

# Journal

For Services to Children and Families  
Fall Edition

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The Alberta Association  
of Services for  
Children and Families



# Journal

*For Services to Children and Families*  
*Spring Edition*

The AASCF Journal for Services to Children and Families (the Journal) is published two times a year by AASCF; a membership based provincial organization of child and family service agencies. The AASCF works to strengthen member agencies and promotes attitudes, practices and conditions that contribute to quality services for vulnerable children and families. Articles are the responsibility of the authors and do not necessarily reflect the views of AASCF.

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## **Aims and Scope**

This AASCF Journal for Services to Children and Families (Journal) will provide an environment for the child, youth and family service sector and other professionals to reflect on policy, practice, training and research in the sector. This Journal will maintain a practice focus using research. It is intended to focus on local and Canadian content. We want to promote best practice in areas that people are working in, and provide room for critical inquiry into some of the promising programs, practice and research that is occurring in the community.

This Journal particularly encourages papers from people who are working in the field, students who are doing some interesting research and as often as we can we would like to hear from children, youth and families that have experienced a particular program, a challenge or great success and feel that it is worth sharing with the sector in order for all of us to learn from.

At this time we are planning on having the AASCF Journal for Services to Children and Families published two times per year. We ask for your help in this effort. We have brought together a group of academics and practitioners to be our Editorial Committee. As the Editorial Committee reviews articles we are looking for academically sound work that is well written and relevant to our sector. We welcome contributions in the form of research and practice papers, case studies, brief communications and correspondence from readers.

Guidelines have been developed that the editorial board follows and those are available to anyone who wishes to contribute to this Journal. The editors are conducting blind reviews, and will encourage content experts to review articles that are within their areas of expertise. Authors should follow guidelines as outlined in the Publication Manual of the American Psychological Association (5th edition). Authors should not simultaneously submit a paper to more than one publication. The editors will edit papers for length, clarity and consistency. The Journal editorial committee reserves the right to alter the format of all articles to ensure that they are formatted consistently within the Journal. More complete guidelines can be requested from Rhonda Barraclough at [RBarraclough@aascf.com](mailto:RBarraclough@aascf.com).

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### ***Editorial***

As I read the articles in this edition, and think of my child going back to school and his activities over the summer, I begin once again to realize how short our time is together and how our impact on each other is so valuable. We live our life in phases. When one ends, another begins. Change is constant and life is short. We need to seize the moment and live life to the fullest, and have no regrets. I also realized that from my own child and the hundreds that I have come across in my social work career that I have learnt so much from each one and will continue to do so for the years to come. How to forgive, how to love unconditionally not expecting anything in return, how to be innocent, how to enjoy the small things in life, how to be carefree.... The list is endless....

The goal of the child welfare system is to promote the safety, permanency, and well-being of children and families. Even among children who enter foster care, most children will leave the child welfare system safely to the care of their birth family, a relative, or an adoptive home. It amazes me how resilient kids are as they enter and exit the child welfare system. Even though many of the children have realized some sort of trauma they are for the most part able to cope, love and move on. It is also clear from my experience that no matter how skilled or experienced workers are, when they work in close proximity to major trauma, they will be impacted by it. They need to take care of themselves and get support when and where they can.

The system needs to give that support to both the children and the workers who are there for the kids. It is tough work, rewarding work and probably the most important work in the world. Children need to be a priority not only for the government (the system), but also for the communities in which they live. We are all aware of the caseloads that are too large, resources that are too short both in the government systems and the community agencies that support it. Nevertheless, there are many skilled and ethical professional workers who are committed to their work with children and whose efforts have made positive differences in the lives of vulnerable children and families.

As the articles in this edition remind us - No matter where we are in life, let's take care of our precious children!

Rhonda Barraclough, BSW, RSW  
Executive Director, AASCF



## **Responding to Victims of Family Violence in the Chinese Community: Best or Promising Practice?**

*Ann Howlett, Marcella Olivares, Fion Lee and Alana LaPerle*

### **Abstract**

Responding to family violence in immigrant, refugee and established ethnic communities in North America is complicated by a number of barriers faced by those seeking assistance. Barriers include language and cultural differences, economic dependence, social isolation, lack of knowledge about the law and lack of knowledge of available services. *Responding to Victims of Family Violence in the Chinese Community* was created as a pilot project in 1999, to overcome these barriers and to change the way mainstream providers and systems responding to family violence in ethnic communities. The program is currently delivered through a partnership between ASSIST Community Service Centre (serving the Chinese community in Edmonton) and Edmonton John Howard Society – Family Violence Prevention Centre. The purpose of this study was to 1) examine the effectiveness of the service model as a best practice for addressing family violence in ethnic communities, and 2) explore the potential to adapt the model to work with other ethnic communities. “Best practices” were defined as research-based, or proven, elements of programs that are designed to meet specific needs and are grounded in an empirically based practice paradigm (Potocky-Tripodi, 2002). In alignment with this definition, results showed that the program meets both client and organizational needs and that research and evaluation are hallmarks of the program. With respect to the second purpose, results showed that the service model was dependent on a number of factors that could limit its replicability in other geographic or ethnic communities. These factors included the presence of an appropriate community service agency in the targeted ethnic community and a mainstream agency with expertise in victims' assistance. Given these findings, *Responding to Victims of Family Violence in the Chinese Community* can be called a best practice for addressing family violence *in the Edmonton Chinese community* but more research is needed to determine its adaptability to other ethnic and geographic communities.

### **Introduction**

Responding to *Victims of Family Violence in the Chinese Community* (“the program”) was developed in response to a community needs assessment and secondary research on the barriers to service experienced by victims of family violence in ethnic and immigrant communities. It began as a pilot project in 1999 to respond to the barriers experienced by Chinese victims of family violence in accessing culturally and linguistically appropriate services. It is the only program that exists in the Edmonton Chinese Community to address gaps in services related to family violence issues and the criminal court system.



The program is delivered through a partnership between ASSIST Community Service Centre and Edmonton John Howard Society (EJHS). ASSIST, in partnership with EJHS, is responsible for hiring staff that understand the Chinese culture, speak the language, bring relevant education and experience in community social work, and can develop trusting relationships with victims of family violence. Program staff is housed at EJHS – Family Violence Prevention Centre, which offers privacy and safety for victims and professional support for outreach workers who work as part of the Family Violence Prevention Centre team.

Program evaluation has shown that the program has successfully addressed the service gaps that existed in the Edmonton Chinese Community prior to 1999 and is effective in overcoming common barriers to service (Edmonton Chinese Community Services Centre, 2001). Given these positive results, the purpose of this research project was not to evaluate the program or service model. Rather, it was to 1) examine the effectiveness of the service model as a best practice for addressing family violence in ethnic communities, and 2) explore the potential to adapt the model to work with other ethnic communities.

For this study, “best practices” were defined as research-based, or proven, elements of programs that are designed to meet specific needs and are grounded in an empirically based practice model proposed by Potocky-Tripodi (2002) that:

- Makes maximum use of research findings.
- Specifies problems, interventions, and outcomes in terms that are concrete, observable and measurable.
- Collects data systematically to monitor the intervention.
- Uses research ways of thinking and research methods in defining clients' problems, formulating questions for practice, collecting assessment data, evaluating the effectiveness of interventions, and using evidence.
- Demonstrates empirically whether or not interventions are effective.
- Views research and practice as part of the same problem-solving process.
- Views research as a tool to be used in practice.

This study sought to answer the question: Is a service model like this one more effective than other approaches to address the needs of victims of family violence in immigrant/ethnic communities? In other words, is it a best practice?

### ***Methodology***

Methodology for this study included a literature review and collection of primary interview data. Published literature (research based) and selected unpublished reports (grey literature) were reviewed to identify service models used by organizations in North America to address family violence in immigrant/ethnic communities. In addition, this study was greatly informed by a broader review, undertaken by RESOLVE Alberta in late 2009, to examine promising practices to engage ethno-cultural communities in ending



domestic violence (Tutty, Giurgiu, Weaver-Dunlop and Christensen, 2010). Primary data for the current study was collected through focus group and one on one interviews with Advisory Committee members, clients, program manager, outreach workers, justice stakeholders and other service providers that serve ethnic/immigrant communities. All interviews were conducted by an external evaluator.

### ***Literature Review***

There is wide agreement in the literature on the barriers to seeking assistance by victims of family violence in immigrant/ethnic communities. These barriers include: language (Blum, Heinonen, Milliard & White, 2006; Davis & Erez, 1998; Bui, 2003; Keller & Brennan, 2007; Lee & Au, 2007; Santiago, 2002; Senturia, Sullivan, Cixke & Shiu-Thornton, 2000; Sokoloff & Pearce, 2008; Sullivan, Senturia, Negash, Shiu-Thornton & Giday, 2005), cultural differences (Blum et al., 2006; Davis & Erez, 1998; Lee & Au, 2007; Sokoloff & Pearce, 2008), economic dependence on the perpetrator or insufficient financial resources (Bui, 2003; Santiago, 2002; Senturia et al., 2000; Sokoloff & Pearce, 2008; Sullivan et al., 2005), social and cultural isolation (Davis & Erez, 1998; Santiago, 2002; Shim & Hwang, 2005; Sullivan et al., 2005), lack of knowledge about the law (Davis & Erez, 1998; Sullivan et al., 2005), differing understandings of what constitutes family violence (Keller & Brennan, 2007), lack of culturally-sensitive services (Davis & Erez, 1998), lack of knowledge of available services (Keller & Brennan, 2007; Senturia et al., 2000; Shim & Hwang, 2005; Sullivan et al., 2005) and concern about and threats arising from immigration status (Blum et al., 2006; Senturia et al., 2000; Sokoloff & Pearce, 2008).

While some studies concluded that intervention and assistance are more effective when provided by people who share the culture and language of the victim (Bui, 2003; Keller & Brennan, 2007; Senturia et al., 2000; Ho, 1990; Kim-Goh & Baello, 2008; Preisser, 1999). Tutty et al. (2010) found that it might be enough for service providers simply to be “aware of the immigrant’s cultural background and understand the effects of acculturation” (p. 8). They noted that many service providers use trained advocates who “serve as cultural brokers for clients, providing interpretation and translation, and helping clients navigate unfamiliar customs and systems” (Tutty et al., 2010, p. 20), rather than individuals who share language and cultural background with their clients.

There is some evidence that as long as victims of family violence are able to make an initial approach to someone within their own community – who may be a professional, an advocate, or a volunteer facilitator – they will be encouraged to take action rather than remain victimized (Davis & Erez, 1998; Santiago, 2002; Senturia et al., 2000; Engstrom & Okamura, 2007). A small number of studies suggest that cross-cultural or bicultural training could be provided to social work professionals to achieve similar results (Santiago, 2002).

The literature review did not uncover any same or similar service models in North America, indicating that a service model that combines community-connection with expertise in family violence support may be unique. In most cases, culturally competent services are delivered by a single immigrant-serving agency or by collaborative networks of multicultural and/or community based agencies. Tutty et al. (2010) identified the following as “essential models” to facilitate access to services by immigrant victims of domestic violence:



community outreach, recognizing and addressing immigrant women's needs and barriers, and developing language competency (p. 10). The Responding to Victims of Family Violence in the Chinese Community service model contains all of these essential components.

### **Results**

The first purpose of this study was to answer the question: Can the Responding to *Victims of Family Violence in the Chinese Community* service model be defined as a best practice? To answer this question, the research findings were aligned with the definition and criteria for best practices, specifically that best practices are research-based or proven elements of programs that are designed to meet specific needs and are grounded in an empirically based practice paradigm.

First, is the program meeting specific needs? Results show strong agreement among clients, program staff, advisory committee members, justice stakeholders and other service providers that the program is meeting both client and organizational needs. Specifically, it meets the following needs identified in the original needs assessment:

- Culturally and linguistically appropriate community workers with family violence experience;
- Crisis intervention services;
- Information on family violence and the laws and rights in Canada, and
- Change in the way mainstream service providers and systems respond to family violence in the Chinese community (Edmonton Chinese Community Services Centre, 2001).

Moreover, the program overcomes the barriers to service experienced by victims of family violence in ethnic and immigrant communities that are consistently identified in the literature, specifically:

- Language barriers;
- Cultural differences;
- Economic dependence on the perpetrator or insufficient financial resources;
- Social and cultural isolation;
- Lack of knowledge about laws and available services;
- Differing understandings of what constitutes family violence;
- Lack of culturally-sensitive services;
- Lack of knowledge of available services; and
- Concern about and threats arising from immigration status.

Second, is the service model grounded in an empirically based practice paradigm that makes maximum use of research findings? A review of program practices showed that research and evaluation are hallmarks of the program, if not the key drivers. A program logic model meets the criteria for specifying problems, interventions and outcomes in terms that are concrete, observable and measurable. Outreach workers collect data systematically to identify client needs, develop a flexible service plan and monitor service delivery. Annual surveys of clients and referring service providers are used to demonstrate the effectiveness of the program and to make any needed adjustments to the service. Ongoing client feedback, exit interviews and satisfaction surveys are also used to monitor and evaluate program effectiveness.



Clearly, research is an important element of the service model but the program does not make maximum use of research findings – for the simple reason that program resources must, necessarily, be focused on service delivery. Limited resources make it very difficult to follow clients after a file is closed to measure long-term impact of the service. There are also few resources to measure the impact of education and related activities on the community agency (ASSIST), Chinese community and within the justice system.

The second purpose of the research study was to ask: Can this service model be adapted to other ethnic communities? In general, Advisory Committee members agreed that this service model is generic and could be easily adapted to other ethnic/immigrant groups. Specifically, they said the outreach element of the program is generic, pointing out that for many immigrants, Western-culture social services are unfamiliar, which makes outreach necessary. Other service providers agreed that the approach would be effective in any ethnic community but that the key would be having the right partners and partnership agreement in place.

In order to replicate this service model in other ethnic communities in Edmonton, there must be an existing community agency that has already established awareness and trust within its ethnic community. There must also be trained human services professionals within that ethnic community who can take on the role of outreach worker. Specific training in family violence can be provided by the mainstream agency.

The mainstream agency in the partnership must also meet certain requirements. First, it must have knowledge of the justice system and experience in victim assistance, particularly in serving victims of family violence. Second, it must be committed internally to diversity, which includes seeking diversity in its staff and responding to diversity in its clients. The Family Violence Prevention Centre (FVPC) fit these requirements but is a unique model that may not be present in other communities. If no comparable agency to the FVPC is present in a community, it is not clear what type of mainstream agency could step in to play that role.

### **Conclusion**

The *Responding to Victims of Family Violence in the Chinese Community* service model is effective in meeting client and organizational needs and efficient in its use of partner agencies' resources. The program design was grounded in primary (needs assessment, focus groups) and secondary (literature on barriers to service) research and continues to integrate research as a tool and integral part of practice. These findings correspond to the definition of best practices adopted for this study and point to the conclusion that the service model is, indeed, a best practice – the first purpose of this study.

With respect to the second purpose of this study – that the potential to adapt the model to work with other ethnic communities be explored – the results are mixed. On the one hand, key informants expressed their opinion that the model was generic and applicable to other ethnic communities. On the other hand, the model has not, yet, been replicated and replicability appears to be dependent on a number of factors. Specifically, it requires a mainstream agency with expertise in victims' assistance, particularly assisting victims of family violence, and a demonstrated commitment to diversity. It also requires the presence of an appropriate community service agency and availability of human services professionals in the targeted ethnic



community. For emerging refugee and immigrant groups, this resource may have to be developed in the target ethnic community before a similar model could be implemented.

The *Responding to Victims of Family Violence in the Chinese Community* service model can be called a best practice for addressing family violence *in the Edmonton Chinese community*; however, more research is needed to determine its adaptability to other ethnic and geographic communities.

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**Universal Child Care in Canada**  
**A position paper**

*Angela Wilson*

**Would the implementation of a National Child Care program in Canada be more effective than the Universal Child Care Benefit?**

**1. CANADIAN CHILD CARE: PAST AND PRESENT**

***Introduction***

If you are a parent with a young child or know someone with children you are probably aware of the lack of available child care spaces in your community. The reality is that many Canadian families are putting their unborn child on a waiting list for high-quality child care due to a shortage of spaces (Sanders, 2008). In Canada, there are over 2 million children under the age of six and two-thirds of these children have a mother who works (Statistics Canada, 2009). In many cases, due to a variety of factors such as the rising cost of living, an increase in the number of single-parent families and the fact that seventy percent of women are part of the labour force (Organisation for Economic Co-operation and Development [OECD], 2009), a growing number of families must rely on child care. The most recent statistics show that in 2002-2003, 54 percent of children aged six months to five years were in some form of non-parental care, this is a 12 percent increase from 1994-1995 (Statistics Canada, 2003). However, although more families than ever before are in need of child care, across Canada, excluding the province of Quebec, only about 24 percent of children aged zero to six years have access to regulated child care spaces (OECD, 2006). For this reason, the Organization for Economic Cooperation and Development (OECD) ranked Canada in last place (twenty-first out of twenty-one countries), among all developed nations in terms of access to early learning and care spaces and public investment in early childhood programs (OECD, 2006).

As new research about the benefits of early childhood development (ECD) emerges many people may be asking themselves, “What is early childhood development and how does it relate to child care?” Early childhood development refers to the period of brain development that occurs between the ages of zero and six years. Research shows that during this period, a child's potential to learn is at its peak and that providing quality child care and early learning experiences can increase the probability that the child will have good physical, emotional and mental health throughout their life (McCain, Mustard & Shanker, 2007). ECD relates to child care because research shows that children who receive high-quality child care are more likely to have better cognitive and social skills (Centre of Excellence for Child Development [CECD], 2004). High-quality child care is characterized by having the following elements: a low adult to child ratio, small group sizes, staff with post-secondary education in ECD, well defined spaces and high parental involvement (Canadian Council on Learning [CCL], 2006). However, given the current state of child care in Canada, the Canadian Council on Learning noted that, “Right now, whether or not a child receives high-quality child care depends greatly on the child's family situation. Families with higher incomes and greater social and emotional resources tend to use higher quality care” (CCL, 2006, p.3).



### ***The Universal Child Care Benefit***

The Universal Child Care Benefit (UCCB) was introduced by the federal Conservative government in 2006. It is a taxable benefit that provides families with children zero to six years with monthly financial assistance for child care. As cited on Service Canada's website, eligible families can receive up to 1,200 dollars a year for each child (Service Canada, 2010). However, the average cost of accredited child care across Canada is between 600 to 1,000 dollars per month, per child (Cleveland, Forer, Hyatt, Japel, & Krashinsky, 2008).

The UCCB replaced the National Early Learning and Child Care Program named Foundations, which was introduced by the Liberal government in 2004 and was to be implemented in 2006. The Foundations program was developed to create high-quality, government-regulated spaces at an affordable cost to parents (Liberal Party of Canada, 2004), and was based on four fundamental principles: quality, universality, accessibility and developmental (QUAD)(Liberal Party of Canada, 2004). When the Conservative government took power in 2006, Ontario, Manitoba and Quebec had already signed an agreement to implement the *Foundations* program, and the remaining provinces had agreed in principle (CTV, 2006). However, the program agreements with the provinces were cancelled by the Conservative government because of the parties platform promise to give parents more choice by providing a taxable payment that was not tied to use of child care. Families would be able to spend the benefit however they wished (Battle, 2008). As a result there is no public accountability for creating child care programs, which has contributed to a shortage of affordable, quality spaces and allowed the market to regulate fees

### ***Universal Child Care***

Universal Child Care is defined by the OECD as a “provision that is available to all children whose parents wish for them to participate,” (OECD, 2006, p. 4). A universal program focuses on increasing accessibility, affordability and equitability. In countries that have implemented universal child care programs, the costs are split between different levels of government, inter-governmental departments, or they have incorporated early childhood programs into their education systems. In order for these funding models to work there needs to be high public acceptance of the importance of early childhood development (ECD) (OECD, 2001). For example, in Italy and the Netherlands, studies have shown there is a high level of public approval for ECD programs. Even though enrolment is not mandatory, over 95 percent of children in each of these countries attend early learning programs regardless of their income (OECD Education Database, 2001).

While overwhelming research shows the importance of having high-quality early childhood programs, in Canada there seems to be a lack of understanding about ECD issues and their significance (McCain et al, 2007). It could be the result of low public investment by the government in this area. Canada currently spends about 0.2 percent of its gross domestic product (GDP) on early learning and care services, which is the lowest amongst all developed countries. In comparison, Denmark ranks the highest and spends approximately 2.0 percent (OECD, 2006).



In Canada, Quebec is the only province that has a universal child care system in place. All other provinces allow child care fees to be regulated by the market and families contribute between 34 to 82 percent of the costs, depending on where they live in the country (OECD, 2006). Some subsidies such as the UCCB and the Child Tax Benefit are available to families, but research shows that most low-income families use child care with lower levels of quality, either because they cannot afford the fees for higher quality programs or because spaces are not available or accessible to them (Japel, Tremblay, & S. Côté (2005) as cited in CCL, 2006).

The province of Quebec implemented a universal child care system in 1997, at which time, changes were made under the *Quebec Family Policy Reform*. This resulted in increased funding for child care subsidies and investments in ECD programs (Cleveland et al., 2008, p 5). Due in part to these changes; Quebec currently has the highest number of high-quality child care spaces in Canada. In Quebec, over 40 percent of children zero to five years has access to regulated child care compared to 24 percent in the rest of Canada (Friendly, Beach, Ferns, Prabhu, & Forer, 2009). Quebec's system operates through funding from the provincial government, which accounts for about 83 percent of operating costs. Parents pay a seven-dollar per day user fee (Government of Quebec, 2010). It is also the only province with a provincial wage scale for child care workers (CCL, 2006).

Investments in universal child care systems have become a priority for many countries around the world, notably Sweden, Norway, Denmark and Finland. All of these countries have government funded and regulated universal child care systems in place for children ranging from zero to 12 years (OECD, 2006). As a result, each of these countries ranks in the top five for achieving the benchmarks standards established by the OECD for early learning and care programs and investments (UNICEF, 2008). Accordingly, each of these countries spends more than double on early learning and care programs than Canada does. However these countries also have the highest levels of personal income taxes in the world (Encyclopedia of Nations, 2010).

Since more families are using child care than ever before, there has been new research that looks at the adverse effects child care can have on a child's development. The two main areas of concern for young children are the amount of time a child spends in care and how that affects a child's relationship with his or her parents (Ahnert (2004) as cited in CCL, 2006). There is a strong consensus amongst ECD researchers that parents are a child's first and most influential teacher and the bond between parent and child are very important (McCain et al., 2007). However, as the need for parents to work increases it is essential to look at the benefits of providing all children with high-quality learning opportunities while they are not in the care of their parents. Evidence shows that regardless of the number of hours a child spends in child care “the higher the quality of care, the fewer disadvantages” (CCL, 2006, p. 3). In addition, research also shows that children from low-income families tend to benefit the most from high-quality child care because it can protect them from the effects of living in at-risk homes (CCL, 2006). It is estimated that only about one-third of child care centres and licensed day homes in Canada meet quality standards, which is defined as “providing the type of care that contributes to children's social, language and cognitive development” (Doherty, Friendly, & Beach 2003, p. 35).



## 2. A NATIONAL CHILD CARE STRATEGY IN CANADA

In order to implement a universal child care system in Canada the government must first acknowledge its role in providing high-quality early learning and care programs for young children. The OECD has called upon developed countries to invest a minimum of 1.0 percent of its GDP on early childhood education and care. For Canada this would be an increase of 0.8 percent (OECD, 2006). There also needs to be a commitment from the federal and provincial governments to work together to create a child care strategy similar to the Foundations program from 2006. The plan must include the QUAD principles: quality, universality, accessibility and developmental, in order ensure that all children are receiving the highest quality early learning and care opportunities no matter what their income level. In his keynote speech at a conference hosted by the Council for Early Child Development, former Prime Minister Paul Martin noted that from a policy perspective, early childhood policy should be linked with education so the government can regulate fees and wages for child care workers (Martin, 2009).

There also needs to be methods for evaluating ECD programs to ensure they are effective. One evaluation tool that is being used in Canada is the Early Development Instrument (EDI), which is used to measure a community's ability to support children's development (Offord Centre for Child Studies, 2010). A second is the Early Years Evaluation (EYE), a program that was designed to help assess the skills of children aged three to six years in the areas of self-awareness, social skills, cognitive skills, language and communication, and physical development (Canadian Research Institute for Social Policy, 2008). These evaluation tools allow governments to measure the outcomes of these programs, as well as address specific problems in a child's development before they enter school.

Research shows that long-term benefits of high-quality child care programs can be very far-reaching and it even suggests that positive early childhood experiences are linked to lower crime and drop-out rates (McCain et al., 2007). As noted by prominent ECD researchers, "The early development research is now so compelling that there is a growing consensus among economists...that the most cost-effective human capital interventions occur among young children" (Kershaw, Anderson, Warburton, & Hertzman, 2009, p.1). Studies have shown that increasing investment in ECD programs is the key to ensuring Canada's long-term economic success. By addressing the needs of vulnerable children before they enter school, we can ensure they are able to thrive and become contributing and healthy adults (Kershaw et al, 2009). New research from the University of British Columbia shows that 29 percent of children living in that province do not meet the developmental benchmarks they need to be successful when entering school. As a result, economists have predicted that, "this depletion (in human capital) will cause BC to forgo 20 percent in GDP growth over the next 60 years" (Kershaw et al, 2009, p. 5). Further, creating more high quality child care spaces would give more parents the choice to return to work or school without the stress of having to find appropriate care. This would also increase Canada's tax base and labour capacity. A recent study on child care usage reported that "good-quality non-parental care is desirable but unaffordable for most," and that most families, "are sacrificing considerable income to reduce their child care costs to an affordable level"(Cleveland et al, 2008, p.17).



In order to raise Canada to the same level as other OECD countries in the area of early childhood education and care, the government needs to eliminate the UCCB and use the money to create more high-quality child care spaces and programs. Studies suggest that the UCCB is not an effective way of dealing with the shortage of high-quality child care spaces in Canada because there is no accountability for the way the money is spent and there is no incentive to create new spaces (Kershaw et al, 2009). In addition, the 1200 dollars a year that parents can receive from the UCCB does not cover the cost of child care and since it is a taxable benefit some families are not eligible. Moreover, the UCCB does not address issues of inequality or barriers to access that currently exist due to lack of affordable high-quality child care spaces.

In conclusion, both from an economic and a social perspective the implementation of a National Child Care program in Canada would be more effective than the Universal Child Care Benefit. By working together with the provinces and building upon the *National Early Learning and Child Care Program* framework developed by the Liberal's, Canada has enormous potential to be able to give all children the best possible start to life.

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## Outcomes Based Service Delivery – On the ground

*Joni Brodziak, RSW*

### **Abstract**

In the last article (2nd edition AASCF Journal), we reviewed history and evolution of Outcome Based Service Delivery (OBSD) and the intention behind the direction. Now we will review, beyond a philosophy what it OBSD really means 'on the ground'. Specifically we will review:

- What outcomes are we talking about?
- What is actually happening at Phase-in sites?
- What lessons are we learning?

### ***Outcomes/Performance – The measurement approach to OBSD***

With OBSD, a collaborative relationship between the Ministry and contracted agencies is being established that will provide the system a focused opportunity to expand upon client centered outcomes that are challenging to measure. Besides using this information to generally “keep all stakeholders focused on the same objectives” (Oss, 2010), the information gathered and reported on will:

- Inform and guide practice towards improving outcomes for children, youth and families that we serve—by using outcomes data, in combination with research, for ongoing quality improvement and adjustments to service delivery;
- Help both the Ministry and agency sector better understand emerging trends in caseloads;
- Allow us to consistently measure agency and authority performance over time to track progress; and
- Compare agency and authority achievement of outcomes; highlighting best practices and areas for attention and improvement.

In order to build an outcomes measurement framework that is meaningful and reflects the goals we are trying to achieve, we are beginning by using the *National Child Welfare Outcomes Indicator Matrix*, which is generally accepted as measures of system effectiveness in child protection in Canada. The Child Welfare Matrix represents the complex interplay of factors involved in balancing the child's needs for protection with their needs for a nurturing and stable home environment as well as with the family's and community's capacity to provide the supports needed by the child (Trocme, MacLaurin, Fallon, Shlonsky, Mulcahy, & Esposito, 2009). Under OBSD, the effectiveness of services for children and families will be measured using the four domains that reflect child and family centered outcomes, including: ***Safety, Permanency, Well-Being and Family and Community Support***. The outcomes measurement framework for OBSD will be broken down by Ministry and agency measures that are intended to be complementary to give a balanced picture of overall progress towards 'outcomes'.



The premise upon which the outcomes framework is being built is simple: start slow, keep it manageable and make sure it is relevant. Based on experiences in other jurisdictions, we have begun by picking measures and methodology that will be validated with stakeholders. At the same time we will begin simple by reporting on measures to establish a baseline for future years. The desired end state is a set of indicators that are considered valid measures of the overall system; however outcomes measures alone cannot paint the full picture of overall service quality and effectiveness. This framework alone cannot be the whole of performance measurement/management and will not replace accreditation and practice standards which measure processes that support quality service delivery. Over time the intention is that a process is created that blends accreditation and practice standards as well as case reviews to inform a robust performance management/quality assurance routine that informs the system. Ideally over time, this routine will assist both the Ministry and the agency sector to jointly understand how what we do contributes to improved outcomes for children and families.

Principles for the development of outcomes measurement in OBSD include:

- Recognition of the contribution and capacity that the contract agency sector has to measure outcomes data;
- Information needs to be relatively simple to gather and build upon existing reporting processes and data collection systems;
- The Ministry, regions and agencies need to be supported by structured opportunities and processes to review and analyze outcomes and performance data; and
- Outcomes need to be weighted on their relative importance and need to have relevance for those who will use the information to guide their practice and organization.

### ***What is actually happening at pilot sites?***

#### **The Phase-in sites**

4 Regions and 4 pilot sites have already 'phased in' with a *lead agency* and an altered funding model *-case rate*.

The core elements of the 'lead agency':

- This is a one-agency (or group of agencies) delivery model with an altered contracting and funding structure to allow flexibility and adaptability in service provision and accountability to outcomes.
- This agency is responsible for the provision of all services to one defined service delivery area and works with the child and family throughout their involvement with the formal child intervention system.
- Intake into services is managed based on the geographic area identified and includes an expectation that all children and families referred are accepted into services.
- While some of the locus of control for progress on a mutually agreed upon case plan services shifts to the agency, ultimate decision making and accountability for services continues remain with the director and is not be sub-delegated.



The core elements of the 'case rate' are:

- The lead agency is paid a pre-determined amount of dollars for each child that is referred for services that includes typical or historical costs for serving families in defined area.
- All children/families are accepted into service regardless of level of need.
- Outside of case rate exceptions are established so that agencies are well supported in providing supports to children with unique and exceptional needs.
- The lead agency is responsible for providing all services until such time as child is no longer in need of intervention.

The regions chose a worksite as a Phase-in site and entered into a tender process to select a lead agency. Once the lead agency was selected, the regions entered into a planning or transition stage where guiding principles for working together were established, some training and orientation occurred, and processes for referrals were established. The practices include very early engagement of the agency with the family, the development of a singular case plan that is developed with the family, the caseworker and the agency staff all contributing, collaboration on service delivery and services tailored to individual family circumstances. Although it is far too early to make any claims about the success of OBSD, there have been some promising trends for children and families to date, including:

1. An apparent change of ratio of children receiving services at home vs. in care; that is more children are receiving services at home vs. in care than would be traditionally anticipated;
2. Children and families whose involvement is more focused and shorter in duration; and
3. Families who are expressing a greater level of engagement in planning and feeling supported to be successful.

These trends need to be reviewed over time to make a more definitive assessment of improvement in longer term outcomes.

As the Phase-in sites were developed using a 'Learning Lab' approach, we are literally learning as we go. This method of discovery can be both an opportunity and a challenge, but is absolutely necessary to redefine processes and practices that are effective in evolving and complex system as child welfare. Turnell and Edwards (1999) in discussing their experiences with developing new processes indicated:

- “We learned time and again that the approach was most quickly assimilated when we:
1. Assumed and elicited the considerable experience and good practice of child protection workers we were training
  2. Based our training on actual case material
  3. Collaborated with workers over an extended period, fostering and also learning from their experiences in using the ..... model” (Turnell & Edwards, 1999 p.7).



### ***Lessons learned to date***

While promising early results hold hope for the future, there are some lessons learned to heed and consider as OBSD progresses.

### **Regarding improved services for children and families:**

- Using one common case plan to establish and define what types of supports a family needs provides great clarity for both families and stakeholders. Families can be better engaged in planning for their own services and supports
- Agencies have a strong knowledge base in well-being that can make a significant contribution to case planning that focuses on strengths and resiliency factors. This can balance the assessment of 'risk' both in the short term and long term and can assist with the “reorientation of thinking about what works to keep children safe and foster their well-being; to move from being risk-based and deficit oriented to strengths and capacity centered” (Lonne, Parton, Thomson, & Harries, 2009, p 110).
- As referrals to agencies in the traditional stream often occurred after the crisis, agencies have not always been exposed to the more crisis-oriented side of the work where critical decisions need to be made quickly. It is helpful for agencies to have a better understanding of 'risk' and the types of situations that caseworkers find themselves in order to better provide services.
- Agencies and caseworkers, when provided the opportunity, can be adaptive and creative in terms of service 'delivery' that wraps the right supports around families.
- Agencies have a fairly solid capacity to assess child development/well being and parenting capacity, which are critical components to better supporting families in communities.

### **Regarding working together:**

- Spending time together developing agreement on a common set of principles of practice sets the stage for being able to have challenging, dynamic discussions.
- Collaboration both from a program development and a case planning perspective takes time. Structured opportunities need to be provided for frank discussions about what is working well and what isn't.
- Different philosophies and perspectives can be helpful, but can make decision making more challenging and time consuming.
- Allowed the time, staff that is directly impacted by system changes can and will develop innovative solutions.
- Agencies and the Ministry bring different skill sets to the table that needs to be not only acknowledged and leveraged.



**Regarding moving forward:**

- Need to continue to develop clarity of roles and responsibilities between Ministry and agency staff. Specifically we need to better define the functions of staff in case planning, decision making and service delivery. Anecdotally, these functions seem to be clearer in Family Enhancement situations and more challenging in Child Protection where activity and processes become more complicated, decision making more challenging and risk arguably elevated.
- Time for collaboration to the extent that appears to contribute to improved client outcomes can be challenging to carve out amidst of all of the expectations on workers. Recommendations in this area include continued review and identification of processes and expectations that are barriers to collaboration.
- Despite the fact that roles between delegated workers and agency staff are distinct, up-front training and orientation for agency staff on specific areas, including the Child, Youth and Family Enhancement Act and the Casework Practice model would be helpful. Fundamentally, contract agency staff should have an opportunity to learn about the system in which they deliver services to children and families. Conversely ministry caseworkers would benefit from more orientation on the intervention model/theory that is being employed by the agency.
- The process of referrals to agencies needs to be carefully considered. The Phase-in sites have noted an unanticipated number of situations where agencies are able to be engaged in providing supports to families before a decision to open a formal file has been made. While this practice is likely better for families and may contribute to some of the promising results to date, we need to better understand what this means for referral and funding in the future.
- There is confusion about how overall outcomes are connected to direct work with families and concern that a focus on outcomes may compromise quality service delivery. We need to bridge the gap between the aggregate measure of client outcomes and what goals we are working towards for families, which include the continued focus on practices and processes that support service quality.
- Need to engage caregivers (including foster parents, kinship caregivers and adoptive parents) in better understanding of OBSD and how they can best participate and contribute.

These lessons learned will contribute to the formulation of next steps and will continue to inform the development of a finalized approach for OBSD that works for children/families and those that serve them.

***What's next?***

What is it like working on the ground? Some words from the phase in sites.  
How will we know we have been successful? What are we evaluating?  
The Next phases – what will they look like?



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## I Want a Happy Meal

*Dorothy Badry, PhD, RSW*

### **Preamble**

*I came across this poem I had written one night after coming home very late from a shift in the crisis unit, working as a child protection worker between 1986-2002. I remember the case as though it was yesterday and the ordeals of the children. Over time, and after many similar cases, not all as heart wrenching as this one, one learns to let go, but never forgets the stories of the children who we must protect. At the core of society the need to protect children runs deep and is a public and social responsibility. We must protect children from families where alcohol abuse and violence become the norm – it is our duty as a society. It is in the interest of caring for and forming all citizens in our society. It is an inescapably important job that must be done on the behalf of children and families.*

*The call had come to the crisis line  
and out we went to find the children.  
Little boy crying, burdened soul  
So much to carry for a small child of only 10 years  
beaten, bruised, alcohol on his breath.  
Tears of fear and anguish flowed  
afraid that he had to see his mother,  
afraid that we would return him  
to the house of horrors  
filled with drunks, knives, violence and lurking abuse.  
No security for the future  
None in a tortured past.*

*Confrontation with the drunken mother and uncle  
only occurs safely with two uniforms  
carrying badges and guns, nearby.  
The alcoholic haze in the home  
clouding the issues, creating confusion,  
A take down occurs, it is time to leave **now**.  
Along came the little brother, only three years old  
holding the hand of his big brother.  
Both bewildered and relieved  
at being removed from the chaos  
that was destroying their young lives.*



Let me console you children.  
Did you eat today?  
No – he said  
Are you hungry?  
Do you want to go to McDonalds's?  
Yes, I want a happy meal he cried –  
A burger with no onions and the same for my brother – he says  
with tears just streaming down his face  
Revealing this most frail and vulnerable child  
In his absolute need  
for peace, protection and food.

The story he tells reveals  
The nightmare he has been living  
-forced to drink alcohol as a punishment for not listening to an uncle  
-the tinges of blue on his face where he says his drunk mother hit him  
-the bruise on his back is from his violent stepfather, as, is  
the cut on his stomach and leg from being tortured with a knife.  
Once we are safely returned to the office, the children are fed  
and medical care obtained,  
A phone call comes from the stepfather to child welfare  
The call filled with profanity and intimidating threats.

**Sanctuary** for the boys  
Is found, in a foster home.  
The day is not done  
We still have to find the boy's sister  
She was not at home.  
His Honor listens to our story, knowing the sister is still out there and states:  
These children are in need of protection, find her. Use force if necessary.

Bless and protect the children  
Who should not have to endure such great ordeals  
And suffer at the hands of those who brought them into the world.  
My shift is over  
But the nightmare I have that night  
Reveals that the process of letting go of the boys  
And their story needs more time.

(Written approximately 1995 after a 12 hour shift in the child welfare crisis unit, revised 2010)



### ***PostScript***

I think that each person has a creative side and sometimes the message that comes from the heart can be just as powerful as other knowledge gained through research and study. As a researcher, I believe one always taps into his/her ability and desire to make sense of the social phenomena of study – such as child abuse in this case. The work I did in child welfare was profoundly life changing and truly, one of the greatest learning experiences of my life. I learned that I could do the work well and that I had an important role in the lives of the children with whom I worked. I think we must always be aware of how critical those relationships are in child protection work, no matter how brief an encounter might be. As a child protection worker, or those working in allied professions such as child and youth care we should value each interaction with children, as they are the ones who clearly carry the wounds and trauma of the past. We can work to make their lives better and through this be the best people we can be, knowing we have helped another through our care and simply being present. I think one of the most important things in working with children is to be a reflective and engaging person who holds a single focus on them, without distraction and thus, letting them know you are there. When children feel safe they are then able to ask for what they need in that moment. Self care and processing the experience are also important and can be done in different ways. I encourage each of you working in this field to find ways to process the experiences, to reflect on the meaning of them within your life personally and professionally, integrate, and ultimately let go of those experiences. In taking care of others we must always take care of ourselves so we give the best of our selves to others in a way that is more meaningful to a child than we may ever know.

I later came to learn that this young man has a Fetal Alcohol Spectrum Disorder. I also learned through my own research of this phenomenon, particularly in relation to birth mothers, that they also have troubled and traumatic lives. I believe that's what the birth of a child with FASD usually signals – intergenerational substance abuse and trauma. The other challenge in crisis work is that you often never find out what becomes of the children you apprehended in a crisis, but we can learn to care and let go of those moments, knowing we made a difference when it was important to do so.

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**Special Feature**

***The Alberta Association of Services for Children and Families would like to congratulate Berry Goble for the well deserved honor of receiving the National Child and Youth Care Counsellor of the Year 2010 Award***



**Jenny McGrath (CYCAA President), Berry Goble and Ron Strauss**

*Ron Strauss*

*In my nomination I talk about Berry's and my long careers as Child Care Counsellors and how we always intersected pathways for many years. It can be said that I admire Berry's dedication to the skills and profession and his love of the work, we all do in this field. Berry has worked for many years "after hours, volunteering" to continue to raise the bar, in this profession or at least to stop any erosion of professionalism and standards by committee work, standards and revisions. Berry has had to juggle government expectations, educate changing management staff, hiring standards and budget needs against the professional standards and roles of Child and Family Care Counsellors in Alberta*

The Child and Youth Care (CYC) Association of Alberta, and specifically Ron Strauss nominated Berry Goble for the national CYC worker of the year.



Berry's' resume includes 36 years in government service as a Child Care Counsellor, beginning at the Youth Development Centre (YDC) in 1974 as a Child Care Therapist and then became a Team Leader, then a Unit Supervisor. When he was already two levels above the job classification of a Certified Child Care Counsellor, Berry took a tremendous risk of failure, by studying, preparing and then passing the written and oral exam that many he supervised had already passed. Berry did this as a role model, and as a measure of ensuring the importance of this body of knowledge. Berry passed but did not receive any financial reward or promotion, normally given for this achievement. He has been a long term "certified member" that has not lapsed in all the years since. At YDC, Berry learnt, taught and implemented new programs such as Texas Group Skills at YDC to 180 staff then ensured the program was integrated into the daily lives of all clients in the YDC programs (100+).

Berry then worked in the Young Offender system, as a Director of several "Institutions" promoting extensive Skill Development for staff, and having them deliver impactful programs for clients in this system. This at times ran against some fierce opposition from the "corrections field" workers and the "system".

Berry has worked for the past 20 + years at Yellowhead Youth Centre (YYC) in Edmonton and is currently the Manager. He has spent 20 years working on Standards and Outcomes in this human services field for youth and families. Other recent significant efforts at YYC, include being part of establishing Skill Based and Treatment Based Groups, on all units from Secure, PESCA, Open, and Intensive Therapy Groups 6+ hours on the Mental Health Unit. Berry has in the last five years, insured the installation of Resilient and Solution Focused approaches, in all facets of the programs, with mandatory training, and active program adjustments that are on-going.

In addition to his role as Manager at YYC, Berry has served on the Certification Board of the Alberta CYC Association for a number of years. It is fair to say that Berry's' professional representation and leadership, whether at any regional management meetings, group care meetings, or AASCF meetings, demonstrates sound principles of youth counsellor practice in Edmonton and Alberta. Berry is recognized in any setting, conference or meeting involving our practice and "turf" for his skills and leadership.

**Ron Strauss** is a retired child and youth care counsellor with over 35 years service. Ron has been a certified child and youth counsellor for over 30 years. He is a graduate of Grant MacEwan College and has worked as a frontline worker and manager. He continues to work on committees and as a member of the CYCCA.



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