

**Forum on Governance:
Opportunities, Challenges, Risks**

FORUM SUMMARY

**Co-sponsored by First Call and the
Ministry for Children and Family Development**

June 7th, 2002

**at S.U.C.C.E.S.S.
28 West Pender, Vancouver**

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EXECUTIVE SUMMARY

The first Forum on Community Governance was held on February 22, 2002 and was co-hosted by the Ministry of Children and Family Development (MCFD), the Child Welfare League of Canada, First Call and the Centre of Excellence for Child Welfare. Following that meeting, which focussed on governance information from across Canada, Chris Haynes, the MCFD Deputy Minister, suggested the need for a second forum on governance that would focus on British Columbia.

A second Forum was held on June 7, 2002 at S.U.C.C.E.S.S. in Vancouver. The Forum was co-sponsored by First Call (including planning support from the Federation of Child and Family Services of B.C.) and MCFD. The Forum and this summary of events include the perspectives of many individual presenters and participants. Their views may not necessarily reflect those of the sponsoring organizations.

The purpose of the second conference was to learn about potential *Opportunities, Challenges and Risks* of moving from a centralized approach to governance to a more community-oriented approach. The day was designed to ensure a respectful dialogue among the 108 participants. A summary from the day was given to the June meeting of the Steering Committee on Community Governance, which is assisting the ministry in moving towards regional governance.

The presentations are covered in full within this document along with a summary of dialogue among participants. The list of presenters and their biographies is attached.

Kim Vuong provided a youth perspective to start the Forum and she called for maintaining and promoting the youth voice in child welfare throughout the change process. Kim wanted to see youth supported in their academic and vocational endeavours, peer support programs and support to single parent families.

The following represents a composite list from presentations concerning the Opportunities, Challenges and Risks that presenters and participants presented during the day.

Opportunities

- beginning of real change towards community governance;
- more creative potential through services provided locally;
- improvement in local coordination is more likely among ministries and other systems such as education, health and municipalities;
- more responsive decision-making when decisions are made locally;
- communities becoming more informed about child welfare (broadly defined) issues;
- need for communities to participate in service priorities, especially during a time of budget limitations;

- more “buy-in” for decision-making if services governed locally;
- potential to develop a more responsive delivery system for children and youth in their community;
- potential for less adversarial relationships between service providers, clients and citizens;
- increase in volunteer involvement in the system
- potential for stronger child/youth advocacy with provincial government;
- opportunity to think outside the box, be creative and put political issues aside to better serve children;

Challenges/Risks raised by Participants

1. Budget:

- cuts may be seen as downloading budget problems to communities;
- resource and bureaucratic duplication across regions could occur;

2. Cross-Ministry

- need for cross-ministry framework for child, youth and family development;
- dealing with boundary issues (Education A.G. etc.).

3. Concerns with process to date:

- current plan is for regional, not local, governance – how do we move towards community (including cultural communities)?
- need to define core services and who delivers them;
- define community services and then decide how to govern them;
- listening to communities before making decisions;
- adequate time for effective planning and implementation;
- managing expectations;
- consensus on language, e.g. “community”, “vulnerable children”, “at risk”;
- development of new, knowledge based social policy should drive change rather than organizational change per se;
- governance model cannot be narrowly drawn - child abuse as an economic issue not just a domestic issue – need for inter-sectoral mandate.

4. Board issues:

- selecting a “representative” board;
- time demands on volunteers – need for remuneration;
- volunteers may be well off retirees rather than a spectrum;
- board should select chair not government;
- need for “Population Advisory Groups” (a la Health) in child welfare – giving voice to marginalized people;
- politicization of issues;
- politicization of board members (if appointed) vs. elected Board members;

5. Staffing issues:

- potential issues with labour relations;
- new skill sets required for front-line managers and staff – a different approach to training;
- need for managers/service providers to change practices and approaches;
- need for a change in training to support this;
- use elders – not only focus on accreditation and degrees;

6. Implementation must be done properly and include:

- ensuring that government “lets go” and “sticks with it”;
- need to define roles and spheres of operation - provincial, regional, local;
- balancing regional autonomy and provincial consistency (equity vs creativity);
- recognizing ethnic diversity and the challenge of racism;
- deciding how to deal with poor decisions;
- regions and communities not fighting over limited resources;
- citizens being encouraged to get involved, (while recognizing those who not want to);
- quickly moving from governance to improving services;
- developing effective links with CLS and Aboriginal children’s services;
- evaluation to show how children, youth and families will be better off.

WELCOME

Ruth Annis – First Call

Ruth welcomed the 118 guests and invited them to engage in a discussion regarding the plans for community governance in B.C. Ruth outlined the purpose for the day:

To enable MCFD and First Call invited participants to:

- *Learn about potential opportunities, challenges and risks of moving from a centralized system to a regional community governance model for child, youth and family services in B.C.;*
- *Better understand some of the implications concerning the history of governance in B.C. and the experience of other related systems; and*
- *Provide an opportunity for a respectful dialogue between community service providers, advocates and MCFD staff that will help inform future planning.*

David Young – Assistant Deputy Minister, MCFD

David welcomed participants and recognised that this discussion concerning community governance was taking place in the community and at a community agency, i.e. S.U.C.C.E.S.S.

David noted the need for us to get out of comfort zones and do our part in effecting change. We need to learn from each other and collectively working towards community governance.

The Ministry goal is to develop legislation and have new governance structures in place by spring 2003.

There will be five family and child authorities in five regions: Northern, Interior, Vancouver Coastal, Fraser, and Vancouver Island. The ministry will continue to administer provincial services such as Youth Custody, Forensic Services and the Maples. There will be a Community Living Provincial Authority to redesign and direct services. A Joint Policy Directorate is being established for children with special needs. There will also be a new governance model for Aboriginal services.

David noted that we need to collaborate with health and education to ensure a holistic approach to child welfare.

David introduced a youth speaker who was invited by the planning committee to provide a youth perspective on the challenges ahead. The youth was David's former foster daughter.

PRESENTATIONS

Kim Vuong: A youth perspective

Good morning, everyone. Well, as we all know, June is Bike Month. Just a show of hands, who here bikes to work? As a cyclist, I have a different perspective from motorists. Similarly, as a former child in care, I have a different perspective from a normal person. I say normal because I didn't feel normal for a long time, only vulnerable and isolated. Today, I hope to share from the experience I had, what didn't work, what worked for me and my perspective overall.

One of the most common themes to life as a youth in care is chaos. Chaos is defined as "a condition or place of great disorder or confusion". For me, this confusion was both physical and psychological. When I was told at age ten that I was to be "apprehended", I didn't know that I would be moving 13 times and changing schools 8 times. I moved around so much that the only thing I knew for sure was that nothing was permanent and eventually I would move yet again. Psychologically I was affected; depressed, my rollercoaster mood swings reflected the internal turmoil I was experiencing. Moving around makes it difficult to establish roots and a set of friends you can count on. The only thing I could count on was change.

In all this chaos and constant change, a sense of isolation loomed over me. Who was I, where was I going, where was my place in the world? All typical teenager questions. Yet over and above that, I also had a cultural identity crisis. After I went into care, the weekly Chinese lessons I had been taking came to a halt, and with that, my contact with my cultural heritage. At one foster home I was actually scoffed at for showing interest in Chinese culture. In our multicultural society, we should ensure that children from diverse backgrounds who go into care should receive support and encouragement to preserve, explore and rejoice in their heritage.

Amidst the chaos and my ever-changing circumstances, how did I cope? What helped me get through the pain, anger, frustration and guilt? Special people who cared, and their caring made a difference. My Grade 8 counsellor Barry Adams found the time to draw me out of my shell and help get me talking. Before that, I didn't even know I had issues. Leslie Fraser, was my social worker for 8 years and somehow always managed to squeeze some time in for me in her busy schedule. My foster parents David and Wai Young, who took me in as an angry and rebellious 15 year old and helped turn me into the pleasant person I am today. They were there for me and believed in me when I didn't believe in myself. These were individuals with whom I built a rapport over time and could give me a sense of stability when moving in and out of hectic group homes and indifferent short-term foster homes didn't. It is my hope that there will be enough social workers and foster parents to give due attention to children and youths in care. Another aspect that helped me was the Youth in Care Network, which helped me connect with other youth in care, and in turn, myself. I remember thinking, gee, I'm not

alone in this, there are others like me. For the first time, I felt empowered rather than weakened by my life experiences. These networking opportunities are important for youths today who feel isolated and lost.

On a pragmatic level, in facing all the issues of the past, dealing with depression, family problems, the financial support I received from the ministry was a huge burden off my shoulders. The ministry should continue to support youth in their academic or vocational endeavours, especially in the initial post-majority years. In today's climate, reduction in social assistance payments and eligibility will affect youths more than ever. I feel that I was lucky, I had some constant caring people in my life and a network of people to identify with. This in turn, gave me hope, vision and goals to strive for. In an ideal world, everyone should have a fair chance to realize their potential. But this is not the case, my story is an anomaly. My story seems like a success story, I think, only because there aren't that many happy endings out there.

In summary, I see the Ministry of Children & Family Development as a crucial player in contributing to the well-being of children and families by:

- actively encouraging and supporting single parent families to ensure that they have a network, esp. through peer support groups or group counselling sessions.
- providing peer intervention programs to support at-risk children.
- culturally sensitizing programs and services; raising awareness of resource workers and foster parents to cultural issues and taboos.
- maintaining and promoting youth-in-care networks.
- supporting academic and vocational goals through grants, bursaries and awards for youth in care

To finish, Louise L. Hay has a beautiful image of growth and development in an individual as planting flowers. If we plant them in a polluted environment, the likelihood of the seed to reach its full potential is slim. If we plant them in a nurturing, fertile and healthy environment, the seed will grow and eventually bloom into a flower. Likewise, today's youth.

Thank you for your attention.

KEYNOTE SPEECH

Paul Pallan, Children's Commissioner and Child, Youth and Family Advocate

Paul has more than 25 years experience in public policy, including child welfare. He saw the decentralisation of services throughout the years and gave 3 examples:

- Health and Human Resource Boards (1970s);

- Health System (late 80s);
- Education, which is now fully decentralised.

Introduction

- opportunities, challenges and risks - for whom?
- Defining question - “How will this impact children and youth?”
- Need to focus on leadership, fair allocation of resources and clear mechanisms for accountability

My experiences and observations:

- A) with establishment of Health and Human Resource Boards
- B) with Victoria Health Project and Health System Decentralization
- C) with Education System

A) Health and Human Resources Boards

Key Features

- community driven
- elected/appointed board
- pilot projects
- board hired staff/seconded staff
- integration of two large systems

Key Observations

- local champions
- clear roles/relationships/accountabilities are critical
- need for community development skills
- community involvement is important
- balance between providing “core” services (meeting minimum standards) and local flexibility/priorities
- 3-5 years to “mature”
- strong central support is critical
- every region and every community is different
- managing staff/labour relations issues is important

B) Victoria Health Project (VHP)

VHP Key Features

- community driven
- appointed board
- co-operative partnership model -no legislation

VHP Observations

- importance of communications
- identify 1 or 2 priorities and get success
- importance of local champions

Health System Key Features

- government driven
- appointed boards
- regional boards, community health councils

Health System Observations

- implementation difficult with complex model
- lack of staff expertise in process - both at provincial and local levels
- constant changes in leadership and agenda
- everybody wanted to protect their autonomy

C) Education

- fully decentralized
- “mature” system
- elected boards

Observations

- can be highly politicized
- success depends on strong local leadership
- no allocation system is perfect but transparency is critical
 - fair allocation system is very important

Observations/What I Have Learned - Ingredients For Success

- Clear roles/ responsibilities
 - within Ministry
 - Ministry/region
 - Regional Board/staff/providers
 - with Aboriginal delegated agencies
 - with provincial authorities
- Clear expectations of regions
- Adequate resources
- Training/new skill development
 - at headquarters
 - in the field
- Importance of managing labour relations/staffing issues
- Communication is key
- Respecting local differences
- Identifying champions
- Staying the course - there will be mistakes
- Respectful relationships and clear processes for resolving issues
- It's all about managing change

Rewards / Opportunities

- The beginning of real change
- Improved local co-ordination and co-operation
- Better/more responsive decision making
- More “buy-in” for decisions
- Increasing capacity in communities
- Smaller in-basket at Headquarters
- A collective voice for communities
- Better delivery system for kids

Risks / Challenges

- Could be seen as downloading budget problems to communities
- Managing expectations – governance change will not “fix” all problems
- Concerns about inconsistency of service delivery from region to region
- Politicization of issues
- Duplication of resources and bureaucracies
- Potential for a labour relations/bargaining nightmare

Michael Clague, Director, Carnegie Community Centre

The B.C. Resource Board Experience

Speaking Notes:

*To begin: is there anyone here who worked for or served on a community resources board or community human resources or health centre?

*An observation: We live in a "wish-list" democracy. We elect politicians because they promise us everything even though we and they know they can't deliver and that leaves us, as voters, free to complain. We let ourselves off the hook of actually having to engage one another about the tough choices that are involved in maintaining a society that is democratic, that is fair, and socially just.

- A premise: In a democracy the whole purpose of obtaining power is to let it go. Power is held in trust. It can never be owned. It is for the exercise of responsibilities that have been assigned by citizens. Power involves control over one's own life, and in a democratic society, it is the authority delegated by the people to make decisions for the well-being of society. In a democratic society it is also the responsibility to involve the people in the making of decisions. But it is even more than this; it is the process, within a framework of social and economic justice for people to have sufficient authority to argue and debate and to find compromises and doable solutions among themselves about the kind of community and society they wish to have. I am talking about sharing the power people have given their elected representatives with the people themselves.

*I am therefore talking about a "sweat equity" democracy. The people have authority to make decisions and to experience the good and the bad consequences. It is a democracy that requires time - endless meetings - energy and participation. It is a democracy where we can't say that the politicians we elected didn't deliver -because the citizens are the politicians.

*This is a forum on governance - about how decisions are made that determine priorities and allocate resources. Is it a forum on democratic governance of services to families and children, or is it a forum about informing and consulting citizens in the work of the Ministry of Children and Family Development?

- For the past 35 years the human care services have been making systematic attempts to overcome the balkanization and lack of systems in this field and the challenge of being responsive to clients, the general public and communities. In one form or another these attempts have revolved around the trilogy of "decentralization, co-ordination/integration and local accountability.
- The most comprehensive and ambitious undertakings in this province were the community human resources and health centres, and the community resources boards in B.C. This experiment delegated central authority to regions and communities, created structures for the coordination and integration of a range of services, and made them locally accountable through popular elections and through pro-actively involving citizens at-large in the planning and provision of programs and services.

*Introduced by one government (NDP) they were dismantled by another (Social Credit). Since then we have seen in either health or human resources less ambitious variations:

*regional decentralization that increased the authority of regional managers (human resources). Appointed citizen advisory councils were to be created but never were.

*commissions and reports (Children's panel, Gove Commission, Sullivan Report) that have argued the case for the trilogy in one form or another)

*development of community health centres and community and regional health councils with appointed boards.

*in one way or another these measures were never seen through to completion. The reasons:

*turf - never given up easily by staff or politicians

*complexity - to simplify information, resources, and services for the consumer, more complex planning and organization is required of the providers

*power - this is more than turf - it is the willingness to bring people into decision making
- to share power.

*knowledge and skills - a different mind-set and different skills are needed to work collaboratively, to share power, and to still provide leadership.

*The result: successive waves of incomplete changes across the province in the planning and provision of services. And yet, here we are today, coming back to the same themes. The lesson is that - for there to be real change, however long it takes, we cannot avoid acting on the trilogy.

- The simple and most clear vision and blue print for change was Dr. Richard Foulke's "Health Security for British Columbians" report in 1974. Although not focused on BC the most comprehensive and detailed plan was the 1970 report of the Commission on Emotional and Learning Disorders in Children (CELDIC), "One Million Children." Much of its prescription is still relevant.

- *The resources boards experiment in this province:

- took over the Children's Aid Societies in the Lower Mainland and municipal welfare departments and then combined these to create the Vancouver Resources Board with community resources boards in local areas. The local boards were elected and sent representatives to the Vancouver Board.

- merged provincial welfare and family service offices to create community resources boards societies, leading to locally elected boards.

- created 6 pilot community human resources and health centres in the province, coordinating and integrating health and social services with popularly elected boards.

*The lessons from this experience:

Challenges and Weaknesses

- all citizens do not want to become involved in public affairs (low voter turnout)
- a challenge to define spheres of responsibility between the senior government and local authorities (senior government had to intervene periodically in local affairs)
- lack of complementary boundaries with other service systems made comprehensive planning difficult (attorney-general, health, education)
- new skill sets required by managers and front line staff
- new status and rewards systems are required for staff (even if the minister and senior officials make all the right policy pronouncements it is how staff are recognized, supported, trained, and held accountable that tells the real story of a system's priorities and ways of working)

Strengths

- a broader cross-section of citizens became more informed and involved in the planning and management of services (despite the low voter turn-outs the numbers of people actively involved as volunteers, in citizen groups, and in decision-making increased significantly)
- the relationship between service providers, clients and citizens was less adversarial - people learned to work together to find solutions
- solutions were more reflective of what would work in each community.

* Thinking of now, and the days ahead, the ingredients for a successful system change include:

- The Provincial government establishing a clear framework and ground rules for decentralization, coordination/integration, and local accountability. This framework provides allowance for regional authorities to build on local strengths and initiatives, and the form of organization will therefore vary by region so long as it is consistent with the fundamental principles of the system.
- The Province is responsible for overall priorities and regional authorities have to work within these. It sets standards. It ensures an equitable distribution of public resources. It provides specialized expertise in problem solving.
- Regional authorities are popularly elected (with provision for some appointed seats if necessary). Regional authorities ensure the provision of provincial priorities, but in ways that reflect local requirements. They also develop and act on local priorities.
- Regional authorities pro-actively bring citizens at-large and those most affected by their mandates into the planning and provision of services in ways that tap the assets of the community.
- Status and reward systems for staff are put in place that reward teamwork, collaboration, inter-agency/interdisciplinary practice, and working effectively to empower citizens.

* Is this system possible? Of course. Is it going to happen? It will happen only if there is a real devolution of provincial authority in those components of the system where the local voice can truly make a difference in the quality and the effectiveness of the service provided. It will happen if citizens are successfully challenged to take a greater working responsibility for caring and well-being in their communities. It will happen if staff feel secure, supported, and confident in putting the new system to work.

* There really is no escaping the trilogy if we are serious about change for the better. As for getting there, I learned long ago, to quote a former manager of a community resources board: *Go until no*. In periods of great change there are immense vacuums.

Caution tells us to wait for direction from the top. Leadership requires all of us, no matter where we are in the system to seize the moment and act to fill the vacuum, holding the system accountable for the language it is using by initiating and modelling the policies and practices it is espousing.

* This event is one very good model -a partnership for change with government and non- government People -that can help fill the vacuum, and make a difference.

PARTICIPANT DISCUSSION

Facilitated by Ian Mass – Deputy Advocate, Office of the Child, Youth and Family Advocate

Participant Question:

Why are we moving to a state of community governance? What has been the driving force behind the change?

Response by David Young

The Ministry conducted a core review of its services and asked for input from the community. There was overwhelming support for the Ministry to move its governance structure to be community-based, innovative and flexible.

Participant Question:

The small group of people who participate in community governance and attend city meetings tend to come from higher socio-economic backgrounds. How do we encourage a broader range of citizens across these socio-economic groups?

Response by Michael Clague

We need to create an open and encouraging climate and create opportunities for citizens of all backgrounds to be involved. We also need to let them see the results of their efforts, no matter how small the successes. People will participate if they feel they have a voice and will make a difference. This must also be the workers job to involve people.

Participant Comment:

Community has many different definitions. Sounds like the Ministry is working towards regionalization instead of community participation.

Response by David Young

We want to avoid creating bureaucracies and make sure there is true community participation in the regions. We have to find out how this can best occur within regional authorities.

Participant Comment:

Speaker agrees with popular elections and the real authority of raising money and taxes that go along with it. When there is interest in the community, we must ensure the process of community engagement leads to community development, which requires significant resources, particularly financial ones.

Participant Comment:

Speaker found that in the example of regional health boards, they are initially excited about the transfer of power to local authority boards and so are the communities, which results in a lot of regional participation; however, this enthusiasm soon wanes. This occurs for many reasons: 1) regional boards became bogged down with business; 2) the government overloads them with too much red tape and technicalities, making it difficult for them to reach their goals; 3) by the time the health boards took over full control of services, they had lost their community input because the government had eliminated the fact that the health boards are elected—they became appointed—so loss of community involvement. It got to the point where the boards were more administrative than community-based and even the press, let alone the community, was uninterested in covering them.

Participant Comment:

Many people who use the Ministry's services are "challenged" (i.e. they don't have the same education as adults do because they are young offenders, etc), they do not fit into the mainstream of society and often do not fall into geographical boundaries. How will the new structure attend to, and include, these people?

Response by Paul Pallan

We tend to look at models of participation in a very narrow minded way. We need to look at completely different models, such as focus groups, and to reach out and encourage town meetings to promote discussion—both formal and informal, such as bringing donuts and talking with the youths at youth centres. We need to try and remove the levels of bureaucracy and avoid traditional methods and encourage active communication and discussion.

Response by Michael Clague

We need to be proactive when going about this to ensure input from all interests in the community.

BREAK

PRESENTATION

The following presentations were designed to help us understand the health and education experiences with regional and local governance.

Barbara Brett: Former Board Member, North Shore Health Region

Background:

In 1996 under the mandate of the Health Authorities Act, the Minister of the day discharged the Board of the North Shore Health Region. This came after a prolonged period of high profile conflict between the CEO and the physicians of the region. This convinced the Minister that the C.E.O. and the physicians could not work together.

The Minister appointed an administrator who had been chair of the hospital in the past. He set about recruiting new Board members in a fairly widely advertised public nomination process. I applied. I was interested in a volunteer opportunity in my own local community. A list of names was submitted to government. The process utilized the recommendations of the Auditor General's report on the functioning of the Health Authorities which had just been completed, in the recruitment /recommendation process. I am unsure of how many names were submitted. After a further period the Minister appointed a new Board and named the administrator as chair.

I served on the Board for four years. I was co-vice chair and chaired the quality assurance committee of the Board. I was also the Board's nominee to the Health Association, an organization that was put together out of the old Hospitals Association and two long term care associations. I was not re- appointed in the latest restructuring!

Opportunities

Community based governance in the health system enhanced citizen interest and understanding of the broad spectrum of health care and prevention. This moved people from not just being concerned about a specific issue but enhanced their understanding about the challenges and trade-offs that are required. The Region was able to provide more public education about the broad determinants of health.

Cross system collaboration and planning is facilitated, for example, the North Shore Committee on Addictions. Where local municipal political will was needed, the participation of health governors seemed to draw cross-system participation more readily than if staff alone were involved. I strongly support the prospect that health and child welfare delivery systems will finally have the same boundaries. There is a rich

opportunity for governors in both systems to encourage joint planning in areas such as prevention, 0-6 programs, addictions and mental health.

Challenges

Time demands on volunteer and unpaid governors were daunting. I averaged about ten hours a month and still felt guilty that I wasn't able to say yes to all requests.

Time demands included Board meetings, committee meetings, representing the Board on various community task groups, occasional attendance at Population Advisory groups, various "show the flag" events such as facility openings and celebrations, meetings with local MLAs, etc. The concern about time demands raises the prospect that only retired people will have the ability to offer themselves as governors.

The issue of whether health governors should receive any compensation was always a hot one at Health Association AGMs. Every year there was a motion on this topic that was narrowly defeated. My own board colleagues seemed to shift their own views as the time demand got clearer.

We had to figure out how best to communicate to the public about initiatives, strategic plans and program changes. We had three public meetings a year in which information was shared and questions from attendees were answered. We also had an informative web site and an annual report, which was published in local papers. Some groups were faithful in their attendance at these meetings. But many community groups wished to attend the meetings of the Board and pressed for this. I thought that was what the legislation required, but the majority of the board interpreted the legislation differently, and were of the opinion that the public information meetings met the requirement of the legislation. Ministry staff offered no clear guidance on this issue.

The Health Authorities are still evolving in their form and authority. In my era there was still a considerable amount of line by line budget control which hampered the region's flexibility in designing services. The clearer the givens and limitations can be stated the more likely that energy can go toward solving problems not in wrangling with Victoria.

Risks

A major source of irritation to many Boards was the fact that health authorities were not free to choose their own chair. While in practice the Minister often appeared to appoint the person recommended by the Board, this was not always the case and two names at least had to be offered. Boards around the province had all gone through a public nomination process, and felt they were in the best position to know who would best serve their communities. In some communities there was a shortage of applicants. The restructuring to larger regions might address this. Another irritation was the length of time it took for replacements on Boards to be appointed. The risk is that qualified volunteers turn off on being involved.

Related to this, and of overwhelming concern to me, is that the appointment of governors got politicized. When names of interested persons, already vetted as qualified, are then vetted in caucus it seems to me to invite a perception that appointments are affected by political views. This can negatively affect the credibility of governors as they work in their community. If the qualifications of the applicants have been reviewed against known criteria, for example the Auditor General's recommendations, then these people should be appointed. The government of whatever day should be able to accept that some of these people might indeed not be supporters. I do not have the answer for this – perhaps a Blue Ribbon Panel?

Population Advisory groups for less visible or special need groups assisted the region to change service response, for example, those with disabilities, multicultural groups, women and seniors. A similar concept might be fruitful for the new child welfare authorities.

Community based governance assisted in the interpretation to community when necessary reorganization was being done to achieve efficiency and better service. For example, integrating hospital and community health services. Municipal leaders, school board trustees etc. could be briefed and enlisted as supporters of needed change for the community.

Keith Phillips – Regional Executive Director, MCFD, Upper Island Region

Background:

During the time period of April 1992 to July of 1996, as a Regional Co-ordinator for the Ministry of Health, I facilitated the establishment of 12 CHCs and 3 RHBs in the Frasers.

Most of the material that I will be referencing is from *“New Directions for a Healthy British Columbia”*, which was published in May of 1993. It is interesting to note that the same themes and approaches that were used 9 years ago are still valid and being put forth today.

Disclaimer:

I will also add in my personal views of the process and the outcomes based upon my experience. These views are not intended to represent any current views of any Ministry. I also make no claim to being an expert in anything. I only have my personal views and experiences to share.

Opportunities:

The Health Ministry had a Strong Vision for the future, which was *“Healthy Citizens and Healthy Communities”*.

They stated that:

Healthy citizens take personal responsibility for good health habits. Healthy communities are characterized by local government, business, labour and other citizens working together to identify and resolve issues affecting health.

The stated Mission was to promote and provide for the physical, mental, and social well being of all British Columbians. There were 5 New Directions outlined that were to point the way to a truly responsive, comprehensive and integrated health system.

- All of these new directions refer to health, but could just as easily refer to social service programs and environment.
- 1) **Better Health:** We must pay more attention to the full range of factors that affect our state of health from personal income to the environment.
- 2) **Greater Public Participation and Responsibility:** Greater public involvement in the health system will ensure that health needs and services are more closely matched.
- 3) **Bringing Health Closer to Home:** most British Columbians believe that health service at home or close to home is preferable to care elsewhere.
- 4) **Respecting the Care Provider:** The success of the new health system is dependent on the continued involvement of caring and dedicated employees and volunteers.
- 5) **Effective Management of the New Health System:** We must aim for the highest possible return on every dollar spent in terms of health outcomes.

The document went on to further describe the objectives of the new health system.

Objectives:

- **Integrated continuum of services:** A service system that ensures that people gets the right service at the right time, and from the most appropriate health care provider. It also mentioned Community Health Centres as an example; community initiated community oriented, and responsive to the specific needs of the community, with strong linkages to other health and social services.
- **Greater public involvement in the way the health system runs:** A community based system will provide a democratic planning process for the identification of health priorities, and allocation of available resources in a way that best meets local needs.
- **A system that supports a new view of health:** Our present system tends to focus on the treatment and cure of disease, with some attention to prevention. In the future the health system will focus much more attention to not only preventing illness, but to addressing the underlying social and environmental factors that affect the health of the people.
- **Effective and efficient use of resources:** Funds for health are limited and we must ensure that better value for money is realized through improved administrative savings, and by tying health expenditures to health outcomes.

- **Core services available in all regions defined:** The Ministry of Health will define core services and establish standards for the outcome of services. All regions and communities will be required to ensure that core services are available and accessible to citizens who require them. This does not mean that these services will be provided in every community or region.

Summary:

I think that we would all agree that the vision and the opportunities for the health system (or our own social service system) are still valid and worth pursuing.

Challenges:

Our first step in looking at challenges should be to look at the commitments noted before and consider where the current health care system has ended up 9 years later.

My personal opinion is the following:

- **Regarding Better Health:** I believe that we are well aware of all of the factors that effect our state of health. We have been talking and writing about these concepts and factors for a least 20 years. People like Fraser Mustard, continue to emphasize the need to focus on the early years and prevention but the health system, for the most part, and still focuses on Acute Care. Are we healthier than we were 9 years ago? I would argue that we might be able to fix you better than ever with better equipment and technology. Do people take more personal responsibility for their health? Again, I would argue that, if anything, we are back sliding from the heights of personal and community fitness that was the focus of the seventies. Our challenge is to reinstate our focus on prevention of illness rather than fixing our health and social problems after the fact, many of which could have been prevented.
- **Regarding Greater Public Participation and Responsibility:** We know that the number of health boards has been reduced dramatically from the original concept of community boards. We are down to 5 macro-regional boards in the province, and so we know that the amount of governors is much less than what was first established. Even in 1994, after I had facilitated the establishment of 12 community health councils from Delta to Hope, they were all disbanded and reformed into 3 regional health boards. Today there is one board in the Frasers covering what used to be done by the 3 RHB's. Most health governing boards continued to advocate for more money and resources, and did not accept their responsibility to keep within funding envelopes. The Ministry, for its part, did not allow the governors to limit the services to be provided in any meaningful way. Our challenge is to ensure that the governors are truly representative of the macro-regions and the communities that they represent, and that they are allowed to make responsible and difficult decisions to meet that mandate within available resources.

- **Regarding Bringing Health Closer to Home:** Most communities would not give up on their hope of more and better services, within their communities, as that was the promise. The RHB governors struggled with the balance between representing the interests of their communities, and the need for regional efficiencies in providing service. Our challenge in the social service sector is to not over commit to a community model to find that we have ended up with communities fighting each other for resources, and no regional over view of efficiencies.
- **Regarding Respecting the Care Provider:** Since the inception of health boards, the governors, as well as the Ministry and the governments of the day, continued to struggle with their relationships with the health service providers. They knew that the service providers were dedicated and caring but the expectations and the associated costs were outstripping the funds available. The system is designed where often the care provider's role is to advocate for their client. This advocating also serves to further ensure the employment of the service providers. Our challenge in the social service sector is to give the care providers the added responsibility of living within the regional and community budget. The best place to determine priorities and funding for service is at the community and client level with the service provider involved.
- **Regarding Effective Management of the New Health System:** 9 years later the health system is still struggling with determining the right amount of money to fund the system. Unfortunately, the public's expectations for the system are only increasing. We are in crisis mode to solve all problems that need fixing. We are focused more than ever on the acute care side of the system. To use an analogy, we are trying to manage a system that is focused on your car breaking down. We have all of our resources and technology focused on fixing it, rather than resources and technology focused on teaching us to better maintain our vehicles so that they don't break down. Our challenge in the social service sector, as we move to governance, is to ensure that we properly fund practice that is focused on the prevention of social service issues rather than fixing situations after they happen.

Some other thoughts on the challenges of moving to governance are as follows:

Who are the participants?

In the health process the Community representation and Regional representation, stakeholders target participants changed in the second year. The focus changed from community to regional and the make up of the board also changed from a mixture of appointed and elected representatives to an all appointed board.

The challenge is to ensure that the participants in the planning process truly represent each of the regions and their member communities.

Who is developing a community and regional plan?

As mentioned before many of the targets changed in the second year. Who ultimately is responsible for the plan? Is it the community, the region, or the Ministry? Who takes ownership and is accountable? This struggle played itself out in the 9 years since the establishment of Health Boards and continues to play out today. The challenge is to ensure in the social service sector that all participants clearly define their responsibility and accountability before we make the plans.

- **What services are going to be integrated or amalgamated?**
- **In the Health process they struggled with the question of: “Do we force people to work together or will they do it themselves?”** In the end they did a combination of both. Those that were forced may have felt that the Ministry and government were heavy handed in their approach. Our challenge is to let those that are affected make the decisions as much as possible. Innovation and creativity can be used in the community and the regions, and they should be allowed to create their own destiny within clearly identified consistent principles.
- **How are the plans and progress going to be evaluated and when?** At the end of the process we need to be able to clearly evaluate any progress that we have made. We cannot assume that by merely changing the structure we have solved the problems. The health governance experience shows that this is not true. At the end of the day we should have healthier citizens living in healthier communities. We in the social service sector should have less need to bring children into care. We should have less need to treat preventable mental health and alcohol and drug issues. The poor should have opportunities to change their circumstances. Our challenge in the social service sector is to have less need for acute or crisis mode services and has more provision of service that maintains the social health of our communities. We need to determine what part of this is funded by government through taxpayers dollars and what part is taken on by other organizations and people within each community.

Risks:

As we move to a decentralized governance system many of the risks will come as a possible result of not addressing the challenges listed previously. We run the risk of the following scenarios playing themselves out:

- Communities and regions will continue to fight for less and less dollars
- People will not change their expectations
- Service providers will not change their practice
- Government will not really “let go” and allow the governors to govern.

We have seen 9 years of the health system struggling with the implementation of ideals and goals that most of us would agree were the correct ones to pursue.

As we move down this same path of governance in the social service sector we will undoubtedly be confronted with many of the same challenges that the health system has struggled with.

The clients, stakeholders, service providers, community at large, and the ministry are all key players in resolving this issue of “*expectations*” versus the “*meeting of service needs within available budgets and resources.*” The health sector, in my opinion, continues to struggle with this balance.

The answers, at first, seem fairly simple. If we are to live within our current resources, then we must “*hold the line*” on our expectations. If we are to diminish our funding and resources, then our expectations must lessen. If we are to increase our expectations, then funding and resources must increase. The problem is this though; most of the funding is someone’s job in the end, and most service providers “*expect*” and want to be employed doing what they feel is needed in their community.

Secondly, most of the “*services*” in our social service sector go to the most vulnerable and often poorer people in our communities. Most of them would also “*expect*” and want to be employed, and not in the situation that they are in. At the very least they would want someone to help them or enable them to make necessary changes, and then get on with their lives. Most of this help could be short term, and few would likely want continued government involvement in their affairs. And so, the expectation of a better life gives us all hope service provider and client alike.

As we move to governance, the new Governors and the taxpayer will determine the amount of hope that we as a collective society will pay for or enable.

And so back to our Risk scenarios:

Communities, as a whole, must determine the correct amount of funding needed in order to meet their expectations and then find the way to pay for them. People may have to change their expectations. Service providers may have to change their practice. The government may have to “*let go*” more than they ever have done before to enable the governors to govern.

“*Healthy citizens in healthy communities*” is still a dream that we can all buy in to. There are opportunities, challenges and risks in pursuing that dream. The dream is still worth pursuing.

Thank you.

Dr. Barry Anderson – Lead Director, Ministry of Education

Community governance in education has been about overseeing a decentralized system, with much of the funding raised locally. In British Columbia, education started as a decentralized system and has about 125 years of evolution. Today's system is still evolving – the process will take forever, not merely 3 to 5 years.

Initially, the province controlled education through the curriculum and a system of provincially appointed superintendents. Fiscal matters were a local concern. As the education system became more complicated and expensive, the province began to contribute funds in order to ensure fiscal equity between school districts. Boards were amalgamated to enlarge their access to a property tax base with which to support the education system.

Over the last twenty years, the province has begun to assert more control over the level of spending adopted by school boards. Amalgamation of boards has taken place to reduce administrative expenses rather than increase taxing (and spending) powers.

In social services, it is often said there is no bottom line and no way to say that "enough" service is available. Most systems of education have begun to spend time defining what is expected to result from the system because in the absence of information about results, it is not possible to assess the adequacy or effectiveness of programs and services. In education, we are learning that we cannot continue to describe what we do as a process rather than as a result.

Government must face the fact that regional authorities and the government itself will make bad decisions. What do you do when that happens? The temptation to intervene with central controls is very strong indeed.

It is necessary to ensure that there is equity when standards are created, but it is also easy to eliminate diversity and creativity at the same time. Local control means variety, and central governments have low tolerance for diversity in their programs. A management system which encourages diversity in processes, yet is demonstrably equitable in results is a large achievement and an enormous challenge.

The tendency for agencies with money to control their dependent agencies is pervasive. A decentralized system needs ways to protect local autonomy over the use of funds while preserving accountability for their use.

We need to be clear about what we are talking about when we talk about concepts like centralization and decentralization. We are not decentralizing service; rather, we are decentralizing responsibilities for operations and financing.

Key Issues include:

- Money – there is never enough and an effective system for prioritizing is required.

- Responsibility – split jurisdiction = poor service.
- Role definition and expression.
- Poor decisions (and how to deal with them).
- Equity and creativity balance.

The measurement of results in social services is difficult and complicated. We tend to make things simple for administration but complex for clients. It needs to be the reverse. We need better information and management systems and must see this as an investment.

In education, we have found that one-size-fits-all delivery does not work. Nor can the Ministry effectively customize our services to fit students. We have learned that we must empower service deliverers (schools and school boards) to take initiative to serve clients. In many cases, this just means getting out of the way of people with talent, energy and enthusiasm.

Gordon Comeau – President, BC School Trustees Association

Thank you for inviting me.

Your topic today, "Governance: opportunities, challenges and risks" speaks to subjects very near and dear to my heart.

I have been a school trustee for 21 years. Why? Because I care about my community and because I believe I can make a difference.

As a locally elected person I have certainly seen:

- challenges - from balancing student, employee and community interests to year after year of budget cuts.
- My board has taken many risks - they're often the best way to get through the challenges.
- And as for opportunity - it's what keeps us going. The opportunity to make a difference for our community - for kids and for schools.

When the provincial government released their service plans this fall, I read the strategic shifts for the Ministry of Children and Family Development with great interest. In particular, two statements caught my attention.

That MCFD shift:

- To enabling communities to develop and deliver services within a consolidated, coherent, community-based service delivery system.
- To a community-based service delivery system that promotes choice, innovation and shared responsibility.

These are familiar concepts to me. After all - School Boards have much the same mandate:

- to deliver education services in ways that make sense at the local level.
- to reflect community values and expectations.
- To engage our communities to improve achievement for all students.

So how do we do it?

The first challenge of local governance is to recognize that each community is unique, with its own needs and priorities, values and expectations. Every community is the exception to the rule and local govern managing for those exceptions.

Perhaps that sounds simplistic. After all, each of us lives in a community and I can tell you how our neighbourhood is different from the one next door .

Perception

Here is an example:

- Survey after survey on education has shown that people believe.
- Education is great at their local school.
- That it's OK in their district.
- And not so great in the province or country as a whole.

Despite what we know to be true, when it comes time to assess education, BC as a whole stands out near the top.

On paper, it may seem fair to divvy up resources based on a mathematical model. To assume that the distribution of "needs" province-wide corresponds proportionately in each community. Keeping it fair - not on paper at the provincial level, but in reality in the community is an art not a math problem. That's a challenge with risk.

Case in point, for a very long time in education we had a budget system where the provincial government allocated funds to school districts based on a complex set of rules, including targeted funds and capped allowances. The board was supposed to take this money and budget it according to local need and priorities. While the ministry explained repeatedly to the public, "that the formula was for "allocation only" and was not intended to direct spending, community perception was that funds "marked" for special needs, transportation, administration etc. were supposed to go there.

To arrive at the best way to meet your community's needs, you have to take a risk.

The risk is to listen to the community before making a decision

Listening is risky because you won't always hear what you want to hear. And some of what you hear is likely to fly in the face of the well-prepared plans and models that you are supposed to be implementing.

The community will mess with that model with all kinds of ideas about choice and innovation. They'll have their own ideas about what shared responsibility is, who should be sharing and what is fair. It would certainly be easier to implement a nicely packaged central plan.

At the end of the day, however, decisions only stick when the community is heard and is satisfied that they have been understood.

This doesn't mean that you give in to the specific demands of every group that approaches the board. It is about making a conscious effort to listen and to understand. It is the only route I know to making decisions that are heard and understood...decisions that make a difference.

Right now school boards are dealing with frozen funding and declining enrolment and about 10 years of budget cutting, now we are cutting some more.

I'm sure you have heard about cuts in education. It is an extreme situation - and you are certainly aware of cuts in the Ministry of Children and Family Development.

And yet, while communities are concerned about education cuts, even angry, consultation at the community level is resulting in one-of-a-kind solutions that communities understand and are willing to work with.

I'm not suggesting that they like to see schools closed four-day weeks or longer bus rides.

I'm saying that by being part of the process, they understand what the choices were and why the decisions were made.

The best illustration of this point I have seen is an editorial published by a community newspaper this Spring.

Under the headline "Health services could take a lesson from local school board," the editor comments:

"It's not often we'd applaud a \$1.5 million cut to any government service - especially education - but last week's operating budget announced by the school district has left us with a pretty good feeling.

"Of course, most of that warm-fuzzy sensation is derived from the manner in which the cost-cutting decisions were made, not the fact that so much is being sliced away from our children's classrooms, programs and teaching staff lists"

"The members of our local school board are to be commended for taking a positive, open and pro-active approach to their budget process. Instead of hacking and chopping wherever they saw fit (as many accused the health services ministry of doing) and ignoring public input (as the health services branch admitted to doing), the board members took their problem to the people who would ultimately be affected the most -the parents and children of the school district.

"Board members and senior staffers spent countless hours examining the areas of education the district had either overlooked or had been unaware of in their pre-preliminary budget process.

"The end result is something we can all live with: a fair and sustainable reduction that won't send us to the poor house and won't cast too great a burden on our kids. With schools closing left and right in all regions of the province, we managed to escape with minimal damage.

"Congratulations to the board and thanks to all those anonymous parents, staffers, students and other interested parties who helped this year's budget cut feel more like a scrape.

“And if any of the health authority hierarchy happens to read this, please pay attention -because not all of life's great lessons are taught in the classroom.”

This from an editor! Someone who has a professional duty to being critical and cranky!

Your theme and your task:

Challenge -understanding the uniqueness of your community and staying focused on local priorities and expectations.

Risk - consultation. It's time-consuming, sometimes frustrating and people are bound to disagree. In the end, it's worth the effort because it results in decisions that the community understands and will work with, rather than against.

Opportunity - local governance is the opportunity to make a real difference - for your neighbours, your friends, your family.

I am a politician, not a paid authority or an education expert. A big part of *my* job is to make sure that my community is heard in the decision-making process.

I've been around too long to think you can make every community group happy.

I also know that we make better decisions, and gain community acceptance for those decisions, when we give people a fair hearing and demonstrate that we have genuinely considered their input - whether or not we agree with their position.

The payoff of local governance the privilege of living in a free society where citizens have a say and can make a difference.

After all - isn't that why we pay our taxes?

PARTICIPANT DISCUSSION

Facilitated by Ian Mass

Participant Comment:

Participant attended the Tony Morrison seminar in May 2002. She believes we need to support children in need to reduce the number of children in care. She believes that we need to establish a holistic approach to child welfare by taking a collective approach—

with many ministries working together - to spread out responsibilities among many ministries - create partnerships among government ministries. We are devising a “best practice” government structure, but the bigger challenge is in front of us: we need to be a collective force with a collective vision, with participation across all areas, disciplines, ministries. She hopes that there will be leadership taken to look at the collective agenda, and vision in creating this.

Participant Question:

Regarding comments by Keith Phillips, she wants to know what practices and points are pertinent and relevant today? As those practices are almost a decade old, she is puzzled how a ten-year old document can still be applicable today. As well, she wants to know how the ministry will be held accountable to the communities in regards to what programs and services exist today and what will exist in the future?

Response by Keith Phillips:

He believes that all the points he raised in his presentation are pertinent, but recognized that it should be re-framed to match the needs of today.

Response by Dr. Barry Anderson:

Twenty years ago, people blamed poor school performance on Aboriginals. Ten years ago, it was no longer Aboriginal people’s fault. Today’s focus is on the fact that Aboriginals have a much higher graduation rate than they did in previous years. Information is a very powerful tool when you have it.

Participant Question:

Participant wants to see specific measurable outcomes in the reorganization of the new community governance structure. In the first forum on community governance, they asked for clear indicators; however, the six strategic shifts are very global, but not specific or measurable. How will specific outcomes be assessed and evaluated? How much attention was paid at the front end to developing specific outcomes, and how much attention will be paid to measure the transition?

Response by David Young:

Ministry tables such as the Accountability Framework Committee are looking at measuring outcomes and managing the transition across the tables. In regards to how to manage the transition, the ministry hopes to have a performance management framework within the next month or so.

Response by Keith Phillips:

Health determinants are key and could be used.

Participant Comment/Question:

Participant is a front-line school counsellor. She sees students their wide range of issues on a daily basis. School counsellors are often the last line of defence before children hit the streets. A lot of their work is done behind closed doors. Their contracts were hit hard this year. Caseloads have doubled. How much awareness is there in the Ministry (of Education) of their role in the system?

Response by Dr. Barry Anderson:

Without sounding as if he does not care, the roles of the people in the system are not the primary concern of the ministry. The ministry deals with higher policy issues. It is not that the Ministry does not care, but it is not the ministry's job to be concerned about these roles.

Response by Gordon Comeau:

He shares the concerns of the participant. Part of the problem is the funding allocation. There is an accountability contract required between the school board and the Minister. In good faith, there is an expectation that the resources will continue over the year. A lot of cost cutting can be done, but many cuts are and will impact staff, students, class sizes - communities in general are feeling the pinch since schools are the hub of the community.

Participant Comment:

Participant was pleased to see that the attendees at this forum come from a range of ministries, including health and education. She suggests that we take the opportunity to develop a holistic, inclusive, look-at-the-big-picture approach. One of the challenges in doing this will be inter-ministerial, to break open the "silos" that ministries have contained themselves in. She wants to avoid the new five regions from developing into five separate silos. She hopes that there is a table in the new ministry that helps us work across the ministries to overcome these silos.

Participant Comment:

Participant agrees with last comment. We need the ability to be creative within the new system. This may be an opportunity to take a leadership role to bring together all ministries and others in order to be co-ordinated and creative at a community governance level.

Participant Comment:

Participant is a school counsellor who has a principal who sees beyond the “walls”. He works with a community development worker from the MCFD and believes we need to have people designated by the Ministry and the school system to take on the challenge of integrating these two with other ministries. In order to do so, he suggests we should change job descriptions. The challenge is to get out of schools and offices and work collaboratively. He believes it will be amazing to see what shows up as a resource in doing so. For example, he knows a woman who is on medication for a mental illness. She is on a disability pension and contributes by providing a source of clothing, bedding etc. She is now a lice patrol queen. Please start to think about changing job descriptions and roles, especially across ministries.

Participant Question:

You have been discussing issues without addressing the envelope around it. What is the envelope? You have been discussing managing expectations, without discussing the “envelope” itself.

Participant Comment:

The envelope is the capacity to have good stuff happening when appointing board members. If governance pushes for cross-system approaches it can help.

Participant Comment:

We need to take away restrictions. Promote and concentrate on positive things, and be held accountable for these decisions. This is difficult to do at a time when resources are tight now. We need more resources now.

Participant Comment:

It should be noted that elected officials compete for resources. Since the government is initially elected by the people, it should be noted that the public has the initial say in what they want accomplished through their politicians. Example: a school spending authority went outside its spending authority allowance and raised money inappropriately according to the rules and regulations it had to follow, but in the end, it benefited the students in kindergarten. Is this wrong?

LUNCH BREAK

PRESENTERS

This session was designed to provide participants with information from two major B.C. inquiries: the Community Panel “Making Changes: A Place to Start” and the Gove Inquiry into Child Protection.

Joyce Preston – Consultant, Child Welfare, former Child, Youth and Family Advocate

In 1991, the Community Panel was formed by the NDP government. While there was no discussion about governance, there was talk of community development and service delivery structure.

Not everyone wants to be involved in all communities or all community activities, so don't count on everyone being involved. We need to consult with people in communities. We need to be respectful and inclusive, otherwise people are tired of being consulted when they don't know what the topic is about.. Too often, people are sick to death of being consulted unless it is REAL and RESPECTFUL.

Communities need assistance in being involved. There is lots of rhetoric about "give it back to the community" but communities need adequate resources and to develop the capacity to build better resources for children and families. Without resources it will be a failure. Community participation has to be meaningful and we must be willing to resource the capacity development building.

Staff need to be helped to see their work differently. There are workers that are biased in a certain fashion, depending on what institution they work for. The "world" they work in determines their viewpoint. To diversify, they need to get different perspectives, which develop when you do community work, this should be encouraged.

We are saying and hearing the things we've done or talked about before. We need to actually DO something about our discussions regarding new innovative approaches. We can't engage the people we need to help if we only concentrate on regions. We need a provincial government structure that is all encompassing, structure is important, but not the be-all and end-all. We don't want to get bogged down by structure.

Four important things governance must do:

- An honest transfer of authority with adequate resources and permission to make mistakes;
- A philosophy and principle to balance regional autonomy and provincial consistency;
- Inclusive processes for children and their families. It must be culturally sensitive. The next workshop could be about giving voice, i.e. you get to have your say, but you don't necessarily get to have your way.
- A different approach to staff training. Do integration and train staff to resource it. One of the biggest challenges is cross ministry integration.

Get on with it!

Judge Thomas Gove

I come before you today not as an expert in political science or governance. My experience is in law related to children and youth. I became involved in child welfare reform in May 1994 when I was asked by the provincial government to conduct an inquiry into the death of a little boy by the name of Matthew and to examine our child protection services. During the 18 month inquiry I examined the life and death of Matthew and of many other children. I conducted hearing, received written briefs and commissioned research.

In November 1995 I released my report. Volume 1 – ***Matthew’s Story..*** – tells of a child who was a client of child protection services from his birth to his death at age 5½ years. He was not a child who “fell through the cracks” but rather his mother and he received a broad array of services. A considerable amount of money was spent by government and contracted agencies yet Matthew was never protected. From the examination of his life and that of others, I concluded that there were fundamental problems with our child protection and child welfare systems.

In Volume 2 – ***Matthew’s Legacy..*** – I recommended a different way to deliver child welfare services. Child welfare services from 6 ministries would be brought together to form a new Ministry for Children and Families. Services would be delivered in 20 locally governed regions through Children’s Centres where integrated, multi-disciplinary teams would respond to the unique needs of each community. A Children’s Commissioner outside of the Ministry would provide a watching brief for the public. I also recommended that the focus of child welfare services be on assisting families care for their children by seeing all children as the constituency – such as the Hawaiian Healthy Starts program – as opposed to the residual approach where assistance in the form of intervention only occurs once children have been neglected and abused.

In September 1996, the provincial government accepted all of these recommendations. Over the next 6 months most were implemented. The regions were established and neighborhood offices, some modeled as Children's Centres, were established. The Children’s Commissioner was appointed. A commitment was made to community governance, and decisions were to be made closer to where children, youth and their families lived.

In February 1998, the local decision making model was changed. The ministry moved to 11 regions, introduced 2 additional levels of bureaucracy and decision making started to move away from communities and back to Victoria. This is the situation today while government again examines how to reorganize services. Already the Ministry has moved to 5 regions with the commitment that each will be run as an authority separate from the province. Now there is an opportunity to establish the community and regional governance that was missed back in 1996.

I suggest that you start, not by designing regional governance but rather by envisioning how services at the Children’s Centres or neighborhood offices will look when children, youth and their families walk through the front door. Once you have a pretty good idea

about how people will be served, then you can decide how to govern the service delivery. To decide on a form of regional governance without clarity on the store front delivery may impede you from ever getting to designing the actual delivery. Children, youth and their families do not care if the child welfare services that they need are governed by one provincial ministry, or 5 or even 20 regional authorities. They care about the service and how it is delivered. As we were told earlier today by Dr. Barry Anderson: *If you do not know what you are trying to accomplish, governance problems will take all of your time and energy.*

I suggest that you first design a delivery system that potentially includes all children, youth and their families – a system like Healthy Starts in Hawaii. Only then can you decide the best form of governance.

When considering how to set up a community or regional authority I suggest that the responsibility for child welfare services should include the entire community, not just those with a particular interest, including a financial interest. One model worth looking at is to have at least some of the membership of the governing body made up of people elected for other purposes – for example city councilors, school trustees, and Aboriginal tribal council members. As well, there could be representatives of business - perhaps through the local chamber of commerce – and labor – perhaps through the local labor council. There could be some provincial appointees – keeping in mind that even with devolution of authority, the constitutional responsibility for child welfare remains with the province.

One challenge that I see you facing is to overcome the reluctance of existing organizations and people working in those organizations to change. There will be the need for strong leadership to overcome this. Those directly affected by change in their work will need to both feel and be part of the process of change.

PARTICIPANT DISCUSSION

Facilitated by Ian Mass

Participant Comment:

Who decides what is acceptable in terms of risk for children in need? Where do we have that conversation and who will be involved?

Participant Comment:

Integration is very important. Many people talk about integration but there are many services that are repeated. We need better communication between ministries.

Response: Judge Thomas Gove

There needs to be strong leadership to instigate change at the political and bureaucratic level. The Ministry is in a process of change right now. How do we further that change when there is a reluctance within organisations to change? As well, if the clients who are receiving the services do not feel that they are agents of that change, they too will be reluctant to change or support that change.

Response: Joyce Preston

The “talk” at these discussions does not do anything—we need to actually do something about it; put action before words. We need to look at integration and who is talking to whom; we need to look at integration between social services and education. We have had lots of difficulty between these two sectors. We also need integration between key community players, such as doctors, nurses, police. It can happen best at the local level.

Participant Question:

What are the indicators that we have adequate resources?

Response: Joyce Preston

Crisis management consumes the store. We have been blind in the past not to look at indicators. We get so hung up with doing and not analysing the outcomes. But it is hard to answer how much is enough. We need to do a needs-based assessment; otherwise, we can't make any progress, but because we didn't do a needs-based assessment, we don't know what the targets are.

Participant Comment:

We need coordination at the local level but it is hard. A few places have been successful at this—funding for northern services in Ontario, for example. A funding envelope is important but it took five years. Quebec's local service centers can be successful. It is too hard to make ministries work at the central level, but this can be done at the local level.

Participant Comment:

Integration – the participant has been involved in social services for the part 25 years. Her Nation is the first to have devolution of services. Services developed under block funding. They have been able to take all resources to assess what their community's needs are. They have representation from all communities and elders' assistance. Even though her Nation is dealing on a smaller level (14 communities and 7000 people) it is not impossible to achieve integration. The ability to be flexible and creative is there

for her Nation because they have had to be because they have received poor funding from the government.

Participant Comment:

There is a service delivery model that has gained international recognition. It concerns pregnant women and substance abuse issues. It is an integrated program involving many people and professions. It brings together health workers, doctors, infant development, social workers, native workers - one program with multiple services. This program looks at and articulates its outcomes. The developmental process was very complex. The team went through many stages before developing a common vision. Different ways of allocating funds is needed. Actual integration of services took two years. It was a very time-consuming process, as every level needed to be on board.

Participant Comment:

It is not that we don't know what the problems are. We just don't integrate them together. Judge Gove suggested we bring them into one Ministry, we still have to find a way to utilise these services.

Response: Joyce Preston

Many people are worried that with all the future cuts (20% next year, and 10% the year following), how can we be successful if we can't afford it or fund it, or if everyone is too anxious? We need clear leadership and training.

PRESENTATION

Ruth Annis, First Call, BC Child and Youth Advocacy Coalition

In order to succeed in building an effective governance model, it must be qualitatively different from the way we do things now - if we hope to improve the lives of children, youth, and families and lower the number of children and youth affected by abuse, neglect, early school leaving, substance abuse, criminal involvement, mental health problems or homelessness.

In recent years, we have built up the evidence base in BC, Canada, and internationally, which provides the sound information we need, to know what makes a difference. We need now to apply that knowledge in taking on major system reforms.

Let me start with an example from Finland, you may have seen the Vancouver Sun article on April 16, 2002, rather unfortunately titled "Why Finland is Soft on Crime".

That article explained that, in Finland, jail is a last resort, with only short periods of incarceration. Prisoners are encouraged to work or study at any educational level. Maintenance of outside relationships is fostered. Males and females are in the same institution (and may marry) mothers can have young children with them; many are in essentially half-way houses; home leave is common.

How did this correctional system develop? In the late 1960's, Finland, living in the shadow of Russia, its former colonial master, recognized that they had high rates of incarceration and continued to have persistent high rates of crime (the same pattern as in Russia).

Indeed, their social policy was also based on the Russian approach - a very punitive model that used long jail time as its main sanction. Conversely, Finland's other neighbours, notably Sweden - had a very different policy and a different experience.

Realizing that one policy seemed to be working while the other was clearly failing, Finland decided to switch from their current social policy to its opposite.

Good social policy can move mountains. Finland's incarceration rate is now just 52 per 100,000. Canada's is 119 per 100,000. The USA's is 702.

The lessons for us are:

i) Good social policy is key - it is not so much about the organization of the services system but rather that the service system has to reflect, actualize our social policy. Finland didn't achieve its goals by making the prior punitive system more efficient but by making the prison system reflect a new social policy of rehabilitation.

ii) In Canada, we either look to the United States for our models because they are close at hand and we are inundated with information about them. Or conversely, we believe that we can't take an independent position because we are in the shadow of the elephant - we are part of the continental socio-economic envelope.

iii) In Canada, we have a tendency to dabble, to address reforms half-heartedly, making the result a little bit of this, a little bit of that, and not something that works.

Let's look at another example. Today, here in BC, with regard to drug policy, we are now faced with a directly parallel challenge to that facing Finland in the 1960s. Are we going to abandon the American approach of a "war on drugs" or take up the European Four Pillar Approach of prevention, harm reduction, treatment, and law enforcement?

Are we ready to commit to evidence based approaches, now so much a part of our stated goals? Or dabble ineffectually with half-hearted reforms?

With those two examples in mind, let's turn to the issues facing us in child welfare. In child welfare, we are building up good evidence locally on how "good social policy" would make a real difference and provide clear social benefits.

I'm thinking especially of Clyde Hertzman and his colleagues at U.B.C. Their work has demonstrated how socio-economic gradients matter in the local and provincial contexts. We know that the determinants of child health, well being, coping, as well as low risk of abuse and neglect, are dependant on factors that include family income level, education and parenting style; neighbourhood safety, social cohesion, mixed socio-economic communities, and asset rich communities; and on the overall gradient of socio-economic equality in our society. We know these factors affect the child's life course by the age of 4.

In Vancouver, there is a six-fold difference in average family income moving from the Westside to eastside to Downtown-Eastside. Due to high housing costs-with real estate being a principle determinant - kids are concentrated not in supposedly family-friendly westside neighbourhoods but in neighbourhoods with less and least optimum conditions.

However, as Clyde Hertzman argues so well, these conditions - through social planning - are fundamentally modifiable. In Vancouver, 3 neighbourhoods have 1000 units or more of non-market housing - False Creek, Champlain Heights and Downtown-Eastside. In False Creek, and to a lesser extent, in Champlain Heights, that housing is integrated into a mixed socio-economic neighbourhood; in the Downtown-Eastside/Strathcona, social housing is "project" housing. Children and youth do better, and also vulnerable children in mixed communities do better, than vulnerable children in ghettoized, homogeneous neighbourhoods. Thus, the way neighbourhoods are organized is an important factor in child welfare. The rates of child abuse and neglect are not just a domestic issue but also an economic issue and a community development issue.

The lessons we need to draw - if we are going to effectively address abuse and neglect, as well as all the other desired social outcomes for children and youth - are that we have to recognize that the task of the governance model is not narrowly about the management or administration of ministry services and its contracted community partners. It is much more broadly about regionally and locally applying evidence-based social policy to affect positive social reform.

For the same reasons, the governance model can't be narrowly drawn. We need an empowered system that can take on the broad policy base and has the inter-sectoral mandate and the significant resources to do the job. We need the courage and the structure to think big and to act on what we know. We must not dabble.

Fred Milowsky – Interim CEO, MCFD, Vancouver/Richmond Region

Back to the Future: Lessons to Be Learned

In 1996, as Directors in a new ministry of Child and Families, we were excited about creating a new vision and structure for service delivery. Much of that enthusiasm, creativity and vision came to a halt two years later. So what happened? How can we prevent this from happening again, as we try to rekindle a similar commitment to an integrated and community based service delivery system?

I will try to give you my perspective on this. It is only my perspective as a Regional Executive Director, who went through this, so while what I might have to say might not be completely factual, it may serve nevertheless to offer some insights and lessons to be learned.

The 1996 vision for the Ministry was a vision that came out of the Gove Report. It was more than a vision of integrated services, brought together from 5 ministries. It was a vision of community involvement and participation. As Directors, we were not just encouraged, but mandated to consult with our communities, to develop, innovative, new and different models of service delivery. Most of the structure was left open and not prescribed and we were encouraged to build a structure, which worked for communities. To this day, in Vancouver, some examples of the consultation process still exist, the Vancouver Aboriginal Council and Vancouver Ethnocultural Advisory Committee.

But the vision did not go far enough and that was a problem. Accountability to Government and to the public was still centered in Victoria. The community, so much a part of the vision, only had advisory capacity but no real power, authority, or accountability. The mandate and the problem, which the vision was primarily intended to address, did not really involve the community at all - that being the protection of children. That service delivery structure, complete with its standards, policies, tools, and reporting relationships, was prescribed and centrally driven from Victoria. Important parts of legislation like Family Case conferencing, and Kith and Kin, so necessary for the vision to be realized, were never proclaimed. Therefore, the community did not need to take any ownership of this problem or its solution. It was government's problem to fix.

Lessons:

If you want communities to take on responsibilities for solving a problem, you must trust communities and give to them the tools, resources and the real responsibility and

authority to act. Governance structures which are mandated by government, which have legitimacy, credibility and are representative of the communities, can achieve this.

Assist communities with the standard to be adhered to, tools to meet the standards, realistic resources to achieve outcomes and the outcomes to be achieved. However, don't prescribe service delivery models. Let communities design models that meet best practices, their unique demographics and populations and their community culture of working together.

Hold communities' accountability for results.

We could see, in setting up the 1996 structure, we had already made some mistakes. When cases started to break in the media, the media turned to Victoria for answers as to why?

Why were there still tragic events happening? Hadn't we had 6 months already to bring all this together and solve the problem?

The more the pressure that came to bear, the more apprehensive Victoria became around service delivery models they did not quite understand and the more Victoria then needed to know, and eventually begin to regain control over.

More on this a bit later, but first we had what you all know of as CPR (Contract and Program Restructuring). Although from a principle based perspective, the goals and objectives of CPR were laudable, that is: involving communities in service delivery restructuring, the process was faulty and a key feature of CPR was never really understood: that being the need to manage a limited budget. Consumers and service providers protested against this process and the Government called a halt to its implementation. In Vancouver, which had the luxury of more time and paid facilitators, there was disappointment over the halt, and to this day, some very creative service initiatives that still exist, emerged: examples being the Broadway Youth Center and the Downtown Eastside Community Services Society.

Lessons:

Administrative restructuring is relatively simple. Restructuring the integration of different service cultures is, by contrast, very complex and takes time and proactive change strategies. Allow time for this.

This period of restructuring and change is the period when children are most vulnerable regarding the capacity of the protection agency to respond. Recognize this and accommodate it in your change strategy.

Change is never easy. Resistance to change and opposition to change are to be expected especially when there are budget issues to be addressed. Expect this, plan for this, and stay the course.

If there are budget issues, acknowledge what they are, up front.

In 1998, CPR, high profile media cases, public credibility, and the fact that for some of the 18 regions, they were just not big enough to provide an infrastructure to address the mandate of the ministry----led to a new restructuring.

Underlying this restructuring was a need to bring control back to Victoria. Victoria, not the regions, seemed to be held accountable for the outcomes. Regions were collapsed to give each region the necessary infrastructure to meet mandate. However some regions, like Vancouver lost significant capacity in this restructuring. Positions, job descriptions and administrative management areas within regions were standardized. The way the work was to be done was standardized; believing perhaps the standardized services meant equitable services.

FTE's in Victoria were increased and as the staff increased so were the efforts to micro manage problems and issues.

Community advisory bodies fell away as there was less and less to advise on. And the Ministry began to look again very much like the traditional model of service delivery.

Lessons:

This one is worth repeating:

Hold Governance authorities accountable for results and resist the need to micro-manage.

Allow for diverse and unique service delivery solutions to problems, so long as results are achieved. Promote, in those service delivery options, the role of community and involve natural helping networks, as well as service providers.

Ensure governance partnerships cover a sufficient geographic area to allow for the appropriate credibility and infrastructure, yet service delivery must be manageable enough so that resident's needs can be met.

In conclusion:

I am encouraged by our new and renewed direction.

I am encouraged by the regionalization of the Director's office and the provisions of Family Case Conferencing and Kith and Kin to be proclaimed in the legislation.

I am encouraged by a notion of not just community involvement and consultation, but the move to community governance.

But-one last word of caution. In the end what is most important in achieving the objective of protecting children, and this is documented in research, is the quality of the social worker /client relationship and the quality of the supervision and training that workers receive. Structure and governance can only go so far facilitating this and should be the means to this and not the end in itself.

Maureen Chapman – Hereditary Chief of Shawahlook First Nation, Sto:Lo Nation

Maureen Chapman - Hereditary Chief of Skawahlook First Nation, Sto:lo Nation. Being called on as a speaker is a big responsibility, especially with regard to my esteemed colleagues from the Aboriginal communities who are in attendance; speaking from my own perspective, not that of all Aboriginals although many of the issues are threaded throughout all of our Aboriginal communities.

I wish to acknowledge the Chinese community for hosting this meeting in their beautiful facility and I appreciate the thoughts and words of the previous speakers. I especially want to acknowledge Kim for bringing the youth voice to this forum. What is important to us? Our children and families - this is what brings us all together today.

I would like to address "language" and the difference with interpretations of this language. For instance, "community" means something very different to me and within the Aboriginal communities than what I heard from other speakers. The community is not merely where I live but it includes other Aboriginal communities as well. My relatives in Prince Rupert are part of my community. "Neighborhood" has no meaning in Aboriginal communities but it means something very important in non-Aboriginal communities. "Traditional" has a very different meaning to me than it may have to others here. The term "empower"; please remember that if you have the power to give it, you can also take it away. With regard to "accreditation" and degrees - our Elders don't hold degrees in psychology or degrees in counselling but they are the backbone of our communities - these are the people we go to for guidance. People have their own way of helping out and we need to acknowledge the differing ways in which this is done. Challenges for Aboriginal youth:

- Identity issues - the need to belong
- Self-esteem - barriers to education, healthy lifestyle choices, etc.
- Peer pressure for children from first grade onwards
- Racism is still very alive

We need to engage our youth, not necessarily by conventional methods such as counselling but perhaps through carving and telling the story of the carving, through teaching them to fish and how to preserve the fish, through art work.

There is a clear link to health and the challenge is not to be "disease" focused but rather a focus on the emotional, psychological and spiritual health of an individual as well as the physical health. For some reason, it doesn't become an issue until it comes into your living room. Our struggles are not about you and they are not about me - it's about the children and their families. We have found it works better when you include the whole family and don't isolate the child.

Regarding attitudes - they need to shift and we need to think outside of the box. As the Co-Chair of the Fraser Region, along with Adam North-Peigan, we agreed at the onset to de-politicize the process - set aside the politics and the differences and focus on the children. We are absolutely interested in an Aboriginal Authority and we are working very diligently to this end.

True leadership, with regard to this forum, is to identify the risks but not to be paralyzed by them. Acknowledge the challenges, turn the crystal, and approach them as opportunities to help our children. Our Elders have said, "Bring all of our children home." Working together, we can make this happen.

As my 92-year old Grampa has always said, "The best speech is a short speech" I will end my comments - thank you for listening.

BREAK

PARTICIPANT DISCUSSION

Facilitated by Ian Mass

Participant Comment:

We need to integrate our approaches at all levels - community, front line, managers, government, bureaucratic, etc. and get the ministries working together as well. There used to be a Secretariat and a Deputy Minister's Council to do this.

Participant Question:

There is a real fundamental difference about what the governance structure is supposed to be about. What are we governing, governance of what? Need to be specific of what we're governing before we proceed: are you governing child well being or managing child welfare?

Response: David Young

Governance is about both, transforming a child welfare system and moving it out of government and into community. We have to create the conditions that allow for that kind of transformation.

Participant Comment:

What do we mean by “communities”? Don’t over-simplify it. They are not all the same. Realize that some communities can take over but others cannot. Not all communities out there are ready to play ball. It is like playing tennis when you hit the ball but there is no one on the other side to hit it back again. There are 33 community foundations out there. Community groups such as the Society for Children and Youth and First Call can help them build capacity.

Participant Comment:

Participant suggests that child well being and managing child welfare is the same thing – you cannot have one without the other. Protecting children and children’s well being is the same thing. It is about solving the problem. Like Finland went about solving the problems of crime as reflected in social policy.

Participant Comment:

“Community” is a complex notion. I have relatives in other towns – they are part of “my community”. Must not lose sight that communities need to develop on their own. Local services are a wonderful idea, but do not lose sight that some specialized services may have to be delivered regionally or provincially.

Participant Question:

Participant was concerned about “stove pipes”. Services contributing to a child’s well being are not only delivered by MCFD. Does your ministry (MCFD) have the clout to deal with other ministries that are making changes that diametrically oppose what MCFD wants to do to strengthen families?

Response by Les Foster, MCFD Acting Deputy Minister

This question raises some fundamental questions. What are some of the cumulative impacts as a result of the differing budget targets? It is a rocky road. Minister can only influence so much at Treasury Board. Government has a sense of vision that tends to change over time when we get evidence-based information. The Advocate has called for needs-based budgets. As a first step we have to determine how we allocate what we have, for example more money going to a poor school than to a wealthy school.

Do we have enough funds? Is it government that is to provide all funds? A lot of sweat capital out there helps hold a community together. One of the things we do tend to not recognize is the passion for the work, a passion for the vision, and passion for what we are trying to achieve. We have to achieve a shared vision:

- to work together;
- to respect differing perspectives;
- to dialogue (not necessarily consultation); in order
- to develop a common vision.

Response by Ruth Annis

Referred to the Social Sustainability conference (GVRD). There is opportunity, but we must organize to meet this or else we will become fixated on the wrong issues. We are thinking too narrowly – CELDIC was right. It is qualitatively different now that we have better information and better information is what is needed. And, if you organize for social policies we can make a substantial difference. We must all get on the same page.

Participant Question:

Who is going to decide acceptable levels of risk for children? We must be able to face difficult decisions whether it is community or government.

Response by David Young

There are no easy answers. We are faced with the reality of what we can really do. All of us in the sector are dissatisfied with what we have been able to achieve to date and we must be able to move beyond that. We need evidence about what works. We must have a contingency plan as to how we are going to manage those bumps in the road along the way. We need to do things differently - your advice concerning how to do this is welcomed.

Response by Fred Milowsky

It is not “what level of intervention” but how do we develop a risk reduction plan that is best for the child. Remember there is risk in removing a child too. We need to be problem solving and facilitative rather than merely introducing our own (MCFD) solutions. We need to develop more effective strategies to deal with risk. We need good assessments, listen to those affected and those who can help. There will never be “no risk” – we need to manage risk rather than eliminate it. There is no panacea.

Response by Ian Mass

There are still safeguards in the system to hold the ministry to child protection standards through the Office of the Child, Youth, and Family Advocate.

Participant Comment:

Referring back to discussion on risk, the participant felt that we cannot cut back services too much. There needs to be careful assessment and monitoring about how much you cut back. Food banks are starting to experience dangerous levels. The fear is that if the cuts are not made in a very careful manner and properly managed, the cuts will cause a problem that no one will have any control over. It is logically impossible to do. The question is not if we are going to tolerate, but how much we are going to tolerate, since risk is inevitable.

Participant Comment:

Child-care is not a ministry issue, but a family issue. The participant finds it unacceptable that children go home to empty homes with no adult present. This is appalling.

FORUM CONCLUDES

Co-hosts Ruth Annis and David Young thanked presenters and participants for attending the Forum on Governance.

APPENDICES

FORUM PARTICIPANTS

SECOND FORUM ON GOVERNANCE: OPPORTUNITIES, CHALLENGES, RISKS
 Co-sponsored by First Call and the Ministry for Children and Family Development
 June 7th, 2002 at S.U.C.C.E.S.S. (28 West Pender, Vancouver)

PRESENTERS/FACILITATORS

Name	Title	Affiliation
David Young	Assistant Deputy Minister	MCFD
Ruth Annis	Executive Director	Provincial Chair of First Call: BC Child and Youth Advocacy Coalition
Kim Vuong	Youth	SUCCESS
Paul Pallan	Children's Commissioner	Children's Commission
Michael Clague	Director	Carnegie Community Centre
Ian Mass	Deputy Advocate	Office of the Child, Youth and Family Advocate
Barbara Brett	Consultant	Health
Keith Phillips	Regional Executive Director	MCFD, Upper Island Region
Dr. Barry Anderson	Adjunct Professor	Faculty of Education, University of Victoria
Gordon Comeau	President	BC School Trustees Association
Joyce Preston	Consultant	Child Welfare
Judge Thomas Gove	Judge	Provincial Court Judge
Maureen Chapman	Hereditary Chief of Skawahlook First Nation	Sto:Lo Nation
Fred Milowski	Regional Executive Director	MCFD, Vancouver/Richmond Region

FIRST CALL

Name	Affiliation
Timothy Agg	Pacific Legal Education Association
Jacqueline Alex	HELP Institute
Lynell Anderson	Office of the Child, Youth, & Family Advocate
Kathy Bergren-Clive	Office of the Child, Youth and Family Advocate
Mandeep Bhuller	BC School Trustees Association
Julia Biersteker	Ministry for Children and Family Development
Cindy Blackstock	Caring for First Nations Children Society
Noreen Boudreau	Federation of Children and Family Services of BC
Karen Breau	Children's and Women's Health Centre of BC
Dana Brynelsen	Infant Development Programs of BC
Bella Cenezero	Parent Support Services Society of BC

Michael Crelinsten	Federation of Child and Family Services of BC
Michelle Crogie	Simon Fraser Society for Community Living
Marianne Drew-Pennington	BC Association of Family Resource Programs
Connie Easton	BC Teachers' Federation School Counsellors' Group
Karl Egner	Kardel Consulting Services Inc.
Sandra Gebhardt	Boys and Girls Clubs of Delta
Shelly Gilberg	Federation of Children and Family Services of BC
Michael Goldberg	Social Planning & Research Council of BC (SPARC BC)
Enzo Guerriero	Association for Community Education BC (ACEbc)
Gary Hamblin	Delta Child and Youth Committee
Muriel Hansen	TSG Community Living Services
Ingrid Kastens	Nisha Family and Children's Services Society
Linda Korbin	BC Association of Social Workers
Dianne Liscumb	Westcoast Child Care Resource Centre
Laverne MacFadden	Office of the Child, Youth & Family Advocate
Charles McCaffray	Canadian Mental Health Association (CMHA)
Jeanine McDonald	Provincial Network of Supported Child Care Programs
Christina Medland	Young Women's Christian Association (YWCA)
Christine Mohr	Federation of Children and Family Services of BC
Jean Moore	Canadian Mental Health Association (CMHA) and Greater Vancouver Mental Health Service Society (GVMHS)
Tracey Moropito	BC Institute Against Family Violence
Teri Nicholas	Family Services of Greater Vancouver (FSGV)
Mihaela Oala	Simon Fraser Society for Community Living
Shiela Phipps-Nickerson	Elizabeth Fry Society
Shane Picken	Federation of Children and Family Services of BC
Bill Preston	Association for Community Education BC (ACEbc)
Eva Robinson	Vancouver Foundation
Sandra Scarth	Society for Children and Youth
Elizabeth Shannon	BC School Trustees Association
Sean Swaby	Westcoast Family Resources Society
Andy Wachtel	United Way of the Lower Mainland Research Services
Brad Watson	Society of Special Needs Adoptive Parents (SNAP)
Margaret Wright	School of Social Work & Family Studies

ADDITIONAL PARTICIPANTS

Name	Affiliation
MaryLynne Rimer	Children's Commission

ABORIGINAL

Name	Affiliation
Debbie Abbott	Nlaka'pamux Nation Tribal Council (NNTC)
Cindy Blackstock	Caring for First Nations Children Society
Linda Clarkson	United Native Nations
Ken Drury	Metis Provincial Council of BC (MPCBC)
Arnold Fox	Kwumut-lelum Child and Family Services
Deb Foxcroft	Nuu-chah-nulth Tribal Council
Charles Horn	MCFD, Services to Aboriginal Children and Families
Chief Betty Patrick	Lake Babine Nation

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

Name	Affiliation
Rod Barrett	MCFD
Les Boon	MCFD
Jane Cowell	MCFD
Lois Cumming	MCFD
Bill Dubensky	MCFD
Chuck Eamer	MCFD
Les Foster	MCFD
Leslie Guthrie	MCFD
Rob Harvey	MCFD
Doug Hayman	MCFD
Barbara Herringer	MCFD

John Jardine	MCFD
Marcia Julian	MCFD
Micheal Kennedy	MCFD
Kemal Khan	MCFD
Dave Letchford	MCFD
Jean Macdonald	MCFD
Nancy McComb	MCFD
Robert McConnell	MCFD
Laird McConvey	MCFD
Brian McFee	MCFD
Alan Markwart	MCFD
Doug Marson	MCFD
Beryl Mason	MCFD
Wayne Matheson	MCFD
Fred Milowsky	MCFD
Randi Mjolsness	MCFD
Leigh Moore	MCFD
Fran Pardee	MCFD
Larry Pond	MCFD
Leigh Ann Seller	MCFD
Sohan Singh	MCFD

Ray Suomi	MCFD
Sandra Toth	MCFD
Susan Waldron	MCFD
Barbara Walsh	MCFD
Mark Ward-Hall	MCFD
Trudy Westermark	MCFD
Sheila Wilkins	MCFD
Frankie Williams	MCFD
CHILD AND FAMILY STEERING COMMITTEE MEMBERS	
Wendy Au	MCFD Child and Family Steering Committee on Community Governance
Colleen Denman	MCFD Child and Family Steering Committee on Community Governance
D'Anne Epp	MCFD Child and Family Steering Committee on Community Governance
Wrenn Weston	MCFD Child and Family Steering Committee on Community Governance
Rachel Wright	MCFD Child and Family Steering Committee on Community Governance
STAFF SUPPORT	
Nadia Clifford	MCFD, <i>Support Staff</i>
Eric Jones	MCFD, <i>Support Staff</i>
Jeanette Lum	MCFD, <i>Support Staff</i>
Troy Nimetz	MCFD, <i>Support Staff</i>
Chuck Peries	MCFD, <i>Support Staff</i>
Kathy Pitlar	MCFD, <i>Support Staff</i>

BIOGRAPHIES OF PRESENTERS

**Second Forum on Governance:
Opportunities, Challenges, Risks
June 07, 2002**

Ruth Annis

Ruth is the Provincial Chair of First Call: B.C. Child and Youth Advocacy Coalition. The coalition includes over 60 provincial associations, federations and groups and a network of mobilizing communities throughout B.C. The coalition has adopted a B.C. Agenda for Children and Youth based on the "4 Keys To Success." Ruth is also the Executive Director of the Family and Children's Services Society.

David Young

David Young is the Assistant Deputy Minister of the Child and Family Development Division, Ministry of Children and Family Development's (MCFD). David is also a Director, Child, Family and Community Service Act.

David's career in human services in British Columbia has spanned 20 years including the areas of community living, child care and in social work as a child welfare specialist. Prior to joining MCFD he worked on the cross-ministry Contract Reform Project and subsequently became MCFD's Director of Contract Reform, managing the overall project to ensure service providers and ministry staff were supported to successfully complete a transition to a client-centred/ outcomes-based service delivery model.

David was a member of the transition team that established the Ministry for Children and Families (MCF) in 1996, and recently was the Executive Director of the ministry's Core Services Review Implementation and Deregulation Division.

As a result of Core Review, David has re-engineered the Child and Family Development Division to reflect the direction of the ministry and in support of its strategic shifts. In addition to performing his Assistant Deputy Minister duties, David provides executive leadership to the ministry in the process of change that will transform its relationships with the people and communities it serves. Specifically David is responsible for the development of a governance model that will reflect a client centered, community based service delivery model and authority.

Kim Vuong

Born in Thailand to Chinese/Vietnamese parents, she emigrated to Canada at the age of six months and grew up in the Strathcona neighbourhood. A child in care (CIC) since she was 10, she moved 13 times from 1988 to 1996 between group homes, foster homes friends and extended family. She has experienced 2 group homes in Burnaby and Coquitlam, lived in 3 short-term foster homes in the Vancouver Eastside and 2 long-term foster homes in Vancouver and Coquitlam. Having transferred schools 8

times, Kim graduated from Lord Byng Secondary in 1995 and received her Bachelor of Arts degree from UBC in 1999. Always community-oriented, she has volunteered and worked for various non-profit organizations. Her early interest in building international competency has led her to participate in exchange experiences in Denmark (1997-98), Taiwan (1999-2001) and Germany (2001). This year, she will undertake a six month internship with the United Nations Environment Programme in France.

Paul Pallan

Paul has had a long career in health care, education, and social policy. After holding a number of senior positions in the health care system, he was appointed as Assistant Deputy Minister in the Ministry of Health (1991). In 1993, he was appointed to the position of Assistant Deputy Minister, Cabinet Planning Secretariat and then later to the position of Assistant Deputy Minister, Ministry of Education. Paul was appointed B.C.'s Children's Commissioner on September 27, 1999.

Paul has held clinical and part-time teaching appointments in public policy and health care at the University of Victoria and the University of British Columbia. He has more than 15 publications to his credit – primarily in health care.

Paul received his Undergraduate degree from the University of Victoria and his postgraduate degree in Health Administration from the University of Toronto. He also has a certificate in Public Administration.

Michael Clague

Michael Clague works in the fields of social policy and planning, community development, and adult education. He has done so for the three levels of government, and for the non-profit sector. He has also worked as a private consultant. Currently, he is the Director of the Carnegie Community Centre, located in Vancouver's inner city.

Michael has been involved in the planning and implementation of innovations in the human care services, based on three themes:

- Decentralization
- Integration
- Local accountability

He worked for the provincial government in 1973-74 in the introduction of community human resources and health centres and community resource boards in British Columbia. He was the first director of the Britannia Community Services Centre, a multi-service campus in East Vancouver. He has authored or co-authored several books on these themes including *“Reforming Human Services – The Story of the Community Resources Boards (UBC Press, 1986 – with Dill Seebaran, and Brian Wharf), and “Community Organizing – Canadian Experiences” (Oxford University Press, 1997 – with Brian Wharf).*

Ian Mass

Ian Mass has been involved in social services for 29 years in British Columbia.

He originally was hired by the Children's Aid Society to set up a street worker program in the downtown core of Vancouver. He moved on to become a social worker and then a district supervisor with the Ministry of Social Services.

In 1983, he began working for Family Services of Greater Vancouver, directing at various times, the family support programs, youth programs and the Project Parent programs. He also staffed the Advocacy program at Family Services.

He was the provincial co-ordinator of First Call, the BC Child and Youth Advocacy Movement, which is a coalition of provincial organizations and individuals working in the area of child and youth advocacy.

In July of 1995, he moved to the British Columbia Child, Youth and Family Advocate's office where he is the Deputy Advocate.

He is also involved in media work, doing political interviewing and commentary on television, radio and in print.

He is married with four children, which is just as important as all the rest.

Barbara Brett

Barbara graduated from the U.B.C. School of Social Work in 1968. She has worked in Child Welfare, Mental Health and as taught part-time at U.B.C. From 1976 to 1978, Barbara worked as a Manager in the Vancouver Resources Board. She was Registrar of the Board of Registration of Social Workers and then spent fifteen years as an Executive Director of Family Services of Greater Vancouver. She retired in 1996 and has since then been involved with consulting.

Barbara has been a:

- Member of the B.C. Review Board from 1992 to 2000
- Past chairperson of the Community Social Services Employers Association
- Past board member of the United Way of the Lower Mainland
- Past president of the B.C. Association of Social Workers
- Past member of the North Shore Health Region Board

Keith Phillips

Keith has worked for the Provincial government for 26 years. During the years 1992 to 1996, Keith was one of five Executive Directors in the province, who facilitated the establishment of 12 Community Health Centres and three Regional Health Boards in the Fraser health regions. This involved grass roots community and regional development of steering committees, plans, and ultimately health governing boards in 12 major communities from Delta to Hope. Keith's current position is Regional Executive Director for the Central Upper Island region of the Ministry of Children and Family Development.

Dr. Barry Anderson

Dr. Barry Anderson grew up in Calgary, Alberta and pursued his undergraduate studies in education at the University of Alberta. He instructed mathematics, science, and physical education in Alberta. He completed his graduate studies in administration at the University of Alberta (M.Ed.) and University of Toronto (Ph. D). Dr. Barry Anderson has taught at Washington University in St. Louis, Mo. (USA) and was the Director of Washington University's Graduate Institute of Education.

In 1983, Dr. Barry Anderson joined the British Columbia Ministry of Education and has held management positions in finance, evaluation, assessment, and aboriginal education.

He has been seconded at various times from the Ministry of Education to the Office of the Premier of British Columbia, the British Columbia Trade Development Corporation, the Third International Mathematics and Science Study and to Statistics Canada. Currently, he is an Adjunct Professor of Education at the Faculty of Education, University of Victoria.

Gordon Comeau

Gordon Comeau is President of the British Columbia School Trustees Association. Previously, Gordon served three terms as BCSTA's Vice-President. He has been a trustee of School District #58 Nicola-Similkameen for 21 years, serving on every board committee, and acting as Board Chair for 17 of those years. Gordon has been the BCSTA Director for the Canadian School Boards Association for 6 years.

Gordon is actively involved in community service programs. He has been a director and is past president of the Princeton and District Community Service for the Development of Community Programs. He has also been a director of the District Community Skills Centre and a Cub Scout leader.

Gordon is a range technician with the Ministry of Forests. He and Gayle have been married for over 30 years and have four children and five grandchildren.

Joyce Preston

Joyce Preston is a social worker with over thirty-five years of experience. During her extensive career she has worked both inside and outside government in a number of positions including social worker, district supervisor, instructor and senior administrator. Joyce was Director of Social Planning for the City of Vancouver for five years. Through this breadth of experience Joyce has acquired an in-depth understanding of issues facing children, youth and families.

Joyce was appointed British Columbia's first Child, Youth and Family Advocate in May of 1995. During her six-year term she worked to inform both the government and communities about the needs of BC's children and youth. Her Annual Reports outlined the many challenges facing children, youth and families. In her final report *Get On With It: Make Services to Children and Youth a Priority*, she recommended an action plan for government to meet the needs of children and families.

Judge Thomas Gove

Judge Gove was called to the B.C. Bar in 1974. He practiced in the area of child, youth, and criminal law and was appointed a Provincial Court Judge in 1990. He is the Commissioner of the Inquiry into Child Protection and has been a speaker at over 100 conferences and forums on child and youth issues. In addition, Judge Gove is a parent himself.

Fred Milowsky

Most recently, Fred has been regional executive director of the ministry's Vancouver/Richmond Region and has held equivalent senior field positions within social services since 1981. Fred came to Canada from New York City in 1969 after attending graduate school in psychology and was granted his Masters in Social Work by the University of British Columbia in 1972. In the past, he has worked in the Lower Mainland as a childcare worker, a group home house parent, a line social worker, and district supervisor, before taking on the position of regional director for Fraser North Region in 1982.

Throughout his career, Fred has focused his efforts on using his position and influence to promote social change. He has maintained a commitment to the idea that aboriginal people should be empowered to run their own services and take more control of their lives; demonstrated through his key role in the creation of the first urban aboriginal child and family service agency in BC. The Vancouver/Richmond Region is working with this agency in preparation for their delegation as a child protection agency. Another related goal has been to foster the development of cultural competence of ministry staff and in services provided to the public. Fred was instrumental in establishing the Vancouver Ethnocultural Advisory Committee - a forum for contracted service providers to meet with ministry management and strategize about the development of culturally appropriate services

FREQUENTLY ASKED QUESTIONS

Second Forum on Governance: Opportunities, Challenges, Risks

June 7th 2002 at S.U.C.C.E.S.S. (28 West Pender, Vancouver)

1. *If I have questions regarding the Second Forum on Governance, whom do I contact?*

Eric Jones
Manager, Special Projects
Child and Family Development Division, MCFD
Eric.Jones@gems8.gov.bc.ca
Phone: (250) 250 356-0990

2. *What is the role of the Child and Family Steering Committee on Community Governance?*

The role of this steering committee is to facilitate and guide the ministry's move towards community governance. They provide recommendations and advice to the ministry in areas including child and family development, governance, accountability, infrastructure, and community-based service delivery.

3. *Who is on the Child and Family Steering Committee and where can I find member biographies?*

The members represent a broad range of community members. They are:

- James P. Anglin
- Mary Ashley
- Shashi Assanand
- Wendy Au
- Janet Austin
- Gerard Bellefeuille
- Dennis Dandeneau
- Martin Harris
- Ralph Hembruff
- Chief Robert Joseph
- Bob Kissner
- James MacNamara
- Carol Matusicky
- Penny Parry
- Derryck Smith
- Wrenn Weston
- Racheal Wright

Their names and biographies can be found on the MCFD Change Web Site at <http://www.mcf.gov.bc.ca/change/cfd.htm>

4. *Where can I find the terms of reference for the Child and Family Steering Committee on Community Governance?*

The terms of reference are located on the MCFD Change Web Site at <http://www.mcf.gov.bc.ca/change/cfd.htm>

5. *Where can I find the meeting minutes of the Child and Family Steering Committee on Community Governance?*

The meeting minutes are located on the MCFD Change Web Site at <http://www.mcf.gov.bc.ca/change/cfd.htm>

6. *What is the Working with Community to Support Children, youth and Families: A System of Care? How can I obtain a copy?*

- It is a discussion paper that was developed collaboratively with many community service providers that provides a framework for developing a comprehensive, community-based system of care for children, youth and their families. It focuses on building capacities and strengths of families, neighbourhoods and communities to achieve the most effective services and beneficial outcomes for children, youth, and families using available resources. It is meant to be used as a tool to facilitate the objectives of the Ministry of Children and Family Development's (MCFD) CORE Strategic Shifts (see below for MCFD Shifts).

A copy of the System of Care discussion paper can be found on the ministry's change web site at <http://www.mcf.gov.bc.ca/change>.

7. *What is the Companion Document to the System of Care? How can I obtain a copy?*

The companion document provides detailed, evidence-based information on services that are consistent with the themes of the system of care discussion paper.

The companion document will assist communities, regions, and agencies to:

- determine strengths and gaps in their current array of services;
- make decisions about what services, funding allocations and service delivery approaches to implement in order to achieve better outcomes for children, youth and families; and
- guide the design and development of services that are “brought to” placements, whether the child or youth lives with his or her family (biological or adoptive), foster family or kin or on his or her own in the community.

A copy of the companion document can be found on the ministry's change web site at <http://www.mcf.gov.bc.ca/change>

8. If I have questions regarding the System of Care Discussion paper and/or the Companion Document to the System of Care, whom do I contact?

The person to contact is Julia Northrup and her contact information is:

Julia Northrup,
Manager, System of Care Unit

Julia.Northrup@gems6.gov.bc.ca
Phone: 250-387-7059

9. *What is the ministry's Mission and Vision?*

Vision

The Ministry of Children and Family Development envisions a province of healthy children and responsible families living in a safe, caring, and inclusive communities.

Mission

The Ministry of Children and Family Development's mission is to promote and develop the capacity of families and communities to:

- Care for and protect vulnerable children and youth; and
- Support adults with developmental disabilities

The ministry's role and mandate is to:

- Advance the safety and well being of vulnerable children, youth, and adults
- Advance early childhood development through strategic investments
- Advance and support a community-based system of family services that promotes innovation, equity, and accountability

10. *What are the Ministry's Six Strategic Shifts?*

In 2001, the ministry reviewed its mandate, services, and programs to ensure that they were focused to meet government's economic, fiscal, and social objectives. The result was the identification of six key strategic shifts:

- To open accountable and transparent relationships
- To enabling communities to develop and deliver services within a consolidated, coherent, community-based service delivery system
- To making strategic investments in capacity and resiliency building and providing funding for programs and services known to work. Capacity in this context, means ability and potential. Resiliency is the ability to recover from challenging situations. The ministry believes that individuals, families, and communities have the capacity to successfully face and overcome challenges, provided that they are given the opportunities and necessary supports to build and integrate this capacity.
- To promoting family and community capacity to protect children and to support child and family development
- To a community-based service delivery system that promotes choice, innovation, and shared responsibility
- To building capacity within Aboriginal communities to deliver a full range of services with emphasis on early childhood and family development

The MCFD Strategic Shifts can be found on the MCFD Change Web Site at <http://www.mcf.gov.bc.ca/change>

First Call Perspectives on a New Governance Model for Children, Youth and Families

Public policy for children, youth and families need to be based on the following guiding principles:

1. The well being of children and youth is dependent on socially and economically sustainable families and communities. Population health and children's rights research demonstrates that children and youth do better when communities have high levels of social inclusion and reduced levels of economic disparity.
2. Healthy communities support all children, youth and families. Universal programs (education, parks and recreation, libraries, public health) need to be supplemented by targeted services that meet the needs of children, youth, and families who have additional needs or face particular risks.
3. The provision of services is one component of what children, youth and families need and cannot be seen as the responsibility of only one ministry of government. An intersectoral and integrated strategy across governments to build family and community capacity is required.
4. The right of Aboriginal peoples to autonomous governance of a full range of child and family services.

Regardless of the governance structure adopted, government needs to ensure:

1. Adequate resources that are distributed equitably taking into account population, geography, and level of need.
2. Access to a comprehensive services for children, youth and families across B.C.
3. High quality services that lead to the best possible outcomes for children, youth and families.
4. Accountability mechanisms at provincial, regional and community levels that include internal and external review processes.

Key components of effective governance structures include:

1. A mandate that addresses the key intersectoral factors affecting the well being of children, youth and families.
2. A balance between regional autonomy and provincial consistency.
3. Resources required to support the mandate.
4. Individual and systemic advocacy.
5. Transparent decision making processes.
6. Participation by community members.
7. Involvement of key constituencies.

Key structural elements should include:

1. Governing bodies that bring together the key child serving systems to ensure coordinated planning.
2. Management structures that are accountable to their governing body which is, in turn, accountable both to the public and the provincial government.
3. A governance system in which child protection is one essential part of, but not the central feature around which the service system is organized. This is best accomplished when child protection services have the same structural relationship to the governance model as promotion, prevention, early intervention and treatment services.