

OUTCOME BASED SERVICE DELIVERY (OBSD) UPDATE

The Stars Are Aligning!!!

by Sandra Maygard, AASCF OBSD Lead

This is a very exciting time to be involved with OBSD and with the changes that are happening within the sector!!! It feels as if the stars are aligning!

There are common discussions and themes emerging from many different areas, and from quite disparate places. As I have pondered this, I became aware that there are way too many examples to do justice to all of them, so have listed a few and would ask you to give some thought to what this may mean.

The Government of Alberta, Social Policy Framework is in the process of being created. It is very aligned with the work being done in OBSD and, to a large extent, uses the same language.

Community conversations have been initiated by at least two of the Assistant Deputy Ministers—Mark Hattori and Catherine Twinn, which are intended to assist with the improvement of how child intervention services are delivered in Alberta.

Issues of over representation of Indigenous children and families, within the system, are being raised and addressed. All the prominent speakers who have come into the province within the last year have

addressed this and their messages are being heard. Examples include:

It is becoming more usual for government dignitaries to acknowledge that we are meeting on Aboriginal lands at the beginning of their speaks;

In our survey of potential workshops/training to be offered, Aboriginal topics were, by far, the highest ranked; and

There are many opportunities to learn – what it is that we do not know about traditional approaches to supporting families.

The AASCF is currently looking at this and, by fall, will have a plan in place.

Agencies are being included in government events and planning sessions that would have been highly unusual, five years ago. The concepts of partnership, collaboration and having real input are being played out in concrete ways i.e. the Think Tanks to address a Practice Framework and the upcoming events now include consideration of the role agency representatives, on a regular basis.

Over the last year we have had the good fortune to hear from some profound thinkers. The messages from Dr. Bob Lonne (author of *Reforming*

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Child Protection), Dr. Bill Madsen from the Family Centered Services Project) and Dr. William Bell (from the Casey Foundation), all have congruent messages that clearly articulate the need for us to re-think and re-design the work that is being done with families and the community: within our agencies, within the sector and within the community at large (which includes other ministries and players not usually involved with our discussions).

We cannot afford to be narrow in our thinking or action and need to broaden the perspectives to include prevention and early intervention programs, community development and ways to support the rebuilding of unhealthy communities - whether they be geographic, cultural or ethnic communities. All the above speakers addressed large groups of agency staff, government personnel and met with senior level leadership within the ministry. It is a bit fascinating to hear ideas, initially proposed by one of them, becoming part of the on-going discussion.

Over the last year, we have been given ideas (and warnings) as to how to move forward, with the process, by people who have been involved with huge organizational shifts; there have been workshops addressing the tools and approaches that have been proven to be successful i.e. Signs of Safety; Appreciative Inquiry; Motivational Interviewing; Reflective Supervision; Family Assessment Tool; etc. and there is widespread support to move forward in truly collaborative ways i.e. people from the ministry, CFSAs, DFNA's, agencies and communities are willingly participating and putting aside their skepticism (for the time being) to be actively involved with initiatives, workshops, think tanks etc.

Even the timing of some of the messages is uncanny. We have been told we need to include the voices of the children and families, who have been impacted by the services. We are still a long way from truly having clients and/or former clients as equal partners at the table, but some positive moves include:

the vignettes that were created for the *Learning Our Way* symposium reflect some of the voices being impacted by OBSD; and

My Real Life Book: a Report from the Youth Leaving Care Hearings (May 2012), has just been released and very eloquently (and some times disturbingly) outlines the issues of chil-

dren living in care and/or transitioning to adulthood.

The cries for meaningful change within the child intervention sector are being heard and felt. There are real efforts going forward—both within and outside of OBSD:

- The recognition, on the part of the ministry, of the need for an ethical practice framework;
- There is a real feeling of openness, collaboration and good will between the ministry, CFSAs and agencies that has rarely been experienced;
- There are many opportunities for agency staff to be involved and heard in ministry led think tanks, meetings, and planning committees;
- Lead agency and CFSAs supervisors within OBSD sites came together for a one-day workshop, as part of the Prairie Child Welfare Consortium conference; and
- Mark Hattori, ADM and other senior leadership within the ministry state that the community meetings and dialogues that has been started will be continued and inform future directions.

It is not just the changes that are happening within the ministry and CFSAs that are exciting. There is a real difference in the agency sector as well:

- Rhonda Barraclough, AASCF's ED, noted in the Dr. Bell workshop that: "Three years ago the focus of discussion would have been on the funding structure or the need for more dollars being invested in the agency sector. Today, the discussion was on ideas and strategies agencies could embrace that would differently impact the lives of the people they are currently working with".

One of the workshop participants stated: "Change is not outside of us. We (the contracted agencies) are the system. It is not a we/them dichotomy; it is "all of us"." and

- Most amazing to me, was a discussion I had with an agency director, whom I'd thought was quite entrenched in the past, saying: "We all need to get on board with OBSD and move it forward."

The world is shifting and the stars are aligning!!

OBSD - Testing Our Ability to Collaborate

submitted by McMan Youth, Family & Community Services Association—Central Alberta, Lead Agency Region #4

Success is not always defined by the BIG things. Small achievements matter, too, and often build to create those bigger changes. In mid-September McMan and the CFSA were blessed with a file transfer from Airdie that tested much more than our patience. It was a test in our ability to collaborate on numerous levels and to maintain the expected level of professionalism that people who do what we do should both have and practice. The family delivered to us a number of challenges: 1) Mom wanted to be in control all of the time. She insisted on night meetings and phone contacts (despite the fact that she and her husband made numerous contacts during the day); tried developing her own terms around the parenting assessment; and her husband, whom she got to transfer messages and information, often changed his opinion after consulting with her; 2) If the family did not have success at getting what they wanted in terms of scheduling, etc. they would contact another person; and 3) the family was draining in terms of both time and energy.

Using best practice models (listening to what they had to say and acknowledging their concerns, trying to come up with solutions from our team to best meet all parties needs, being informed as a team and consistently sticking to our strategies and plans, etc.) I am proud to say that our team was able to join forces and achieve a goal necessary for this family to have unsupervised visits with their child. We were able to put aside our personal frustration for the good of this family, without the family ever even knowing.

Currently, the plan is to go back to court and remove the Temporary Guardianship Order. The family was ordered to complete a parenting assessment to determine whether or not they had the capability to parent. Supervised visits had been held with success and at one point; all that was left was the completion of the parenting assessment and final observation. Historically, this

family (and Mom, in particular), had difficulty working with CFSA. (Relationships had been a struggle for the Mom since young adulthood.)

Without losing sight of the goal, our team persevered to help the family meet this goal. We did not personalize Mom's rude comments, Dad's submissive stance, or comments made amongst the team when opinions were given to hash things out

The cohesiveness of the team directly impacted the family's success.

- Mom was able to successfully complete the parenting assessment. Dad, too.
- The parenting observation was done and the parents were deemed capable.
- The child was returned to her parents' home, with support from the team.
- The expectation is still to go back to court and have the TGO lifted.

There were many unobservable sacrifices incurred by various members of the team but at the end of the day, I think everyone walked away with a sense of immense satisfaction, accomplishment, and a newer understanding of what initially began as an unpleasant situation. As well, the family appeared to develop a sense of trust for a system they once felt betrayed by.

The other thing that came out of this very complex collaboration was that effective teams really do lighten the stress load of difficult families.

People who played a part in this success story include: Jen Thiessen, Penny Waddell, Laura Warne, Jared Froese, Doreen Mousek, with input from Bruce Rafuse and Janice Haddow.

Other Examples of OBSD in Action submitted by McMan Youth, Family & Community Services Association - Central Alberta, Lead Agency, Region #4

A 16 year old, John, who had been abandoned by his mother requested help from the CFSA. He was engaged in criminal behavior and had many outstanding charges. After being assessed, it was discovered that he suffered from both FASD and Conduct Disorder. Because his behavior was out of control, he had gone through four different placements, stints in CYOC and finally ended up in shelters. All he ever wanted was to be with family. Contact was maintained during the course of the file with a few family members and upon this youth having no where else to go, his grandfather stepped forth, to take him. He has been living with his grandfather for the past month and a half (his longest placement).

I received a call last night from the John and his grandfather to give me an update. He is working every day and is in the process of registering for school in the fall! An immense amount of work and time was put in by both CFSA and McMan to, hopefully, make this placement permanent.

In early April 2011 McMan became involved with a family which consisted of a single mother with 3 children, daughters ages 5, 7, and a 10 month old son. There were concerns regarding this Mom's mental health, her parenting skills and the condition of her home. A Family Enhancement Agreement was signed and intensive work began.

After a brief observation period, it was determined that the priority was for Mom to address her mental health. This was discussed with the McMan worker and Mom went on to consult with mental health and her family doctor. Her mental health is currently being monitored as it appears her previous diagnosis from 17 years prior is no longer accurate.

Regarding her parenting, one concern was that the children would go into Mom's room whenever they wanted and they would go outside whenever they pleased. Child proof door handle locks were placed on Mom's bedroom door and the front door. The children could no

longer be sneaky and had to ask permission to enter these areas. As well, the girls helped themselves to treats whenever they wished and their nutrition needed attention. Locks were placed on the fridge and snack cupboards and healthy food items were made readily available. The girls began eating healthy and since their snack intake was controlled, they would eat a healthy supper.

The condition of the home was in extreme disarray with excessive clothes, toys, garbage and other items throughout. The floor was only visible in high traffic areas. The McMan worker determined what items were needed to organize the home, (such as a trash can) then purchased these items and began organizing.

The worker was present almost daily in the home and assisted Mom with cleaning and organizing each room being sure to acknowledge and commend Mom as the work progressed. A daily routine was worked on with Mom's input, as well as a token economy and house rules were

implemented. The worker had each daughter identify rewards that they wanted to work toward.

To implement the daily routine, the worker was at the home at 7:00 in the morning for the breakfast routine and again at 7:00 pm for the bedtime routine. This was done for 2 days and then the writer left for 2 days. Upon returning on the 5th day, the routine was being followed and was working.

Over the next couple of months, the worker continued doing brief home visits several times per week, including pop-ins. At the writing of this report, Mom and children are all doing fine and are very appreciative for the help they have received. Mom has achieved all of the tasks listed on her Collaborative Service Plan. The final piece for her is having a friend and or family unity meeting to let them know about her mental health diagnosis and how they can help her in the future. This meeting is now booked. I'm very proud of this entire family and confident the FEA will end early July.

Learning Organizations by Sandra Maygard

As part of the implementation of Outcome Based Service Delivery (OBSD), there has been much discussion about “change management”, “adapting to change”, “breaking down barriers/silos”, “working differently” - collaboratively and within the context of the larger community), “working from strength based models of practice” - Signs of Safety, Circle of Courage, Collaborative Helping, Appreciative Inquiry, Motivational Interviewing, Narrative and Solution-Focused Therapies, Resiliency etc. that support “client engagement”, “family as an equal partner” in “shared decision making”; shifting of responsibility/authority; and adopting “valid and reliable tools to measure outcomes”. While some of us are further ahead in understanding the implications of the changes and shifts on, and within our programs and organizations, some of us are still trying to sort out what this all means and what the long term impact will be.

One of the realities of working within this sector is that there has never been a time when we

were not in the process of change. Or so it seems and feels. There has always been something “in the works” that has required us to examine our programs and/or approaches to the work we do. Sometimes these have been directives from funders; changes in standards from accrediting bodies; compelling research and/or examples of successful approaches being used in other jurisdictions (i.e. Casey Foundation).

One approach to trying to cope with the amount of change coming at us from so many different directions has been for some organizations to consciously adopt the pro-active stance of becoming a “learning organization” as opposed to an organization that “reacts to” an event or an announcement.

The concept of a “learning organization” is a shift in thinking, a shift in acting and a shift in the way that information is processed. Critical thinking; permission to be creative and innovative; recognition that “making mistakes is part of the process” and being open to unin-

tended consequences are all elements of an organization open to and encouraging of staff to be live-long learners.

Some of the questions, an organization or unit needs to address include:

- What is a learning organization?
- Do we want to be a learning organization?
- What are the advantages? Disadvantages?
- What will it take internally to make the shifts?
- Do we have the will and/or resources?

All organizations need to have the discussion (even though some will choose not to embark on the journey) of shifting the culture of the organization to that of becoming a learning organization.

There are many articles and resources available that are useful to beginning, or continuing, the discussion of being a “learning organization”.

A place to begin is the AASCF website: www.aascf.com/ResourceLibrary/

“People will rise to meet seemingly insurmountable obstacles and challenges if they understand the worthiness of the personal sacrifices and effort. Supporting that understanding must be mentors who provide leadership; without both ingredients, a cause will go unrealized and a mission is likely to fail.”

Excerpts from Presentation by Dr. William Bell,
 CEO and President of the of Casey Family Programs, Casey Foundation
 at Bosco Homes, May 30, 2012; www.casey.org

Every child needs a community of hope.

Dr. William Bell

Many of us were privileged to hear Dr. Bell speak, when he was in Edmonton to address: the Prairie Child Welfare Consortium Conference; meet with ministry staff and agency personnel. He is a powerful speaker and an innovative leader who has been very instrumental in reducing the number of children, living in care, in the United States.

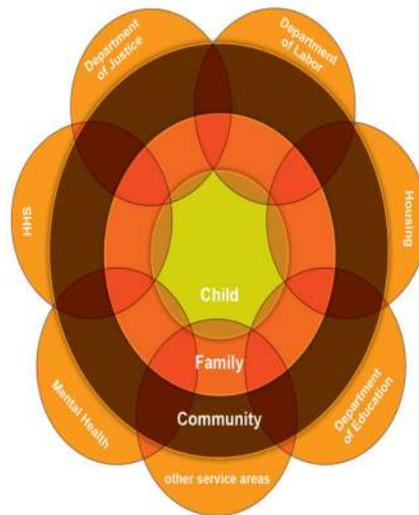
The philosophy, ultimate goal and strategies developed need to support:

“Child/family success leads to successful adulthood.”

The pull of history is powerful! We need to recognize it, understand it and make conscious effort to change it. Historically, we have separated the child from the family and the child/family from the community. We need to re-think the paradigm to one of inclusiveness that sees the child/family and community as a whole - as the “client”.

To become successful adults, children need a healthy family that is supported by a healthy community. If the community is not able to support families, it needs to become healthy and work needs to be done to support the community to rebuild/become stronger. *(This is a concept that was also raised and identified by Dr. Bob Lonne when he was here in November 2011.)*

There are multiple decision makers/stakeholders: federal government, provincial government, tribal government, contracted agencies, other ministries (health, education, justice) and community players that need to be included in the discussions and conversations, as to how to best achieve the desired outcomes of young people becoming successful adults.



One of the questions asked at the agency workshop was: “What can we be doing now to support and/or facilitate positive change ?”

Some of the answers/ideas put forward include:

Put ideas/concepts into action:

- Take concepts /ideas back to staff/youth in our places of employ;
- Transition “forward thinking” into the agency and sector;
- “Push the shift” – from

“thinking” on into “action”.

Expand the dialogue – conversations with partners/government/ and the community at large (schools, faith groups, voluntary organizations):

- Put more effort put into connecting with schools and community;
- Train frontline staff in the “how” of community engagement;
- Talk to families, other agencies and community groups about challenges and opportunities;

There are multiple components/ sectors involved:

- Recognize that people see things from different perspectives based upon their role, place in the system, beliefs, values and background;
- Different perspectives allow for more creativity, more innovation and need to be honored; and
- We all have the same goal of assisting in the development of “healthy adults”.

Identify and address the barriers to providing services i.e. bureaucracy, forms, repetition of “having to re-tell the story “ ; sharing of information, unreasonable “rules”, practices and/or policies etc.

Foster positive relationships – with families /staff /foster parents/other agencies. This includes critically

looking at how we engage families and shifting the nature of the discussions with families:

- Positively engage people in discussions about what is going on and what help we can provide ;
- Work together on issues i.e. the trauma of past experiences;
- Give power/control back to the family;
- Encourage greater family involvement pre/post placement;
- Re-connect children to family earlier in the process and make it more of a priority;
- Support the connections with family, extended family and community people.

Examine the perceptions held by those who are in the role of helper about: the biological family/mother/father/extended family/community. What assumptions and values are currently being held? Why? Are they accurate? Helpful?

Dr. Bell, in a presentation May 29th to ministry staff, outlined the following **direction/suggestions towards implementing change and re-vamping the future:**

1. There needs to be “Political Will” and agreement as to the message of: “child and family success = successful adults”;
2. Engage the folks most impacted – children and families;
3. Have planned conversations
 - What would you like to see different?
 - What can we do differently (especially with families and stakeholders)?
 - How can you help us?
4. Develop a clear plan of action;
5. Plan to educate the leaders;
6. Develop a framework;
7. Create a planning committee., ensuring the right voices are present:

representation from Indigenous groups, government leaders, non-governmental leaders, contracted and non contracted agency leaders;

8. Create a cross-government systems planning committee, including people from health, education, justice, housing, employment, financial assistance:
 - Build coalitions with intentionality; and
10. Ensure that decision making is data driven, which includes:
 - Evidence of successful outcomes;
 - Promising trends – data from newer initiatives (i.e. OBSD); and
 - Innovative initiatives that may lead to promising trends/successful outcomes.

“Power concedes nothing without a demand or a struggle.”

Frederick Douglass,
American Abolitionist, lecturer,
author and slave (1817-1895)

About 25% of foster care alumni suffer Post Traumatic Stress Disorder (PTSD); nearly double the rate of U.S. war veterans.

Findings from the *Northwest Foster Care Alumni Study*

By Pecora, Kessler, Williams, O'Brien, Downs, English, White, Hiripi, Roller White, Wiggins, and Holmes, April 2005

Contact Information

Feedback is appreciated and articles gratefully accepted

Sandra Maygard,
OBSD Sector Lead
smaygard@aascf.com

Dawn Papineau
Administrator
dpapineau@aascf.com

Rhonda Barraclough,
Executive Director
rbarraclough@aascf.com

AASCF:
#255, Bonnie Doon Mall
8330-82 Avenue
Edmonton, AB T6C 4E3

Casey Foundation Tools

Building Communities of Hope; May 2012; Casey Family Programs ; “Every child deserves a community of hope. In a community of hope, all children are safe and have support from adults to grow up healthy and succeed in life”. <http://www.casey.org/resources/publications/ar/pdf/2012.pdf>

Going Beyond The Vision; May 2011; Casey Family Programs; “If communities are isolated and under-resourced, the families living in those communities most likely are not doing well, or only marginally so, and the children in those families suffer the consequences. If this nation's vulnerable children and families are to succeed and thrive, we must more consistently view children in the context of their families, view families in the context of the communities in which they live, and view any intervention in the context of a family and community support network. It's imperative that we design strategies of intervention that take into account the interconnectedness of children, families and their communities, addressing the needs of all three”. <http://www.casey.org/resources/publications/thevision/>

Consulting Initiatives: focus on partnerships with public child welfare systems across the country. For a list of Casey's initiatives, please visit [resources area](#). Casey also provides project management and implementation support. We help systems gather stakeholder input through "constituency engagement," a process that involves birth parents, foster parents, kinship caregivers, and alumni of foster care in child welfare improvement projects. <http://www.casey.org/OurWork/StrategicConsulting/ConsultingInitiatives>

The **Breakthrough Series Collaborative** is a methodology adapted from the health care field; it originated with the Institute for Healthcare Improvement and the Associates in Process Improvement in 1995. In a year-long process sponsored by Casey Family Programs, teams from around the country focus on an “intractable” issue in child welfare practice. The teams test multiple ideas, strategies, and tools on a very small scale in their pilot sites. They simultaneously share learnings with other teams via the Inter-

net, phone conferences, and three two-day meetings. <http://www.casey.org/Resources/Initiatives/BreakthroughSeries/>

Peer Technical Assistance, (Peer TA) is a structured opportunity for teams of people from different jurisdictions to learn from each other's experiences. Casey Family Programs convenes such teams to develop plans that help improve outcomes for children and families. Peer TA occurs through a facilitated process of joint problem solving between a team of individuals requesting assistance and a team of peer consultants who have first-hand experience related to the targeted issue. Examples of these issues include:

- Family Group Decision Making
- Using cohort data to improve practice and policy
- Reducing disproportionality and disparate outcomes

<http://casey.org/Resources/Initiatives/PeerTA/>

Knowing Who You Are: is a three-part curriculum for social workers, other adults and professionals in the child welfare system to help youth in care on a journey to develop their racial and ethnic identity. Created with the direct collaboration of alumni of foster care, youth still in care, birth parents, and resource families, the curriculum helps child welfare professionals explore race and ethnicity, preparing them to support the healthy development of their constituent's racial and ethnic identity.

<http://www.casey.org/Resources/Initiatives/KnowingWhoYouAre/>

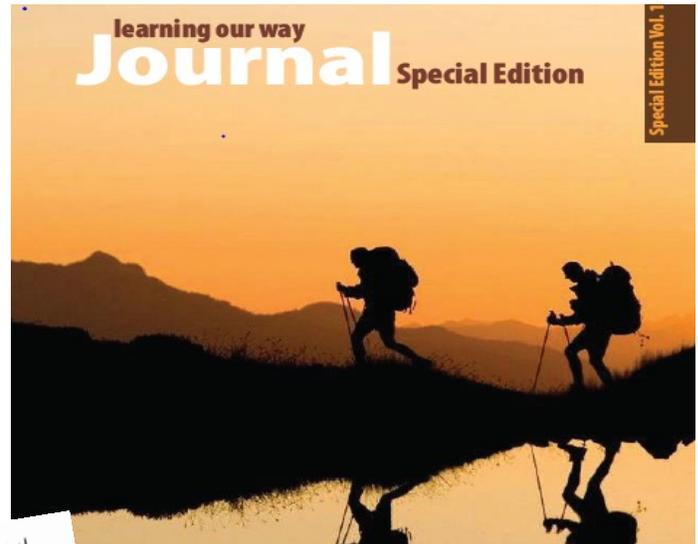
Resource Directory:

<http://www.casey.org/resources/publications/directory/subject/>

Assessment Tools:

<http://www.casey.org/Resources/Tools/>

AASCF Learning Our Way Journal- special edition; Vol.1, June 2012



The AASCF Learning Our Way Journal-special edition; Vol.1, June 2012 is a follow-up to the *Learning Our Way Symposium* held in Edmonton November 2011 and presents articles by the facilitators, references readings; and is a tool that may be used to provoke thought, discussion and action in the implementation of OBSD

This particular Special Edition is a compilation of the work that was created and presented at the *Learning Our Way Symposium* in November 2011. The Alberta Association of Services for Children and Families (AASCF) co-hosted this learning event with the Alberta Centre for Family and Community Research (ACFCR) and the Ministry of Human Services. The session was an opportunity for staff of both the Ministry and agencies to come together at how we learn our way through our current shift towards an Outcomes Based (OBSD) approach. While OBSD has been iterative in development, several components identified as key components to a successful transition. We used this journal to illustrate the practical application of those components in each learning session. The journal was designed to engage community-based agencies, partners and stakeholders about how we continue to work together on moving forward.

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- Community Capacity Building and the Adaptive Challenge* Mark Holmgren 30
- The Power and Potential of Social Work Supervision* Jane Matheson PhD, RSW 39

The journal is available on the AASCF Website:

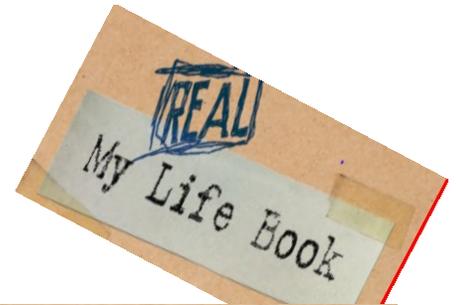
<http://www.aascf.com/pdf/learning%20our%20way%20special%20edition2.pdf>

My Real Life Book: A Report from the Youth Leaving Care Hearings

which took place November 2011 at Queen's
Park, Ontario Legislature;
published May 2012

An amazing resource that identifies the
issues and provides a voice for chil-
dren and youth who have/or are living
in care.

available on the AASCF website
[www.aascf.com/Child Welfare
Outcome Reports](http://www.aascf.com/Child Welfare Outcome Reports).



Our Goals

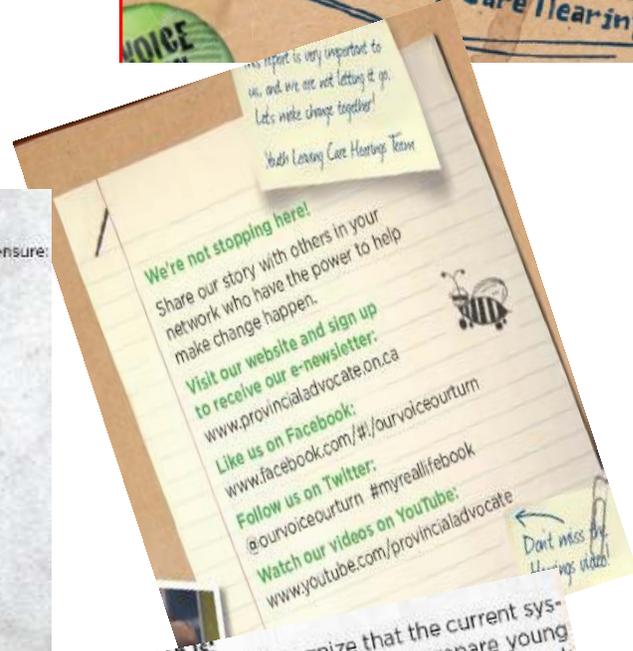
From the moment we begin our journey in care, to the moment we leave, please ensure:

- 1 We are safe, protected and respected as equal human beings.
- 2 We have people in our lives who are THERE for us.
- 3 We have stability and connections to family, roots and culture.
- 4 We are part of our lives and have a say in what happens to us.
- 5 We have access to the information, resources and options we need.
- 6 We are supported throughout care to become successful adults.
- 7 We are part of a strong and proud community of youth in and from care.
- 8 That the best experiences for some children and youth in care, become the standard for everyone in care.

* United Nations Convention on the Rights of the Child is the international law that protects children's rights, drafted by Canadian Doctors. We are entitled to the freedom to express opinions and to have a say in matters affecting their social, economic, religious, cultural and political rights. It includes the right to express opinions and be heard, the right to information and freedom of association. Engaging these rights of children leads to the realization of all their rights and provides them for an active role in society." - UNICEF www.unicef.org/for

The Themes:

- We are vulnerable
- We are isolated
- We are left out of our lives
- No one is really there for us
- Care is unpredictable
- Care ends and we struggle
- We keep losing who we are: First Nations voices
- Time for change
- Our goals
- Our recommendations



Our #1 recommendation is:

The Province of Ontario should recognize that the current system needs to fundamentally change to better prepare young people in care to succeed. To this end, the Province should work with young people in and from care and other stakeholders to complete an **ACTION PLAN FOR FUNDAMENTAL CHANGE** by November 2012 that addresses our concerns and goals!

In the meantime, here are 6 recommendations for changes that can be made immediately:

- Raise the age for Extended Care and Maintenance** — "25 is the new 21"
This would involve providing Extended Care and Maintenance (ECM) to youth until the age of 25.
- Allow youth to stay in foster care and group home care until they are prepared for independence**
This would provide youth with the option to remain in foster homes and group homes until we are ready to leave.
- Declare "Children and Youth in Care Day"**
This would help raise awareness, reduce stigma and recognize children and youth in care. It would also help keep the issues affecting our lives in the public spotlight and provide for regular updates on the Action Plan for Fundamental Change.
- Commit to ensuring that every child in care has ongoing health and education services**
Plans would be developed and agreed upon by the child, health care providers, school, CAS and caregivers to provide all needed supports to help us succeed with our goals.
- Commit to collecting and publishing information on how children and youth in care are doing**
This would involve gathering, tracking and publishing research-based information about how we are doing in order to monitor and improve our experiences in care and beyond. This information must be publicly available.

Resources

My Real Life Book: A Report from the Youth Leaving Care Hearings; which took place November 2011 at Queen's Park Ontario Legislature; published May 2012 ; [www.aascf.com/Child Welfare Outcome Reports](http://www.aascf.com/ChildWelfareOutcomeReports);
<http://www.youtube.com/watch?v=7-EHMCYv9S0>

Northwest Foster Care Alumni Study by Pecora, Kessler, Williams, O'Brien, Downs, English, White, Hiripi, Roller White, Wiggins, and Holmes; April 2005

Before and after Signs of Safety: CHILD PROTECTION IN THE ABORIGINAL COMMUNITY; by: Ktunaxa Kinbasket Child & Family Services; www.ktunaxa.org/kkcfss
<http://www.slideserve.com/adamdaniel/before-and-after-signs-of-safety-child-protection-in-the-aboriginal-community>

Casey Foundation Resources : <http://casey.org/resources/publications/thevision/>

Vignettes from Learning Our Way symposium [www.aascf.com/Learning Our Way Symposium/vignettes](http://www.aascf.com/LearningOurWaySymposium/vignettes)

The **Traditional Parenting Program** works towards improving the health and quality of life of Aboriginal peoples by teaching parenting skills through the traditional knowledge of Elders. The program also provides people with outreach programming in Yukon communities;
<http://mistikwaskihk.org/resources/traditional-parenting.aspx>

Authenticity by Brené Brown <http://www.women-at-heart.com/authenticity.html>

Collective Impact by John Kania & Mark Kramer, Stanford Social Innovation Review, [Winter 2011](http://www.ssireview.org/articles/entry/collective_impact)
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