Safety, David O'Brien
- Kinship Initiatives, Brenda McLaren
- FASD community of practice, Darcie Kotkas
- Lead Agency staff (Kimberley Wasylowich from Woods Lethbridge; Tracy Poisson from McMan in Medicine Hat and Angela Bidyk from SPEC in Brooks) spoke about Outcome Based Service Delivery

The presentations were followed by table discussions where participants addressed the following questions:

- What is working well?
- What are we worried about? and
- Where do we go from here?

Notes from the table conversations have been collected, sorted into themes and sent out to all who participated.

We are in an amazing time of changing practice, shifting relationships and innovation. There are many initiatives (45 or more) impacting child intervention practice; at different stages of implementation; within the regions or province-wide. These initiatives are part of the on-going evolution of child intervention, in that they are connected, complement each other, are moving in the same direction and are intended to support children and families to achieve better outcomes. As the practice of child intervention changes, so do the relationships: between foster parent, kinship providers, agency, CFS and DFNA staff working with children and their families.

It is important to note that many of the initiatives are only operational in some areas of the

region (i.e. OBSD in Lethbridge, Brooks and Medicine Hat) and some (i.e. Signs of Safety) are being implemented in all parts of the province. It will take time (up to 3-5 years and maybe longer) to implement all of the proposed initiatives and ensure that there is an alignment between policy and practice. Everyone (staff within CFS's, DFNA's, agencies and caregivers) working within the sector is being impacted and being asked to examine their practice, assumptions and relationships. The title of the workshop was very purposeful in that: "we are all in this together and have a responsibility to work towards creating the best outcomes possible for the children and families we come into contact through our work and in our communities".

While there is much good work to be excited about, there is still much to be accomplished - as change, especially in large organizations, takes time, diligence and a huge amount of good will on the part of everyone.

The power point presentations from the South Region sessions along with the taped sessions (and power points) from Calgary and Central Regions have been posted on the AASCF web-site: www.aascf.com under AASCF Initiatives/AASCF News and Resources: Caring for Our Children – Feb 2015 (South Region); Caring for Our Children - Oct 2014 (Central Region) and AASCF/AFPA Working Together – June 2014 (Calgary Region).

What is working well?

- **Relationships**
 - The communication about collaboration comes down to relationship
 - Some workers are very involved and are great at communicating, some not so much
 - Inter-agency collaborative meetings really help build an awareness and connection
 - Help look beyond policy and funding
 - CFS tries hard to understand what agencies do
 - Creating stable relationships between clients and support staff
- **Collaboration and communication** between agencies; agencies and CFS have been getting better:
 - Collaboration and partnership
 - Multi-disciplinary approach is working well and giving some children/youth better outcomes
 - Merging of east and west has helped pool resources
 - The navigator position from SACFS is working well – lots of collaboration
 - Unified framework
 - Team approach between CFS and contracted agencies
 - Better understanding of what is going on
 - Lead agency is more open to partnering with other community services/resources to meet the needs of families
 - More tag-teaming/collaboration with all services involved- open to more than one agency working with the same family/youth
 - Community involvement – especially with the schools
 - Ability to access resources as needed
- **Planning with clients**, youth and caregivers- not for them
 - Seeing clients as the expert- letting them guide the process
 - Open communication with family members

- Empowers the family
 - Better engagement from clients
 - Focus upon and celebrate positives
 - Clients are building trust with CFS – not as threatening
 - Work with the client's learning style
- **Kinship First** and keeping children in their bio homes
- **Better understanding of the diversity of Aboriginal culture**
 - We need to continue to push culture as a key component - what does this mean
 - Cultural understanding is key to helping with cultural identity
 - Elders play a pivotal role
 - Clients need to be connected to elders, sweats and their heritage
 - Connection to extended family on reserve
- **Signs of Safety (SoS)/OBSD**
 - Same philosophy between SoS and Triple P – want responsibility on parents to ensure the goals are theirs
 - We are getting good feedback from workers and families
 - Accountability for everyone on the team for specific tasks
 - shift from blaming, removing judgements and focus upon safety
 - Solution focused
 - identifying problems working with the 4 column form – focus upon positive
 - Language is more positive
 - More transparency builds trust
 - Work is more “hands-on” – more than giving a pamphlet
 - More resources involved with families
 - Shared responsibility
 - Supporting not enabling
 - Letting the family help build the plan of action with concrete and achievable goals
 - More creativity
 - Reducing barriers
 - Thinking “outside the box”
- Case conferences including families
 - clients in charge of their own plans
 - 4 column form can be used as a living document
- **Positive shifts in practice:**
 - Evidence based models work well (i.e. autism)
 - Changes at the Inn Between have been very successful
 - Relationship based – humanistic approach
 - Client focused, client driven
 - Strength based
 - Individual, unique based approaches
 - Services are not expected to be all things to all people
 - Permanency for children to stay in a good home is great
- **Training** programs are working well
 - Integrated training

- Training staff in the new approaches/initiatives
 - Need to stress the orientation training especially for new foster parents
- **FASD**
 - Disabilities focus
 - Community of practice
 - Concrete and practical FASD strategies and support
 - FASD training very valuable – shift from behaviours and look at root causes
- **Willingness to change**
 - Increased flexibility – who can be involved in order to keep families intact
 - Having opportunities like today- time for table discussions and brain storming – this is one of the most valuable parts of the day

What are we worried about?

- **Impact of the financial changes/restraints**; upcoming budget
 - Funding cuts – due to the price of oil dropping
 - Don't pull funding or cut services for everything that has been built to date
 - Resources will be pulled during this time of fiscal uncertainty
 - Funding for human service programming should not be dependent upon resource revenues – but on sustainable consistent and reliable plan
 - Staff hiring freeze will result in increased caseload size
 - Will caseloads increase due to cost containment
 - Losing CFS specialist positions due to budget cuts (positions are valuable!)
 - Prevention is cheaper than intervention
- **Support and success are inter-dependant.** If you remove supports failure may ensue, which leads to more failure and cost more in the long run
 - I.e. We do not take away a person's wheelchair because they now have better mobility and do not need the same level of support
 - Well-being of the client should be the measure of success rather than reduced supports
 - Stabilization is key
- **Lack of supports** to foster parents
 - Losing foster parents due to the lack of support
 - Foster providers read through 31 modules but do not get enough training
 - Many foster parents are unaware of the resources available
 - Receive information but no hands-on training
 - Need the same finances/supports that bio families receive to best support the children/youth they receive
 - When asking for help for children that have been adopted being told “No” or given hoops to jump through
 - Foster parents are not asked to be involved in case conferences or updated as to the plan changes.
 - Don't feel part of the team
 - Last to know, get's information about the plan changes from the parent/family (not the worker)
 - There is no Foster Parent Association in Medicine Hat
- Kinship homes

- Natural supports becoming frustrated with all the hoops that need to be met
- Are kinship homes being overloaded
- **Gaps in service** that need to be addressed
 - **Transitioning of youth** - need stronger planning for youth
 - Capacity assessments to help plan for adulthood
 - 17 is much too late to be starting to plan for living independently
 - Placement resources for youth
 - Housing youth – not just placing them somewhere without wrap around services
 - The funding available for youth to live on their own or attend school is not adequate
 - Delays getting children into kin care or adoption as families and worker try to determine the best option
 - **Disabilities** - need faster evaluation of special needs
 - **FASD** is still a relative unknown and so much more work needs to be done
 - More prevention efforts for FASD
 - We need to look at the disability – how do parents learn and what approaches need to be used
 - Teachers not being informed of FASD
 - Address teen pregnancy – prevention is better than reacting after the fact
 - Intergenerational **impact of colonization**, residential schools
 - Domestic and family **violence**; elder abuse
 - Need for more funding and resources
 - **Kinship** care and
 - Sandwich generation
- **Staff retention**
 - Recruit and retain good, trained, experienced, qualified staff
 - Workers are at different places on the learning curve
 - Experienced staff get most of the difficult clients
 - Capacity of workers – being asked to do more
 - Worker burn-out – high needs of many/most families
 - Vicarious trauma
 - Success rates fall when there is high staff turnover
 - Need for succession planning
- **Role clarification**
 - Building strong working relationships
 - between CFS and agencies/ FCSS
 - better sharing of information with foster parents
 - As CFS workers take on more of the “hands-on” work is moving away from agencies – agency workers are being underutilized (i.e. agency workers need degrees/diplomas but are being used only as drivers or for supervised visits)
 - Staffing to a high educational level for less family direct work
 - Not everyone is on the same page – between regions and within our region
 - Lack of consistency among workers
 - i.e. services provided to client - teens compare

- **New programs need to meet client needs** – not the other way around
 - Teens have an attitude of entitlement
 - Signs of Safety is not the answer for all protection concerns- doesn't mitigate all risk all the time
 - 4 column form –pre-identified solution can be difficult for those brought in after the fact
- OBSD tendering was limiting to one specific agency skill set – as a result, other agencies are not as invested in the process
 - Delegation of files evenly throughout all agencies

Where do we go from here?

- **We all have the same long term goal – healthy families, safe communities**
 - Work to decrease the stigma of being involved with CFS
 - Acknowledge that we are all working creatively in a way that is culturally respectful, understanding and open
 - New ideas, think outside the box
 - Need for more information-sharing meetings to learn about what is transpiring
 - Having session like this are beneficial
 - Great opportunity for foster parents to interact and get to know each other, as well as CFS and agency workers
 - Transparency
 - Stop using acronyms
 - Include foster parents in planning meetings
 - Use technology to support communication
- Continue with **strength based approaches**
- Continue to **build strong relationships**
 - Build strong teams that connect to community and bands
 - Who's job is it to maintain and build trusting relationships?
 - Collaboration happens at all levels and it does take time and effort
 - Common language
 - Common understanding of the meaning of the words being used
 - Have meetings before creating the R&E
- **Recognize foster parents** as a resource for families
 - Foster parents more involved in planning
 - Better communication with foster parents
 - Ensure calls/ texts/e-mails are returned within 12 or 24 hours
- Working intensively at the front-end - **building community collaboration**
 - Increased sharing of information about what works
 - Darcie's presentation on FSCD was excellent and needs to be shared
 - Address teen pregnancy – prevention is better than reacting after the fact
 - More structured homes available for disabled adults
 - **Partnerships** help to eliminate gaps
 - working collaboratively with community resources (creating a "net")
 - reduce duplication of service
 - Learn more about what each agency has to offer

- Make **EI/Prevention a priority** – will impact upon the need for crisis intervention
 - If we communicate well on the small issues, we can prevent them from becoming big issues
 - Empowering women concerning domestic violence to help reduce FASD prevalence
 - Work with children in schools to address violence
- **Cultural competency**
 - Integration of **First Nations** cultural awareness/competency for service agencies
 - Foster parents and service providers need training – needs to be a priority and starts here
 - Opakaasin has offered to provide support and be a resource
 - Signs of Safety and Early Intervention (EI) programming are empowering
 - Helps us prepare for our immigrant populations transitioning out of settlement
- **Transitioning of youth** to adulthood
 - warm transfers – where do children/youth/families get support after leaving care
 - wholesome activities for teens in care – special meeting places with supervision
- **More joint training** with both CFS and agency
 - Leads to relationship building, common language and common approaches
 - Even with budget cuts this should be a priority
- Increased funding for **research** into approaches that work – domestic violence
- **Host a Resource Fair**
 - An opportunity (for CFS and agencies) to learn about available resources, supports and programming
 - Take an inventory of actual resources and assess gaps
- **Support and coaching** after training to utilize and reinforce new skills/approaches
 - FASD and borderline clients are draining for staff
- More **funding for Community Family Support Workers** -families without status