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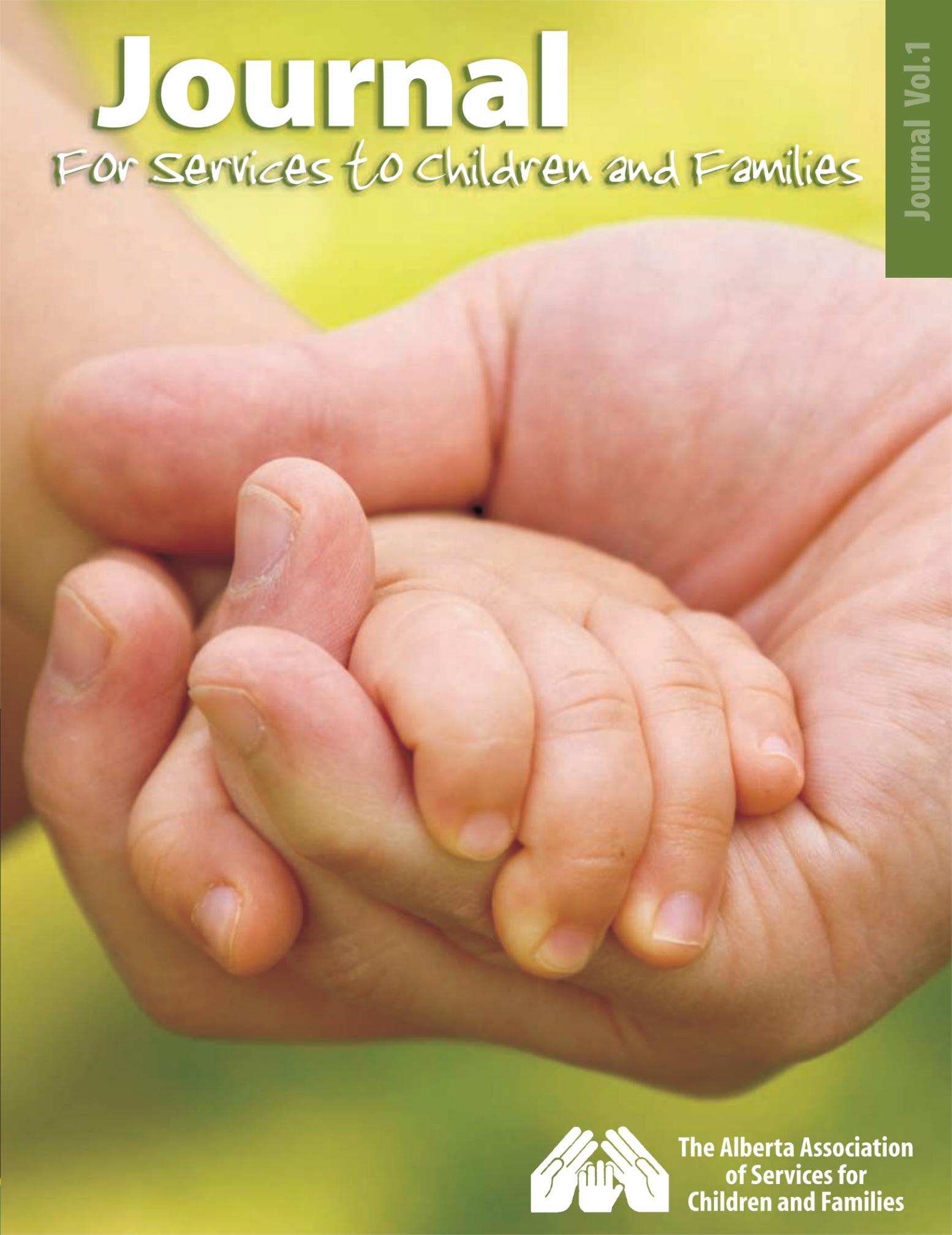
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Journal

For Services to Children and Families

Journal Vol.1



The Alberta Association
of Services for
Children and Families

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.

Letters to the editorial committee should be addressed to
AASCF
Suite 258, 8330-82 Avenue
Edmonton, AB
T6C 4E3
Attention: Rhonda Barraclough
RBarraclough@aascf.com

Editorial Committee
Dorothy Badry, University of Calgary
Marlene Kingsmith, Mount Royal College
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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. This Journal will highlight community based practice and research that is occurring both at the local and national stage. 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, practices and research that is occurring in the community.

This Journal particularly encourages submissions 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.

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 submissions, we are looking for academically sound work that is well written, researched 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 Committee follows which are available to anyone who wishes to contribute to this Journal. Authors must follow the guidelines in the publication manual of the American Psychological Association (5th edition), when submitting writing. However, the Journal's Editorial Committee reserves the right to alter format as necessary for aesthetics in publication. Authors should not simultaneously submit a paper to more than one publication. The editors will edit papers for length, clarity and consistency. More complete guidelines can be requested from Rhonda Barraclough at RBarracloough@aascf.com.

Published articles are the responsibility of the authors and do not necessarily reflect the views of AASCF.



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(AD/HD), learning (LD) and depression in children, adolescents and adults. She has published in these areas; and has created **Empowerment Plus®** which is an innovative approach to AD/HD. It integrates positive, natural interventions with traditional approaches in cost-effective ways that can be applied by a variety of professionals in their own settings. See her website www.empowermentplus.org for further details or contact her by email at Teeya@shaw.ca



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Editorial

Welcome to the first edition of the AASCF Journal for Services to Children and Families. It is truly an honor for the AASCF to be able to contribute through an interdisciplinary journal that networks practitioners, researchers, and policy leaders who serve children, youth and families. The articles are a blend of research and practice providing useful insights and ways for organizations to work with Alberta's children, youth and families.

Our goal is to work together to advance the knowledge pertaining to the continuum of services for Alberta's children, youth and families. This Journal is part of our vision to create a place where the child and family services sector can come together to strengthen agencies and promote attitudes, practices and conditions that contribute to quality services for vulnerable children and families in Alberta. In doing so, we will promote excellence in research, policy and practice.

We believe that there is some exciting research being conducted in Alberta and that there are some innovative programs being developed to better serve young people and families. We are interested in publishing the work of these groups. It is our hope that we can learn from each other and celebrate those activities that are accomplishing great outcomes for children, youth and their families.

This Journal intends to be a forum for disseminating knowledge and providing critical inquiry into issues related to the work of the agencies, specifically in the areas of children, youth, families, organizations, leadership, and wellness. We want to advance research and inform practice to our members and interested individuals, groups and organizations. By doing this we will be providing strategies, suggestions and support in terms of creative and innovative ways for agencies and professionals to develop a culture of evidence based practice.

In each edition of the Journal we will focus on original research or evaluation; innovation in program development; policy and practice reviews; book or article reviews; wellness; leadership; art, poems or other work from youth; conference reviews or updates and editorial or reflective views for and from the field.

We sincerely hope you enjoy this first edition of the *AASCF Journal for Services to Children and Families*.

Rhonda Barraclough BSW, RSW

Executive Director, AASCF

If you are interested in receiving more than one copy of this Journal you can contact AASCF and more will be sent to you for the cost of \$15.00 per issue plus \$5.00 shipping and handling. RBarracough@aascf.com.



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Examining Child Maltreatment in Canada: The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008)

Bruce MacLaurin, Olivia Kitt, Carolyn Zelt, Barbara Fallon, Nico Trocmé

Introduction

The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) is a national research project designed to collect data on children who are reported for alleged maltreatment to child welfare authorities in Canada. Prior to 1998, the first cycle of the CIS, there were no reliable national data on the incidence of reported child abuse or neglect in Canada. The primary objective of the CIS is to provide a reliable estimate of the incidence of reported maltreatment and the initial 1998 cycle of the CIS serves as a baseline on which to compare findings of the CIS-2003 and future cycles (Trocmé, et al., 2005; Trocmé, et al., 2001). In addition, the CIS examines: the severity of maltreatment; the determinants of health associated with maltreatment; and short-term investigation outcomes related to substantiation, placement in child welfare care, referral to child welfare court and criminal prosecution. The CIS-2008, the third cycle of this national child maltreatment study, is now underway and the final report is scheduled for release in the fall of 2010.

CIS-2008 Methodology

The CIS-2008 uses a multi-stage sampling design to select a representative sample of child welfare agencies or offices across Canada and then samples cases within these child welfare services for a three-month period (October 1st to December 31st, 2008). The main data collection instrument is the Maltreatment Assessment Form – a three-page form collecting information describing the situation leading to the referral, information about the household and up to two caregivers residing in the home, and child specific information related to the investigated form of maltreatment. Maltreatment Assessment Forms are completed by the primary investigating child welfare worker at the end of the initial assessment period (generally 3-4 weeks). All participating child protection workers are involved in a 3-hour training session on study protocols to ensure comparability across Canada.

Two sets of weights will be applied to the CIS-2008 data. First the results will be annualized to estimate the annual volume of cases investigated at each participating study site. The average annualization weight will be approximately four, reflecting the fact that the cases are collected for three of the twelve months in 2008. Second,



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Dr. Teeya Scholten, R.Psych is a Registered Psychologist currently in private practice in Calgary. She has had over 30 years of experience in the fields of education and mental health. She specializes in the holistic treatment of concerns in the areas of attention



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- Screen for concerns in the areas of attention, physical functioning and depression by using the *Screening Checklist for Attentional Concerns, Symptom and Food Diary* and the *Screening Checklist for Depression*.
- Recognize classic patterns in LD (learning discrepancy) and how to use accommodations to facilitate academic success.
- Understand how personality type affects AD/HD and identify appropriate interventions.
- Empower those with AD/HD by using terms such as “Attention Deluxe Dimension” and a “channel-surfing brain” to describe their experiences.
- Identify food sensitivities that can affect attention, learning and depression.
- Integrate alternative, holistic strategies with traditional approaches to AD/HD.

Workshops participants were encouraged to seek further training in becoming a certified EP+ practitioner or to simply use selected parts of the EP+ model shared at the workshop with their clients with AD/HD (e.g., positive languaging, Steele Ball meditation).

Empowerment Plus ® is an innovative method that addresses AD/HD in a positive, holistic way that has the potential to be applied by front-line workers with great success. AASCF conference participants learned how the Empowerment Plus ® method can be used to strengthen their clients today, in order to build for future success tomorrow, by helping their clients to be the best they can be as naturally as possible.

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regionalization weights will be applied to reflect the larger strata or region from which the participating site was randomly selected. Each investigated case in the CIS-2008 will be multiplied by the annualization weight followed by the regionalization weight to produce the final national estimate of reported child abuse and neglect investigated in 2008. The incidence rate is then calculated using the child population numbers from the most recent census data to determine the rate of investigations per 1,000 children in Canada in 2008. The incidence rate provides an accurate comparison between cycles of the CIS as this controls for changes in the child population.

Findings from the CIS-1998 and CIS-2003

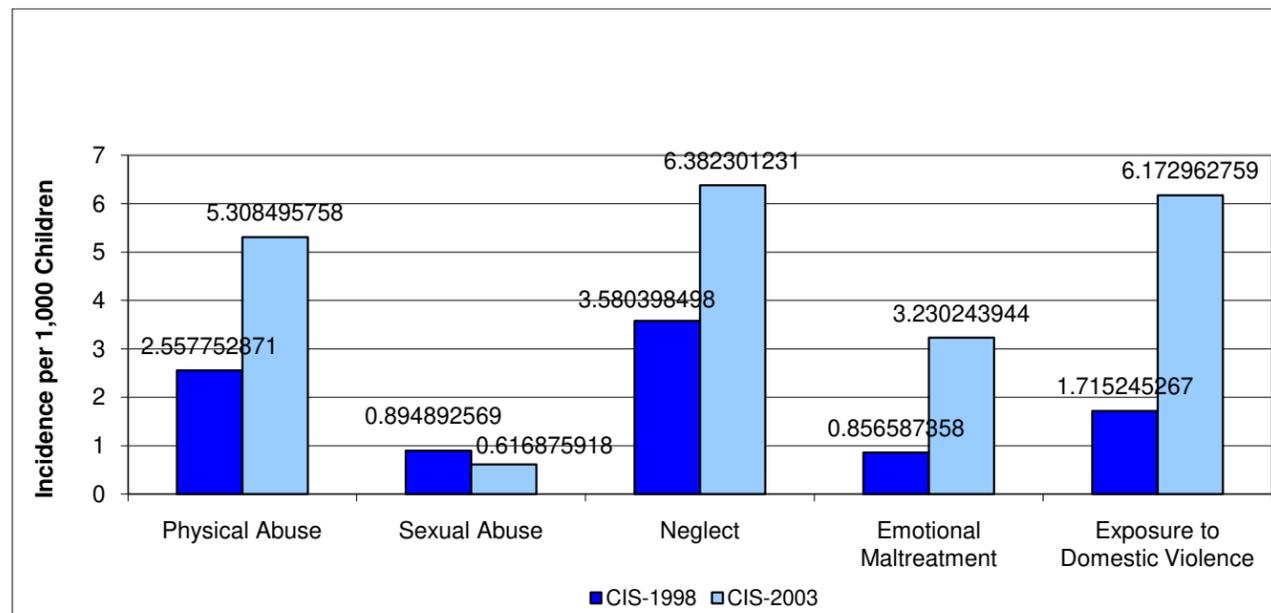
The rate of substantiated maltreatment in the core CIS sample (Canada excluding Quebec), has increased 125%, from 9.64 substantiated cases per 1,000 children in 1998 to 21.71 in 2003 (Trocmé, et al., 2005). This increase in documented maltreatment may be explained by improved and expanded reporting and investigation procedures.

Part of the increase in substantiated cases may reflect a shift in the way child protection welfare workers classify cases, with a much smaller proportion of cases being classified as suspected (13% in 2003 compared with 24% in 1998). This may be related in part to the introduction of structured assessment tools and new competency based training programs.

Better identification of victimized siblings is a second factor explaining the overall increase in substantiated child maltreatment investigations. The average number of investigated children per family has increased from 1.41 to 1.66 as indicated in Table 9-2 in the CIS-2003 Major Findings Report (Trocmé, et al., 2005). As a result, the number of investigated children increased at a faster rate than the number of investigated families, which increased 56% from an estimated 83,976 families in 1998 to 130,594 in 2003.

The third and most important factor driving the increase in maltreatment cases is the dramatic increase in cases of exposure to domestic violence and emotional maltreatment (see Figure 1). The rate of exposure to domestic violence increased 259%, from 1.72 substantiated cases per 1,000 to 6.17. The rate of emotional maltreatment increased 276% from 0.86 to 3.23 substantiated cases per 1,000. In 1998, these two forms of maltreatment accounted for 27% of substantiated cases. In 2003, they accounted for 43% of substantiated cases. These differences reflect a shift in awareness and, in some cases, in legislation with respect to the impact on children of emotional maltreatment and exposure to domestic violence.

Figure 1 - Substantiated Child Maltreatment Investigations by Primary Category in Canada (Excluding Quebec) in 1998 and 2003 (CIS-1998 & CIS-2003)



Alberta Incidence Study of Reported Child Abuse and Neglect

Building on the success of the CIS-1998, the Alberta Government committed resources and funding to support the Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2003) (MacLaurin, et al., 2006). This study was conducted at the same time as the 2003 cycle of the Canadian Incidence Study of Reported Child Abuse and Neglect and funds were used to develop an enhanced sample on which to base provincial estimates of maltreatment. This provincial study provides essential baseline information on which to base our understanding of children and families who utilized child welfare intervention in Alberta in 2003. The second cycle of the Alberta Incidence Study (AIS-2008) is now being conducted, with a planned release in fall, 2010. Documenting the changes between the AIS-2003 and the AIS-2008 is critical as, during this period, Alberta initiated significant changes in legislation with the *Child, Youth and Family Enhancement Act* as well as innovation in practice with the *Casework Practice Model*.

Findings from the AIS-2003 highlight an estimated 32,453 child protection investigations were conducted in Alberta in 2003 (MacLaurin, et al., 2006). Fifty-five percent of these investigations were substantiated, with an incidence rate of 23.76 substantiated investigations per 1,000 children. In a further 9% of investigations (7.98 per 1,000

For me the EP+ process has been very beneficial. In a lot of ways, I have tried many different kinds of therapy and they never got to the root of the issue(s). Since I have started with this program, I have seen results in so many ways; and now the rest of my family is starting to do the same. Again there are changes that have surprised me so much that I can honestly say we have all been rewarded. The greatest for me is seeing my children grow through this program (Scholten, 2009).

- One family who BEGAN their journey with the EP+ process for one of their sons was interviewed by a newspaper reporter (Gray, 2008). The father stated “after determining his food sensitivities, we saw an improvement in his attention and impulsiveness...then we added drug treatment with the lowest required dose as possible. We now have a boy who is a successful learner and who is able to use his gifts without any interference.” Even though their son was still struggling with completing tasks and reaching his potential, “time, maturity and dedication to celebrating the child’s uniqueness keep them hopeful for a good future.”

The positive results seen in the EP+ evaluations strongly suggest that it is a method that can be applied by front-line staff with input from psychologists and/or physicians where formal diagnosis and medical treatment of AD/HD are needed. It is my hope that EP+ will become the standard of care when dealing with concerns in attention, learning, depression, behavior and relationships. First, however, independent evaluation of the EP+ model and outcomes will be needed to further substantiate the evaluations obtained to date as my 2004 research is limited by the small sample size particularly in relation to the number of variables investigated. Because clients were drawn from a private practice and served by the developer of the EP+ method rather than seen in public health settings and served by other EP+ practitioners with various levels of skill, the degree of compliance, the types of problems presented, and statistics on the effectiveness of the model may not be fully representative if EP+ were to be applied to the general population. This may reduce some of the generalizability of the findings to all settings where clients with AD/HD are assessed and treated.

In summary, in the AASCF two-hour workshop, an overview of the EP+ model was provided, along with a review of an internal retrospective evaluation (Scholten, 2004). Case studies were also shared, along with informal assessment tools and concrete intervention strategies. Participants seemed to enjoy their experience of guided practice in the Steele Ball Meditation technique that has been found to work very well with clients experiencing challenges in attention. Workshop participants learned how to:



If improvement is noted when more than one food has been eliminated, the foods are reintroduced one at a time so that the client and collaterals (e.g., parents or partners) can observe the symptoms that result. Decisions can then be made about managing changes in diet. Follow-up evaluations show that many clients who felt better when a food was eliminated tended to reintroduce it but at a reduced amount in order to continue to feel “the best they can feel, as naturally as possible”.

The dietary intervention summarized above is just one of the strategies recommended to clients who participate in the EP+ approach. Other recommendations include academic accommodations for classic LD (learning disability/discrepancy) patterns, suggestions related to personality type (e.g., introverted people need some time alone every day and flexible adaptable people need help with time management) and treatment for PTSD (Post-Traumatic Stress Disorder), if needed. Clients may also be taught a special technique called the Steele Ball meditation. I have developed this form of meditation for the “busy body and busy brains” of those with AD/HD.

Informal evaluations are continually collected when clients have finished EP+ services. The following comments reflect typical client responses:

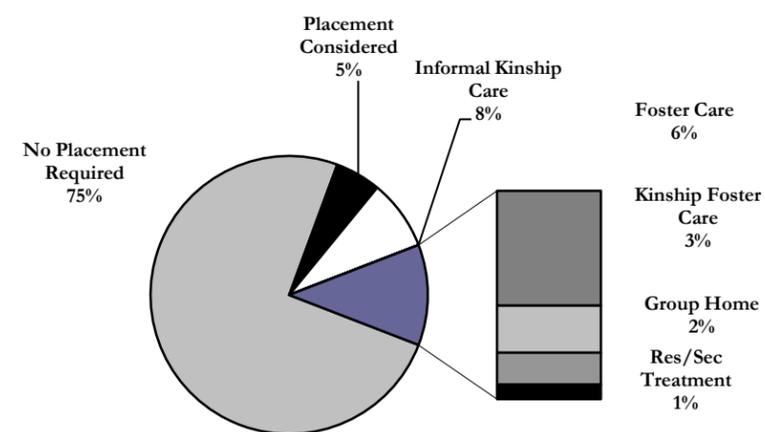
- A seven year old boy was returning for a Follow-up session with his parents, following a successful medication trial and having been read the book, “Welcome to the Channel-surfer’s Club”. He said to me: “There’s another kid in my class with ADD¹, but he’s got the ‘BAD’ kind!” This comment suggested that we had succeeded in using empowering language and that this little boy felt that he had the ‘GOOD’ kind of ADD. Comments like these reinforce the efforts that EP+ practitioners make to take a positive, holistic and educational approach. This is done in terms of using language such as “Attention Deluxe Dimension”, helping clients to have a positive attitude to their ADD or AD/HD and learning how to work with their channel-surfing brain.
- Some parents who have had their children fully-assessed and treated by a variety of professionals, but who were not pleased with the results, often say that they should have come to EP+ first. Here is a recent comment from a mother who received EP+ services for herself and her two daughters (age 8 and 13). Both girls had previously received full psycho educational assessments and had been diagnosed with AD/HD. The mother stated:

¹ The short-form “ADD” is encouraged when talking about AD/HD, as it reminds the clients of the term “Attention Deluxe Dimension” and the positive aspects of AD/HD.

children) there was insufficient evidence to substantiate maltreatment, although it remained suspected by the investigating worker. Twenty-six percent of investigations (11.42 per 1,000 children) were unsubstantiated at the end of the initial investigation period. Thirty four percent of substantiated maltreatment investigations indicated neglect as the primary category of maltreatment followed by exposure to domestic violence (23%), emotional maltreatment (20%), physical abuse (20%), and sexual abuse (3%).

The AIS-2003 tracked out-of-home placements that occurred during the initial investigation period. During 2003, 2,092 substantiated child investigations resulted in a formal child welfare placement including traditional family foster care (6%), kinship foster care (3%), group home (2%), and residential/secure treatment (1%) (See Figure 2). In addition, 8% of substantiated child investigations resulted in a placement in informal kinship care.

Figure 2: Out-of-home placement for substantiated child maltreatment investigations in Alberta, in 2003 (AIS-2003)



CIS Research Team

Core funding for the CIS-2008 is provided by the Public Health Agency of Canada’s Injury and Child Maltreatment Division, with additional funds provided by the provinces of Alberta, British Columbia, Saskatchewan, Manitoba, Ontario, and Quebec. The CIS-2008 is directed by a team of researchers from McGill University (Nico Trocmé and



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Vandna Sinha), University of Toronto (Barbara Fallon), and University of Calgary (Bruce MacLaurin). The study design, including enlistment strategies, instruments, and report formats, was developed in consultation with a National Steering Committee, provincial and territorial Directors of Child Welfare, and the Public Health Agency of Canada.

The CIS-2008 final report is scheduled for release in the fall of 2010. The final reports for the CIS-1998 and CIS-2003 can be downloaded from www.phac-aspc.gc.ca/cm-vee/public-eng.php while additional brief fact sheets may be viewed at www.cecw-cepb.ca.

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Bruce MacLaurin is an Assistant Professor at the Faculty of Social Work, University of Calgary and a co-Investigator of the CIS-2008

Olivia Kitt is a Research Associate with the CIS-2008 at the Faculty of Social Work, University of Calgary

Carolyn Zelt is a Research Associate with the CIS-2008 at the Faculty of Social Work, University of Calgary

Barbara Fallon is an Assistant Professor at the Faculty of Social Work, University of Toronto and the Director of the CIS-2008

Nico Trocmé is the Director of the Centre of Research on Children and Families at McGill University, the Philip Fisher Chair in Social Work, and the Principal Investigator of the CIS-2008



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Workshop participants were told the conditions under which certain foods are selected for a one-week elimination trial. Choice of foods for elimination in the EP+ method is based on the work of many well-known allergists, clinical ecologists and pediatricians, including Dr. Doris Rapp, Dr. Lendon Smith, Dr. Marshall Mandel and Dr. Theron Randolph. These physicians believe that you can find out within a week whether or not a particular food may be causing emotional or behavioral symptoms. This is done by eliminating it from the diet, noting changes and then introducing the food again (Stitt, 1997).

In a Basic Empowerment Plus® Evaluation, the food selected for withdrawal depends on the individual's symptoms. A unique aspect of this model is that ONLY the foods indicated by the individual's symptoms are removed for a week. The symptoms and the suspected foods are summarized below:

MILK

All milk products, including cheese, yogurt, ice cream and sour cream or anything labeled "whey", are eliminated if the following symptoms are present: more than two colds per year, ear infections as a child, bronchitis, tubes in ears, asthma, eczema and avoiding or craving milk products.

WHEAT

Wheat, spelt and kamut or anything labeled "flour" are eliminated if the following symptoms are present: bad moods, irritability, avoiding or craving bread and family history of celiac disease.

CORN and SUGAR

Corn, sugar, and alcohol are eliminated if the following symptoms are present: avoiding or craving sugar, popcorn, corn chips and there is a family history of diabetes or alcoholism.

If an individual has symptoms from all three categories, all of the above foods are removed. In only a minority of clients are all of the above food groups eliminated. Clients are provided with menu ideas and encouraged to eat a balanced diet with sufficient amounts of fruit, protein, starches and vegetables. Caffeine is discontinued for all clients a week before the food experiment and during the food elimination. This is done in order to facilitate a more accurate diagnosis of AD/HD.

Deluxe Dimension” is used to build understanding of what it is like to have a “channel-surfing brain” and how to work with a “busy brain and/or busy body”. Words like “deficit”, “disorder” and “dysfunction” are felt to be detrimental to client self-esteem and are strongly discouraged (Scholten, 2008).

In a 2004 internal retrospective study, data collected on clients who presented with attentional symptoms and completed treatment were selected from a sample of 100 consecutive case files. Descriptive and correlational analyses were performed on 17 demographic and process-related variables. Several measures of cost-effectiveness were used, such as ratings of goal attainment and client satisfaction, amount of professional time needed to complete a Basic EP+ Evaluation, percentage of clients who still needed a full psychological assessment in order to understand their needs. Readers interested in further details are directed to the Empowerment Plus® Retrospective Evaluation available on the website (Scholten, 2004).

One of the unique elements of the Empowerment Plus® method is the examination of the effects that simple dietary interventions can have on behavior, attention and depression. Retrospective analyses done in 2004 and repeated on consecutively selected files since this time have consistently shown that 85% of clients reported fewer attentional symptoms within one week of removing foods typically considered to be highly allergic from their diets. Of the clients who reported improvement, approximately 15% indicated that their attentional problems had been completely eliminated. In another 15%, diet did not seem to make any difference in attentional symptoms. Additional internal retrospective evaluation that I conducted with an independent professional colleague in 2007, revealed that 20% of clients with attentional symptoms reported that their depressive symptoms disappeared after eliminating specific foods from their diets for one week. Half of these depressed clients had rated their pre-diet depression as being severe in nature.

It is compelling to note that many of these clients who no longer reported attentional symptoms after the weeklong dietary intervention had already been diagnosed with AD/HD in the past. In many cases, these individuals had reported a positive response to medication but had discontinued the medication due to side effects such as loss of appetite or inability to sleep. After the EP+ evaluation, if the client still met the criteria for AD/HD (American Psychiatric Association, 2000), and chose to do a medication trial following the Farrelly Protocol (Scholten 2004, 2008), positive results were usually reported with no side effects.

Making Sense of Partnerships in the Nonprofit Sector: Do we really know what we are doing? Lessons Learned

Jane Matheson Ph.D. RSW

Snowflakes are one of nature’s most fragile things, but just look at what they can do when they stick together.

Vesta M. Kelly

Despite its promise and the necessity of collaboration strategically, things can go terribly wrong in an instant. Or as is more likely the case, they go wrong slowly and steadily over time—drips, drip, dripping like a leaky faucet.

Richard Bush

This paper is about partnerships and the process of collaboration between nonprofit organizations in the child and family-serving sector in Alberta, Canada and, in some cases, government departments.

Introduction

Human beings have formed connections with each other since the beginning of time. Long ago we, as a species, learned that it was beneficial to our singular selves to build bridges with others in order to be understood and cared for, to get things done, to protect ourselves and create solidarity and strength, to learn things and to experience the power of reciprocity and altruism (Eisler, 1987). The neighbourhood community centre, the guild, the barn-raising, the quilting bee, the union, the political party and of course, marriage and the family are only just a few modern examples. We discovered that in concert with others, many things that we could not do alone or that would have been extremely time-consuming, expensive or physically difficult for one person to complete happened before our very eyes. Our small contribution was just a “part” added to the “whole”. But, interestingly enough, by doing this we received the benefit of the entire accomplishment. We learned by this “doing together” that working, living and planning with others was enjoyable, cost and energy efficient, enormously helpful and both intellectually and emotionally stimulating. What is important to note here is that this phenomenon has been happening since the beginning of time.



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Today we call these natural occurrences “partnerships”, “collaborations”, “cooperatives” and “alliances” and act sometimes as if we just now invented them. What began as simple and serviceable so many generations ago has become complicated and new.

This paper was first written as a “lessons learned” story in 2000. It describes mistakes and upsets that helped one organization develop a system of understanding and creating partnerships. The “story” has been updated and shortened for this paper and is written to potentially assist others who are engaged in similar types of partnership-making activity.

Background- The Organizational Context

Woods Homes has been in Alberta helping children and families since 1914. The agency began in Innisfail, Alberta as an orphanage, eventually becoming a group home and then a treatment centre funded by the child welfare and mental health systems. Since 1984, Woods Homes has grown and adapted to the needs of society. Today, about 500 young people and their families walk through one of Woods’ doors every day. There are 30 programs in 20 locations in Southern Alberta and in the Northwest Territories. We make it our business to provide quality care and service for the most difficult problems. We are often seen as a place of last resort in all of our residential, educational, outreach, regional and community-based services.

Over the last 16 years, Woods created programs along a continuum from most intrusive to least intrusive so that we could honour our mandate to never turn anyone away, never give up on a young person and never say “no” to a parent or a child in need. We became, as a result, pretty self-sufficient. It did seem that this plan was an excellent one . . . but it is remarkable how a change in context can change a plan!

What is partnership and how did we get involved in all of this?

In the late 1980’s and early 1990’s, similar to many other organizations, Woods Homes developed services that were community-based rather than institutional, flexible and bending to the demands of others, focusing on ‘out’reach rather than ‘in’take, more preventative in nature and crisis-oriented.

The era of “partnership” began in the mid to late 1990’s in Alberta too. It sprang from this focus on community and the importance of neighbourhood as well as the voices of consumers, cost-cutting; streamlining services and making them more accessible and user-friendly. It started with invitations to create proposals, apply for funding here and there and work with others “in partnership” for some good cause.



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Review of Workshop entitled Empowerment Plus®: Addressing Attention Deficit/Hyperactivity Disorder (AD/HD) in a Positive, Holistic Way by Dr. Teeya Scholten, R. Psych., Presenter

Dr. Teeya Scholten, R. Psych

The purpose of this article is to review highlights of the Empowerment Plus® (EP+) workshop presented at the 1st Annual Conference of the Alberta Association of Services for Children and Families (AASCF) - “Strengthening Today - Building Tomorrow” in Edmonton, Alberta January 28-30, 2009. Information contained in this article will provide a review for conference participants, help new readers understand the EP+ approach more fully and will provide useful information for any professionals working with clients with Attention Deficit/Hyperactivity Disorder (AD/HD). Since the role of food sensitivities in client functioning is a unique element of the EP+ approach, it will be discussed more fully in this article.

AD/HD or Attention Deficit Disorder (ADD) is one of the most common psychiatric conditions, affecting 5-8% of all children and adults (Biederman, 2006; Kates, 2005). Many experience negative impacts on their lives such as impaired relationships, increased accidents and injuries and academic problems. Seventy-five per cent of people with AD/HD may also experience depression, anxiety, conduct disorder and substance abuse (Pelham, Fabiano, & Massetti, 2005; Pelham, Foster, & Robb, 2007).

The Empowerment Plus® (EP+) method is a positive, holistic, cost-effective, balanced approach to wellness in body, mind and spirit that can be learned and applied by front-line program staff as well as individual therapists in private practice (Scholten, 2003, 2004, 2007). The EP+ approach, explained fully elsewhere, (Scholten, 2003, in press) uses a manualized protocol based on consultative methodology to guide professionals in assisting clients to identify and remove barriers to functioning. Strategies combine both traditional and holistic interventions. Although EP+ can benefit anyone who is interested in wellness, it has particular applicability to children and adults who have concerns in the areas of attention (AD/HD), learning disability (LD), depression, behavior and relationships.

The EP+ method uses client self-report, consultative methodology and individual treatment to address challenges in the areas of: attention, learning, personality type, food sensitivities and other factors that affect one’s functioning (e.g., depression, Post-Traumatic Stress Disorder). In all of these areas, positive terminology like “Attention



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Michelle Crawford is an inspiring and creative Team Leader/Supervisor for the, Alta Care Resources, Dragon Fly Program. She is specifically responsible for the Meadowhawk Home, a group care facility for aggressive children where she has worked as a frontline worker and supervisor since 2006. Michelle can be reached by email at michelle_cr@shaw.ca



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During this time period of 1994-1997, the child welfare, mental health and education systems in Alberta were in the midst of change themselves. Efficiency was a buzzword. "Authorities" or "boards" were created. These processes involved community consultations, round-table discussions, dozens of working groups of 10 or more professionals and clients deciding together how these service delivery systems would operate in the future.

The focus upon "partnering" began in earnest at the same time. In order to access funding for new programs, partners had to be found. A proven ability to work in conjunction with others was needed. Proposals often had to be written by committee. Decisions about "housing" the dollars were required. There was a general reliance on goodwill and not too much thought about the consequences of what we were doing and how we were doing it. It was a compliment to be asked to be a partner. Taken-for-granted good working relationships that we had always had with other agencies were now being described as long-standing, successful partnerships.

We had no idea what we were talking about. We thought that we would be good "partners" because we offered good service. But what we found out at the partnership table was that we were seen as a threat because we were so internally connected, seemingly self-sufficient and large. Smaller agencies thought we were there just to swallow them up. We were viewed as unwilling to compromise. We were said to not be interested in partnering because we looked like we didn't need to. All the things that we felt made us successful were, in fact, in a "partnership" world, our biggest liabilities. It was a very hard blow.

It was a definite wake-up call, but we were persistent. We offered our services, our buildings and our staff for the good of the project, for the communities in need. We showed up everywhere, paid attention and presented a low profile. We were intent on involvement and felt in the end that we were successful.

Our wake-up call

However, in 1998, it seemed that large numbers of staff were spending an inordinate amount of time in "partnership" work that we knew nothing about. They were cancelling important internal meetings to go to these other commitments. They were unsure of their role there, worried that they were not using their time productively nor making a contribution. The people who supervised these attendees could not tell us what the "partnership" project was about. Some had no idea how the project had started; they had just been asked to attend a meeting for someone else and never stopped. It seemed as if these "partnerships" were disconnected activities - only loosely connected to the mandate of Woods Homes.



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We discovered that the definition of partnership was unclear - a catch-all word for all kinds of arrangements: sharing space, submitting a proposal together, hiring staff that worked at another organization – the list went on.

This is when it occurred to us that we did not know what we were talking about. We had no idea what a partnership was, how to make it work, what our liabilities were or could be and what would happen if we ended any of these arrangements.

So, we started a Partnership Committee that met once per month. We started with looking at our reasons for partnering. We ranked these in order of importance:

Vision	1
Interest	2
Values	3
Role Clarity	4
Time	5
Contribution	6
Benefit/Outcome	7
Sharing knowledge and expertise	8
Division of Labour	9
Money	10
Profile	11

We researched “partnership”, “collaboration”, “strategic alliances” and the like. There were not very many written works in those early years. We looked for a definition of “partnership” that was simple, clear and relevant to our work.

We drew up a **partnership description form** that described the collective work. We identified our roles and the roles of the other partners as well as our responsibilities. We considered the legal issues of partnership as participants were being asked to sign documents, agree to advocacy plans, commit resources, join new board structures or provide funding for a period of time and none of us had any idea if we should do these things. We did not want to be seen as un-partnerlike or inflexible. We decided to ask advice from our Board.



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the decision and nominated them for the City of Edmonton, Snow Angels Award (City of Edmonton/Community Services Website, 2005).

Snow Angels is a program established by the City of Edmonton Community Services and it recognizes people in the community that have helped to shovel sidewalks for their vulnerable neighbours. Typically, these vulnerable neighbours are elderly or house bound and would be unable to get out and shovel their own walkway. The importance of this initiative is highlighted by the increased risks that follow an ice storm or major snowfall. Many people are injured by slips and falls because of icy and snowy sidewalks and Edmonton Emergency Medical Services reports responding to an increased number of cardiac events on days with heavy snow fall, typically a result of physical exertion. Finally, all emergency services, including paramedics, fire, and police can respond faster to emergencies when walkways are clear of snow and ice. Community Services were keenly aware of the Meadowhawk children’s efforts to keep their community safe and were delighted to present them the Snow Angels Award.

The impact our children have had on their community is one of lasting relationships. Our children are well known in their community and for all the right reasons. They bake for their neighbors, they pick up garbage in the area and they walk the senior’s dogs with the end result being neighbors who truly enjoy them. When we are out on walks I see lots of smiles and offers of thanks and it feels like they are little celebrities in their neighborhood. The impact upon the children has also been very positive. They have a sense of belonging within their community and a strengthened sense of self. Their effectiveness in changing a community has increased self esteem and built a new found sense of social competence. They have all found their voice of accomplishment, often letting us know how happy they are to help out neighbors. As a Program Supervisor it is amazing to see the impact of this rush of optimism and meaning upon the staff team. The children’s contributions affirmed our work and our neighbour’s appreciation and trust of the children was exceptionally validating. Ultimately, their successes strengthened our personal sense of resiliency and built a great team. Our children had truly engaged the concepts of citizenship and community-building and they had earned their status as members of a community. The Snow Angels Award was literally the “icing on the cake of life”. The true gifts of this experience were the ones they had given to themselves and others. The gifts of belonging, meaning purpose and hope!!



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In my experience we, within the Child and Youth Care profession, don't always engage the full potential of role-modeling to the extent we could. We certainly don't always apply this dynamic to areas of; meaning, purpose and optimism. At times we, as workers, carry into work our pessimistic manner not wanting to believe that the children are watching and engaging this energy. Conversely, when we take on our world from a perspective of meaning and optimism these qualities also have a profound effect.

The process of citizenship happened for our children in small, powerful gestures. Community was strengthened through meaningful actions, actions that were full of purpose and hope. One of the children built a relationship with an elderly woman and she now trusts her with walking her dogs. This elderly neighbor has baked us treats and at Christmas time she brought candy to all the children in the home. One child in the home now knows every dog in the neighborhood. She has walked many of them back home when they have gotten away from the owner and the owners are thankful. As staff members we are always connecting with neighbors, asking if they need any help, sharing our baking with them and promoting a clean environment by picking up garbage. All of these gestures and actions are powerfully shaping and nurturing forces that forge a greater sense of community, however, the greatest builder of community and citizenship was yet to come!!!

With winter arriving, the children started to see new opportunities where they could help out in the neighborhood. They were absolutely delighted to see the first snow fall so they could get out and help many people in the community by shoveling their walks and driveways. On those snowy mornings the children could not wait to get out before school and help. Upon arriving home from school the first activity on their mind was shoveling walkways and again helping out. The positive energy became infectious and they would clean the van for staff, offer to clear off their vehicles and clear the home's walks and drive way. One day we noted that they had worked together and cleared the entire street's walkways, going further down the street as well. Our children had stepped out with a helping hand and the relationships continued to bloom.

Altruism is a powerful ingredient within the principle of meaning and purpose and most certainly we were becoming a stronger and more resilient community as a result of this authentic giving of self. The children were beginning to value themselves from the inside-out and my decision to seek formal recognition for their gracious actions was a challenge for me. On one hand, I wanted to ensure that these children were recognized and appreciated by the larger community and for them to know further, that there was a bigger world out there that honoured them. On the other hand, I did not want to spoil this internalized sense of joy that they had built from their own initiatives. Ultimately, I made



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Our Board- A Cautionary Tale

A volunteer board of 15 has governed Woods Homes since 1921. They are a professionally diverse, committed group that is clear about its governance role and gives excellent counsel when requested.

We presented the partnership issue at a board meeting – identifying all of the issues noted. The board agreed with our concerns and stated emphatically that we could not use the word “partnership” for legal and liability reasons – find another one that works, they said. They also asked for a partnership policy. They were concerned about accountability for these arrangements – many were outside the purview of the agency programs and this concerned them. They asked for a description of the partnerships and reinforced the idea that we must be clear within ourselves and with our partners about what our conjoint roles would be, what each of our responsibilities would look like and how we both expected to benefit. They suggested formalizing the arrangement by signing a document and considering a termination clause thus making the relationship more “businesslike”. They wanted to approve any partnership in which we were the “fiscal agent” and suggested the use of a risk matrix.

Back we went to the drawing board. By this time, the word “partnership” was being used very regularly. It was true that interpretations of the term were as many and varied as the people who were doing the naming. However, we could not see how we could be involved in these initiatives and make ourselves understood if we did not use it.

We agreed with many of the board's recommendations. We did feel responsible and wanted our partnerships to be successful. Most of these connections were as important to us as any of our other programs. We also knew that we did not want to enter into any partnership that we could not embrace or account for with any less commitment than we would an agency program.

We created a policy called Partnerships that defined the term, the philosophical reason for agency involvement in partnership and beginning guidelines for Woods Home's involvement in any partnership. We presented this to the Board and they agreed with our plan.

The Next Steps

The requested documents were created by a group of Wood's staff members who had been wrestling with these issues since day one. Together, we wrote a **policy**, created a **risk matrix** from a prototype used at an oil company (!), created a **checklist** and eventually a **partnership review** document. Our goal was to make all of this as user-



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friendly as possible and available as a guide for individuals who were trying to decide if a particular working relationship was, in fact a partnership.

When all of these documents were pulled together, we again asked for some opinions and feedback from our Board members. Some of these were:

- Do any of these partnerships negatively affect our ability to fundraise?
- Changes are needed in funder's procedures if partnership work continues. Relationships will get murkier.
- Are we benefiting from using our resources in these partnerships? How do efforts come back to us in positive ways?
- Partnerships should not be forced. They just do not work if they are.
- Is it typical for partners to sit down and put all of the partnership parameters in writing? The importance of a signed agreement cannot be emphasized enough.
- Are partnerships considered Woods programs?

Based upon some of this feedback, we made more changes to our forms and created the **partnership agreement**. Then we piloted the forms, making changes until we were satisfied. We have been using these forms for about a decade.

25 Lessons Learned

As noted at the beginning of this document, originally, this was a "lessons learned" presentation – a compilation of mistakes we made, what we learned from our struggles and our successes. Many of these seem still apropos and may be of assistance to others. Twenty-five are included here:

1. Leadership skills. We are living in a "shared-power" world and different skills are needed. These are the skills of mutuality, inclusiveness, consensus-building and non-hierarchy. Not enough people have these skills. Leading a partnership and being a part of one requires these attributes.
2. Values, however nebulous and hard to really grasp, are so very important to the success of any partnership. A partner does not necessarily need to have a common mandate but having common values about partnership and the work is very important because those things knock up against each other every day in invisible ways.
3. There needs to be an important reason to begin. It is not enough to be just interested in partnership or collaboration. Authentic partnership occurs when there is true need for the service and real benefits to all parties."
4. A Partnership is not just a nice idea. It is a legal relationship; one that requires careful consideration of a multitude of responsibilities.



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Where the Snow Angels Tread - "Building a Culture of Meaning and Purpose with Children in Care"

Michelle Crawford

Prefacing Abstract

The concept of meaning and purpose as it relates to both building and strengthening human resiliency is a well documented process. In this article the writer describes how the concept of resiliency was animated and brought to life within a group home setting. This article takes the reader through the stages of resiliency moving from a theoretical concept to a way of living. It further describes the implementation of the resiliency principles of optimism/hope and meaning/purpose within a residential care facility.

Resiliency was more than a word on a piece of paper for the Dragonfly Program. Certainly the documents and websites I read contained the ideas, concepts, theory and research about resiliency but most important to me was how this concept was demonstrated in all parts of the program. Dr. Shannon-Brady had taught us the C.O.M.E. Alive Model of Resiliency (Balsler & Shannon-Brady, 2003), with four key principles of resiliency: connectedness, (Karren, Hafen, Smith, & Frandsen, 2002) optimism/hope (Seligman, 1990), meaning/purpose (Frankl, 1956; Frankl, 1986) and empowerment (Bandura, 1997).

Throughout my early stages of working at Alta Care Resources it was relatively easy to see how the principle of connectedness was imbedded into agency culture. From my immediate supervisor to the program director, the agency seemed to engage this relational place with a sense of ease. I also experienced the empowerment principle through the extensive training and support systems that enhanced my interventional effectiveness.

From Critical Responses Training (Balsler, 2002) to reflective supervision processes I became a strong and empowered worker. The other principles of optimism /hope and meaning/purpose were also role-modeled and supported throughout the day to day interactions however, they were less obvious to me than the other principles of connectedness and empowerment. Where these other two principles really impacted me was when I saw how our day to day milieu had impacted the children in the home where I worked. They had been supported to join the community in a meaningful way from day one and this investment and belief in them as productive community members was now paying huge dividends to our neighborhood.



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- Automobile Liability: Coverage is needed for volunteers operating vehicles while working on behalf of the organization.
- Directors' and Officers' Liability (D&O)

As representatives of the nonprofit, directors and officers need protection, as they will be held liable along with the organization in the event of any wrongdoing. Nonprofits should strongly consider D&O insurance since most individuals will not volunteer on a board with the knowledge that they are risking their personal assets in the event of litigation.

Kathy Manchak, CAIB, CRM is an account executive at Lloyd Sadd Insurance Brokers with 25 years experience in the industry. Her insurance experience has been both locally and internationally flavored, including a position as Distribution Manager for western Canada. She specializes in the not-for-profit sector. Kathy can be reached by email kmanchak@lloydsadd.com or phone 780.930.3843



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5. Clarify roles. Make sure you know why you are at the table and what you are expected to do, by when.
6. Benefits are just as important as responsibilities. It is equally important to delineate what both are. Don't be shy.
7. Determine your risk in any partnership by looking at the worst possible thing that could happen and working back from there.
8. Define terms.
9. Money is power and don't think that it isn't.
10. Power comes in all shapes and sizes and people are on the lookout for it. If you are a large organization you are powerful. If you have friends in certain places you are powerful. Are you going to use these things to hurt me? Will you benefit and I will not? Can I trust you, really? These are the questions that everyone is asking themselves when they are sitting there quietly.
11. Self-interest is always involved in partnership and it should be. Yes, we all want the greater good but we also want our own organization's success too.
12. Be generous but do not stretch yourself too thin – financially or people-wise. The erosion of an infrastructure happens slowly.
13. Don't enter into partnership when you are desperate.
14. Don't talk about the partnership not working but talk about how it works with everyone.
15. Partnerships take a lot of time – more than you will ever think. And time is money. Be very careful about how many you take on and how much time you have to give.
16. Conflict WILL occur. The only question is when. Decide how you will manage disputes before they happen.
17. All partnerships are not created equal. But close to that is the best thing. No one likes to be taken advantage of and no one likes to be beholden to another. If money and activities or resources cannot be equally distributed or the responsibility for managing them shared, find other things that are important. If they are intangible, talk about them and pay attention to them in other ways.
18. Learn to compromise. You will get what you want more often.
19. Everyone likes to contribute and be needed. Reasons for involvement are multiple – find out what they are.
20. Be patient with the process.
21. Evaluate the project work and the partnership.
22. Consistency of membership, showing up and sending someone to the partnership table who can make decisions and/or sign a cheque is also necessary.
23. Partnerships are supposed to be win-win arrangements. If you are winning but your partner is not, no one is successful.
24. Look for the strengths in others, even though it makes you jealous. Be willing to share the credit.
25. Don't rush. Start small. Get to know each other. Celebrate the small successes.



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2000-2009

For the past 10 years, partnership work at Wood's Homes has been rolling along. We keep track of all of them – reviewing each partnership twice a year (as per the policy) – completing documents, outlining the activities undertaken and asking for advice, direction or agreement from each other to dissolve, continue or change the relationship. The Partnership Committee members are those involved in partnerships of any kind for that year. We try to divide responsibility for oversight of partnerships equally and see this work as an accepted and important part of any manager's portfolio – acknowledging the time and work required and also the need for Wood's Homes to be present at the partnership table. It is our standpoint that there is no point in having our name on a "partnership" document unless we are really at the table and engaged and committed to the work. We empower the partnership members with the ability to make decisions and commit resources – with safety nets in place (advice, access to others in a timely fashion, etc.)

In 2004, the University of Calgary, Faculty of Social Work and Wood's Homes completed three years of work on a research project called: ***Making Sense of Partnerships in Nonprofit Child and Family Service Organizations in Calgary, Alberta***. This project was funded by the Social Sciences and Humanities Research Council of Canada under the auspices of a special research activity on the Nonprofit Sector. The research was done "in partnership" as well, so it was a process that paralleled the questions and results of the participants. An outline of the work and its recommendations is part of another paper. (*The entire document can also be found on the Wood's Homes website - www.woodshomes.ca - under Research and Publications*)

Partnership work is here to stay and will, we expect, become more complex. As we forge a path into the future, there is all the more reason to be organized and clear about what this very complicated process and rich experience means to all of us and to all of our organizations.

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Once the risks are assessed and the Board of Directors is aware of those risks, they must also understand the responsibilities associated with the positions they hold. Legally, board members have three main duties:

1. **Duty of Care:** The individual should act in the way that a reasonable person would in a similar position and under similar circumstances. Acting under good faith is an essential part of the functions of the board.
2. **Duty of Loyalty:** The individual should place the organization's financial interests as the primary responsibility. As a board member, one should not use his/her position for personal gain, financially or otherwise. In addition, individuals should also remain honest about business ventures that pose a conflict-of-interest when acting as a representative of the organization.
3. **Duty of Obedience:** The individual should try to further the mission of the non-profit by supporting board decisions and implementing policies as they are outlined.

In addition to these responsibilities, board members must also assure that the non-profit follows all tax requirements, complies with anti-trust laws, abides by civil rights laws and manages funds effectively.

Protections

There are protections available to minimize the personal liability of the Board of Directors. Most nonprofit organizations have indemnification provisions in their bylaws. These provisions explain that the organization will cover the legal expenses accrued in the event of a lawsuit. However, if the organization does not have excess funds, it may not be able to support this provision. In addition, if the board member was not acting in good faith, the provision becomes null and void.

Nonprofit organizations should strongly consider purchasing insurance to cover their board members in situations that fall outside of the indemnification provisions or in the event that their financial situation does not allow them to cover extensive legal expenses. Nonprofits should consider the follow policies:

- **Commercial General Liability (CGL):** Protects volunteers and employees from bodily injury and personal injury claims.
- **Workers Compensation:** Some provinces allow organizations to cover volunteers in the event that they are injured while on the job.

Protection for Nonprofit Organizations:

Liabilities for the Board of Directors

Kathy Manchak, CAIB, CRM

Nonprofit organizations provide essential social services benefiting communities and their members. These organizations cannot survive without a solid volunteer Board of Directors assigned to elect officers, adopt company policies and make major financial decisions for the organization. Although the members of the board are volunteers, there is a certain amount of risk involved in holding one of these positions. Specifically, even when acting in good faith, board members are subject to personal liability, which may affect their personal financial status because of their business decisions. That said, it is imperative that the volunteer board members understand the risks and responsibilities they assume as volunteers and the ways in which they can protect themselves from personal liability. The intention of this article is to help clarify the duties & responsibilities of sitting on a volunteer board.

Risks and Responsibilities

To combat the chance of affecting the personal liability of board members, nonprofit organizations should assess the risks involved in holding these positions. The organization should first develop a volunteer risk management committee to identify all risks and pose solutions to minimize potential harm. In addition, the organization must assure that the board members understand their governance responsibilities. The nonprofit organization should educate its board on their legal duties, fiduciary duties and decision-making roles. Furthermore, the risk committee should assess the following:

- The organization is working within the mission by spending funds as donors perceive them to be.
- Avoid accepting donations with conditions.
- Avoid allowing individuals with personal agendas to sit on the board.
- Insist that board members do not use professional contacts in dealings with the nonprofit.

Jane Matheson, PhD., RSW, is the CEO of Wood's Homes in Calgary. This paper has been edited and updated since originally written as a presentation, that was given at the National Healthcare Leadership Conference and Exhibition in Ottawa, Ontario on June 18-21, 2000. It was of interest to the author that many of the important issues of partnerships in 2000 are just as relevant in 2009. Jane can be reached by email at Jane.Matheson@woodshomes.ca



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Community Integration: The Next Challenge for Child Welfare

Peter Smyth, BA, BSW, RSW

Introduction

In his 2002 book *Community work approaches to child welfare*, Brian Wharf argued that community social work and community organizing are neglected but potentially powerful strategies for improving child welfare. Indeed, it could make a world of difference for families that need support and services.

Working with the larger community is not just a worthy goal, but one that should be viewed as an ethical obligation by social workers. The Alberta College of Social Workers, *Code of Ethics (2005)* calls on us to “promote social development” and to “provide resources, services and opportunities for the overall benefit of humanity....” (p.5) We can argue and advocate that high caseloads and complex cases have prevented caseworkers within child welfare from integrating more fully into the community (as these are certainly legitimate concerns), but there is also the argument that these barriers may never change so perhaps we are compelled to look at a different way of coping in order to provide a more comprehensive level of service to children, youth and families.

As it is, child welfare services still generally remains stuck in the brokerage model (meaning, in this sense, case managing from behind the scenes and directing service providers to do much of the face-to-face contact with clients) in which we not only don't get to know our families as much as we would like, we are not getting to know the wealth of resources in our communities. Hence child welfare workers may miss the amazing potential that exists to work in partnerships with community-based agencies and organizations bringing our complimentary goals to life for the benefit of children, youth and families, as well as the community. Though this may sound like a somewhat idealistic child welfare world, there is so much to be discovered and so much opportunity for all in the communities in which we work. We indeed need to spend less time doing *to* and *for* families and more time working *with* them, expanding their networks of support to include agencies, outreach workers, school, churches and neighborhood groups. We can combine such connections with clients' personal knowledge, experiences, ideas and narratives given they are the experts (not us as professionals) in their own lives. Such partnerships with community bring a broader perspective to the traditional child welfare approach which allows for the potential for better team work and more creative solutions.



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Peter Smyth BA, BSW, RSW is a casework supervisor working for Alberta Child & Youth Services, Region 6 Edmonton and Area Child and Family Services. Since November 2005, he has been the supervisor of the High Risk Youth Unit for Region 6. He has much experience working with youth, particularly high- risk youth. He helped found the community-based support centre- Old Strathcona Youth Co-op in 1997. He also spearheaded a study released in March 2005, titled; *The word on the street: How youth view services aimed at them*. Peter can be reached by email at Peter.Smyth@gov.ab.ca.



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function; as “the crisis work...and investigations...consumed the workers’ day” (p.350). Moreover, the belief that carrying the statutory responsibilities threatened the close relationship to the community was adopted. However, once involved in the community this belief can quickly dissipate when a human face is put on child welfare, making workers less threatening and more approachable. Thus, there is the opportunity to develop stronger relationships with families, community members and agencies in an effort to work together to promote the social, political, and civil rights of citizens, which, according to Hudson, is community development work.

Hudson (1999) notes that:

- 1) If a child welfare agency is serious about promoting well families, this must emerge from an understanding of what is happening in and to the communities in which they are set;
- 2) The responsibility for arousing the collective voice of the citizenry must be that of the whole agency, not just assigned to a subgroup of a volunteer board, or a handful of specialized workers;
- 3) It is important to integrate community development work and direct service; however, the former is seen as a luxury and an *add-on* to the primary function of child protection. Furthermore, an opportunity is lost for the two functions to compliment, reinforce, and support one another.
- 4) Without a commitment from the whole child welfare agency, the more aware the worker is of forces at work beyond the client family, and its immediate relationship environment, the more helpless, and hopeless, she or he can feel;
- 5) Individual workers need to find opportunities to engage with the community.

Despite caseload/workload issues, working *with* the community is a critical piece of child welfare work, especially if the goal is to maximize the potential for empowering families to make positive changes in their lives resulting in children being safe. The challenge that lies ahead is not simply to see a community integration approach as a different way to do this work, but rather as ***the way we do this work!***

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Community integration is also about child welfare services being a visible face in the community. This inevitably breaks down barriers and helps dispel myths and negative perceptions about child protection work. Being away from “our turf” (i.e., the traditional office setting) sends a message that things are different in the sense of being more available in the community and more supportive. This does not diminish the authority that comes with the child protection role, but this work can happen through a softer lens (i.e., anti-oppressive practice; strength-based practice). Agency and outreach staff can, and do, break down many of these barriers especially when they have a comfort level and an understanding with child protection workers. This can result in less fear and allowing meaningful connections to develop more quickly. It is as important for clients to understand that their “support team” is working together toward their best interests rather than being fractured and creating divided loyalties. (What is the message?) An agency worker once stated that before developing a partnership with child welfare services, staff would protect families from “the system”; however, once a team approach was adopted, staff would encourage clients to accept services and support through child welfare.

In short, child welfare staff needs to be perceived as part of the community, not separate from the community and swooping in periodically in an authoritative role to “protect” children while wearing blinders. There is more strength in working with the community than working in isolation.

Community Development

The Social Worker Dictionary (1999) describes *community development* as:

Efforts made by professionals and community residents to:

- 1) Enhance the social bonds among members of the community;
- 2) Motivate all citizens for self help;
- 3) Develop responsible local leadership; and
- 4) Create or revitalize local institutions.

“Community is the context within which we all hope to live a life of health and wellbeing,” according to the book *All together now: Creating a social capital mosaic* (Ricks, Charlesworth, Bellefeuille, & Field, 1999). Community is also described as simply a collection of relationships. In our role as protection workers, we are a community in the human services field, yet we have generally not taken advantage of the relationships to work toward improving the community in which we work. You cannot build healthy



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individuals in a sick community (Ricks et al., 1999); therefore, we need to find ways to work together to be effective in improving our community so we can contribute to helping build healthy individuals.

Ricks, Charlesworth, Bellefeuille, Field (1999) call us to create a “culture of inquiry”; a culture that values and fosters learning and understanding for all community members. A *culture of inquiry* “is a matrix of interacting systems with their members. Interconnected and interdependent relationships develop out of the systemic interactions, and this work of the community is done through efforts of all members of the matrix” (Ricks, et al p. 53). In essence, [it] is a collective of thinking individuals committed to learning and understanding, to discovering and creating together what is needed and wanted within the community. To create the collective required to support these efforts, the authors further state that awareness by members of all the players is one of the first things that must happen. This awareness is pivotal, to the entire process of growing the community. “The larger community needs to know many, if not all, of the players, and what each has to offer” (Ricks, et al p.53). This identification of community is evidenced in a tangible sense of belonging and identity which involves being proud about being a member. This identification with community and others prompts a shared vision with shared goals. Members are willing to work together to realize the vision and reach goals. Identification with community fosters a desire to stay in (or work in) the community rather than move on. There is an attitude of “let’s do it”. Community caring nurtures participation. The participation offers a kind of leadership that serves others and the community.

The focus in the community is to identify with, and partner with, other service providers in working with community leadership and community members to empower them. Hopefully, they can identify their needs and thus drive what intervention is required (i.e., generating their own solutions). This also involves education so service providers and community members understand what our role is and can appreciate what child protection is about so children are safe.

This is possible even in communities that have typically had hostile relations toward child welfare services. This is *doing with* community members, as part of the community, rather than *doing to* and *doing for*, which can disempower, create dependency and result in less creative intervention and solutions. The *doing to* and *doing for* approach also serves to maintain hostilities, maintain barriers, minimize communication, reduce the potential for positive relationships, and emphasize power imbalances (thus making it difficult to work in partnerships) (Wharf, 2002). Ricks, Charlesworth, Bellefeuille and



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Field (1999) add that instead of being seen as “citizens with talents and capacities to contribute to the community’s development,” (p.79) they are simply consumers.

Working more closely in the community with other agencies and community members is not always a smooth process. Part of the experience is learning to respect differences and work through them rather than risk getting bogged down in “turf wars”. For example, organizations may cling to traditional ways of providing services rather than being open to change and being more inclusive in their service delivery. Others may be overly protective of ideas and resistant to sharing their expertise or allowing expansion of their programs to areas outside of *their* part of the city, despite the need. While there is legislated mandate for child protection work, we can, and must be accepting of other opinions and solutions. We must understand that we can address child protection concerns while still looking at new ways to do this challenging work. Child protection workers, agencies, community members, advocates, and others, need to start asking: *What are we willing to give up for the collective? How much are we willing to learn and challenge our view of the world?* When working together we can not only learn but also teach so that everyone benefits.

In short, child welfare programs working in isolation of the community are no longer viable as they are restrictive and simply reinforce negative myths that persist in the community. Efforts must be made to start dispelling such myths, so service users and people in the community can understand the mandated/authority aspect of the child welfare role while also being able to see and feel that child welfare workers are involved in the community working with, and supporting, its members. Working apart from the community ignores a wealth of information that is available in a collective partnership. Such knowledge can result in better information and better outcomes for children, youth and families.

For child welfare this means giving up some authority or control and learning to share the decision-making process. This means taking more risks (e.g., adopting a harm reduction approach in order to build relationships, to give youth and families more of a say in resolving their issues and viewing them as experts in their own lives). By working in partnerships rather than alone Ricks, Charlesworth, Bellefeuille and Field (1999) suggests groups, organizations, and communities are created in which it is a safe place for risk taking and creativity. However, this all takes time and there is little time given to actively pursuing a more community-development style of practice. This work is typically over and above full caseloads. Hudson, (1999) in his article, *Community development and child protection: A case for community integration*, identified the concern that workers found that they could not protect their time for the community development