MOVING FORWARD

together

A Compendium of Papers Presented to the
Provincial Child and Family Steering Committee
on Community Governance

Collaboration

Resilience

Community Governance

Citizen Involvement

BRITISH
COLUMBIA

**Ministry of Children
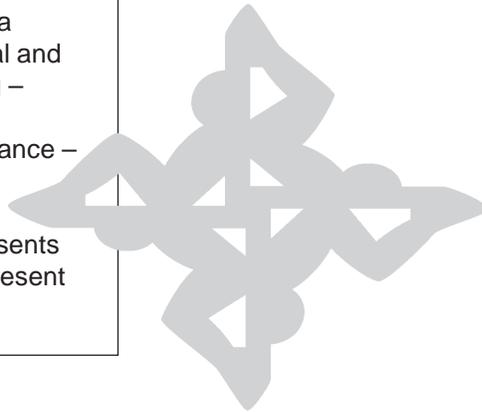and Family Development**
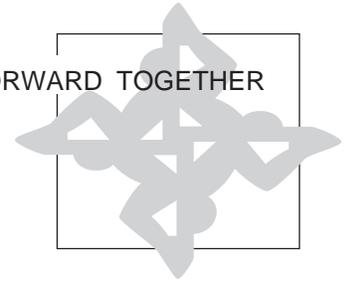
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on Community Governance

November 2003

Rachael Wright, one of two youth
representatives on the Provincial Child
and Family Steering Committee on
Community Governance, designed the
cover. The outer ring represents the four
stages of human life – infant, child, adult
and elder – and the four aspects of a
person – mental, physical, emotional and
spiritual. The words in the outer ring –
resilience, collaboration, citizen
involvement and community governance –
represent four key themes that the
committee focused on. The blue
background in the inner circle represents
the sky, while the green figures represent
the earth and its people.

Contents

On behalf of the Provincial Child and Family Development Steering Committee, we are honoured to present *Moving Forward Together*. At the request of the minister, the committee has shaped a vision for community-based services to the most vulnerable children, youth and families in British Columbia. *Moving Forward Together* is a compilation of a year's worth of intense discussions and recommendations.

We hope that *Moving Forward Together* will prove valuable not only to the regional planning committees as they move towards community governance, but also to the Aboriginal planning committees. We do not presume to understand the unique needs of Aboriginal children, youth and families, but we believe that Aboriginal elders and leaders will guide the system to strong, community-based service delivery in the near future.

As the work of the committee drew to a close, we were joined by the co-chairs of the five regional planning committees. It was a real privilege to communicate with these committed and passionate leaders and to support them in the transition process. It was most encouraging to hear about the very large number of consultations with individual communities that had already occurred, sometimes under very challenging circumstances. As a result of these consultations and the strong commitment to continue, we are confident that the needed shift to community-based service will be successful.

We agree with the many advocates we have engaged with throughout the past year that this work is of paramount importance for the well-being of our children and our society. Once such a journey begins, we recognize that we will travel this road for years to come, because no work can be more important than supporting children, youth, families and communities.

Mary Ashley   David Young
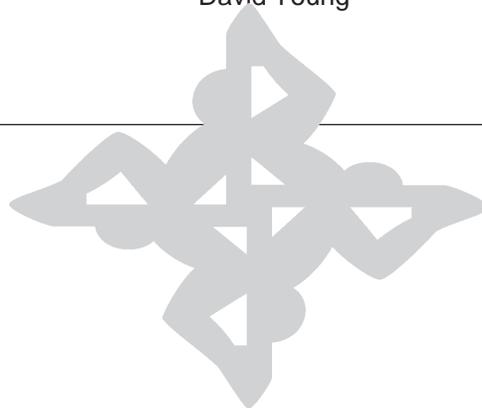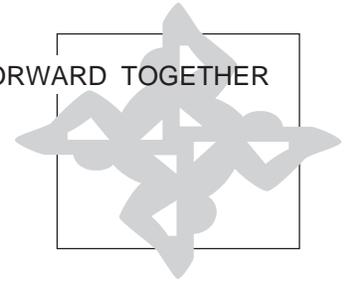
Acknowledgments

The Provincial Child and Family Steering Committee on Community Governance would like to acknowledge the many people who made this work possible.

First, we thank the minister most sincerely for allowing us to play a part in this far-reaching process, which will continue to unfold over the coming years.

We also want to recognize the staff who worked closely with us, and who managed to provide us with a great deal of information and support, while continuing their regular tasks.

Finally, we were privileged to meet with and hear from many people committed to a community-based approach that focuses on services for those in need. The journey to this change of approach did not begin with our work; rather, it built upon the experiences, knowledge and lessons of service providers, academics and planners in this province and around the world. Thank you.

Vision

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

Mission

Our 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.

Strategic Shifts

1. To open, accountable and transparent relationships.

2. To enabling communities to develop and deliver services within a consolidated, coherent, community-based service delivery system.

3. To making strategic investments in capacity and resiliency building, and providing funding for programs and services known to work.

4. To promoting family and community capacity to protect children and support child and family development.

5. To a community-based service delivery system that promotes choice, innovation and shared responsibility.

6. To building capacity within Aboriginal communities to deliver a full range of services with emphasis on early child and family development.

"…I believe that the strategic shifts that the Ministry of Children and Family Development is embarking upon have the potential to radically change how we support the healthy development of children, youth and families in British Columbia. I am confident that regional governance will more effectively engage citizens in making the decisions and providing the services that best meet the needs of the children, youth and families in their communities. As the regional authorities embark upon this awesome challenge, my hope is that they will sustain their commitment to the vision of making British Columbia a province that truly cares about and supports the healthy development of children, youth and families."

—*Carol Matusicky*
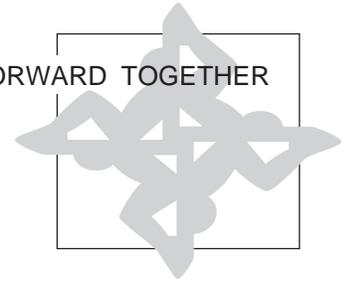
Introduction:
Change in the Ministry

The Core Service Review, undertaken across the provincial government in the summer and fall of 2001, required that the Ministry of Children and Family Development articulate a new vision and mission and a set of strategic shifts for the fulfilling of its mandate to the province. (The new mission, values and strategic shifts are shown on page XX.)

As a result of the core review process and the strategic shifts identified by the ministry, the need emerged for a fundamental transformation from a government-operated service delivery system to one of regional governance. In the new system, five child and family development regional authorities and five Aboriginal authorities will be responsible for the planning for and delivery of services. A board made up of community members appointed by the Minister of Children and Family Development will lead each authority and each Aboriginal authority.

Enabling communities to develop and deliver services within a consolidated, coherent, community-based service delivery system will require the promotion of family and community capacity to protect children and youth and to support child, youth and family development in a culturally sensitive manner.

Abbreviations Used in this Document

Assistant Deputy Minister	**ADM**
Board Resourcing and Development Office	**BRDO**
Chief Executive Officer	**CEO**
Child and Family Development	**CFD**
Child, Family and Community Services Act	**CFCSA**
Deputy Minister	**DM**
Interim Chief Executive Officer	**ICEO**
Ministry of Children and Family Development	**MCFD**

"The discussions were thoughtful, stimulating and always respectful of diverse viewpoints. There was a good balance between moving forward with this new direction and yet full acknowledgment of the complex issues that must be addressed over the coming months and years."

—Paul Pallan, Former Acting Child and Youth Officer

"…The group experienced debate and agreement, laughter and tears, compromise and understanding over the issues facing the ministry and the people of B.C. with the change to regional governance….I was encouraged by the fact that all involved were committed to the safety and well being of B.C.'s families, youth and children. My wish for the future would be to stay the course even in times of incredible change. I know that, with individuals like those on the steering committee, we will be able to achieve our goal and make the lives of families, youth and children better."

—Colleen Denman

"…The steering committee worked hard on a range of issues around implementation of regional governance. There was much respectful debate at the meetings about many things, some of them so administrative in nature that the sense of children, youth and families could easily have been lost. I feel that it is important to remember that one of the principles in child protection is that the safety and well-being of children is paramount."

—James McNamara

"…Both the respect shown and sharing by the committee members and ministry staff was unsurpassed. Attendance at these meetings was a priority for me over the past year as the conversation and content was so very rich. The experience was both holistic and organic in every way! The process, which can never be truly captured by the Legacy Document, was the most important to me…. I truly hope that our work as a steering committee will benefit both the families and children in British Columbia in the future."

—D'Anne Epp
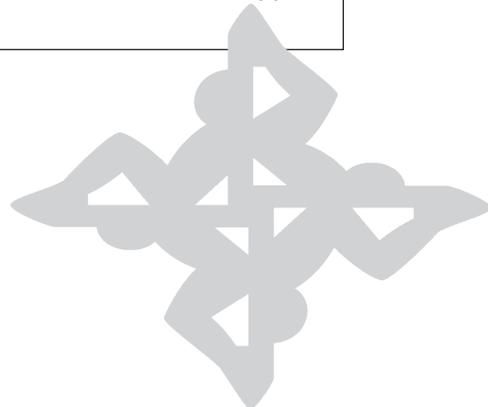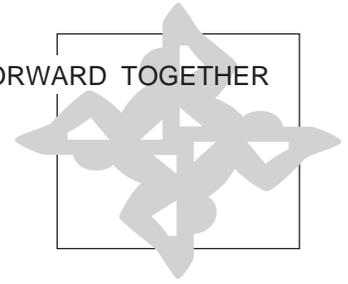
The Committee

The Provincial Child and Family Steering Committee on Community Governance was established in April 2002, with the task of assisting the Ministry of Children and Family Development with its change process, and supporting the ministry in its new mission. In particular, the committee, in consultation with interim governance leaders, was to advise and make recommendations to the ministry with regard to:

- the development of regional authorities with a mandate to implement a local community approach to service delivery;
- moving from a large, standardized provincial approach to regional/local approaches that are more likely to achieve positive and effective results for children, youth and families;
- supporting the development of centres of excellence that will assist the province and regional authorities in the planning for and development of flexible and responsive services to vulnerable children, youth and families;
- reviewing and identifying evidence-based programs and services that are known to work and the supports needed by communities, families, children and youth to build resiliency;
- the strategic investments required in capacity building and resiliency building;
- supporting regional governance in the development of effective quality assurance and accountability programs and review and recommend province-wide standards that are required to ensure public accountability for child and family development programs delivered by regional authorities;
- identifying the province's most vulnerable children and youth, and the least disruptive interventions necessary to advance their health, safety and well-being;
- receiving and reviewing feedback on the provincial system of care for children, youth and families; and
- recommending educational services required by newly developed regions and regional boards.

(The committee's terms of reference are included in Appendix A.)

Note:

The committee's mandate did not involve the Aboriginal regional authorities or the Community Living Services Authority.

Committee members were selected on the basis of their skills, knowledge and experience – not on whom they represented. Members came from a variety of backgrounds, and were affiliated with all parts of the community, including the academic community, service delivery agencies, the not-for-profit community, local government, advocacy groups, regional authorities and the ministry. Membership remained relatively consistent over the life of the committee. Committee members (at the end of the committee's term) are listed on page 10, and brief profiles of the members are included in Appendix B.

Dissolving the Shroud

What I rather cynically approached as another "smoke and mirrors" government initiative turned out to be just that – but with a twist. My skepticism has been replaced by admiration, my cynicism with an energized commitment to fully support the move to community governance.

The provincial steering committee did indeed deal with smoke and mirrors. However, we – the committee members, support staff and various guests – actually formed the first corner of an evolving mirror through which we all caught glimpses, reflections of diversity and commonalties, of collective expertise and individual deficits of knowledge, of the compassion, caring, dedication and utmost respect and empathy that citizens of B.C. have for each other. There truly is a genuine desire to find a better way to support children, youth and families that can and will transcend the multiple barriers that currently exist.

"Smoke" still clouds the horizon. It is composed of particulates of apprehension and anxiety, fed by fear of change and all the unspoken realities of the devastation inherent in the scheduled funding cuts. However, we have caught the first concrete view of an exciting vision. The die for the full mirror has been cast and as it acquires additional form and substance – through the regional planning committees – more energy and light will be reflected from its surface until, slowly but surely, the shroud of smoke will be dissolved.

—Ralph Hembruff
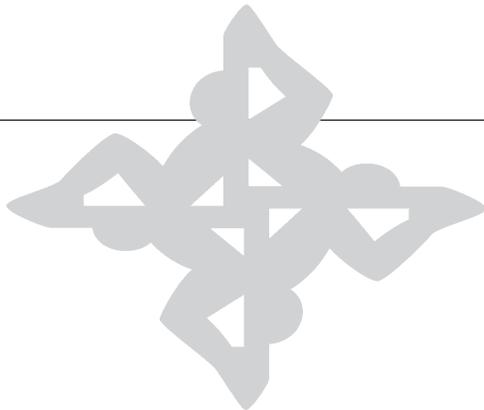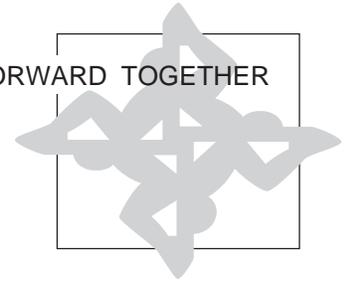
The Process

The committee met nine times between April 2002 and February 2003, including a provincial forum with the regional planning committees in December 2002.

The committee approached its work in an open manner, focusing on culture, principles and governance, instead of more specific rules, regulations and operations, thereby allowing for broad and innovative discussions. Meetings were co-chaired by David Young of the ministry and Mary Ashley of the community, and used a format that allowed everyone to be heard in supportive dialogue and spirited discussion. The effective working relationships formed among committee members served as a model for the partnership between the ministry and the community, which will be essential in achieving the ministry's vision.

The provincial forum held in December 2002 allowed committee members to share their insights and recommendations with the regional planning committees, both Aboriginal and non-Aboriginal. At the same time, committee members were able to learn from the regional planning committees about the challenges driving their decisions. The Educational Services Branch of the ministry provided a great deal of support in planning and facilitating the forum.

A number of guests, including several from other jurisdictions, made presentations to the committee. In addition, the Interim Chief Executive Officers (ICEO) and regional planning committee chairs and some members attended and participated in meetings to share concerns, ideas and opinions. This allowed for a regional perspective and a discussion of issues that arose over the course of the year in the newly formed regions. (A list of guests who attended meetings and/or made presentations is included in Appendix C.)

In addition, the committee reviewed and made recommendations on a wide variety of topics, ranging from models of board governance to theories of vulnerability and resilience. Committee members repeatedly returned to the central themes of supporting and building on the resiliency of children, youth and their families, and focusing on the outcomes of this work.

Ministry staff supported the committee by preparing papers and meeting packages, presenting and participating in discussions, organizing events, taking minutes, and providing a number of other supports. (A list of ministry staff and consultants who assisted the committee is included in Appendix D.)

"I would like to suggest the following 'seven habits for successful transformation' for your consideration:

1. Keep thinking about the whole picture; individual decisions only make sense as part of a whole.
2. Take time early in processes to brainstorm all options and points of view; look for unexpected and creative strategies already present within communities and agencies.
3. Beware of over-planning; allow for people's own creativity to emerge within a facilitative framework.
4. Listen to your intuitions and embodied understandings; feeling, too, is a way of knowing.
5. Build trustworthy relationships at all levels, with everyone; relationships are the bedrock of services and change.
6. Believe in people, in their infinite potential and innate need to grow.
7. Be prepared to grow yourself, for your growth as a person and a community member will be essential for the 'system of care' to develop."

—Jim Anglin

"…For the authorities to be accredited there will have to be consistency if one looks at the standards that regional authorities will be measured against. Given the reality of potentially significant budget cuts in funding, an integrated continuum of service delivery from prevention through adolescence that is cost effective with desirable outcomes must be developed with input from the ministry itself, planning boards, community members and service providers…. I wish the planning committees in the five regions nothing but success and am grateful to them in their capacities as volunteers to work and advocate on behalf of children and families. I applaud their enthusiasm and wish them well…"

—Martin Harris

"…To succeed, the vision of services that are implemented must be positive, vigorous and reflect both compassion and social justice. While a community focus will serve to better define and meet local needs, we need to be on guard that is not used as a simple mantra that blinds us to bigger social issues and broader social vision. We need to confront bad ideas embedded in the old system as they seek to reassert themselves. The ultimate test must be whether the new system is kind and really listens to the voices of children and families."

—Bob Kissner

"…Although your role as committee members is officially ending, I have no doubt that you will continue to be advocates for your community, for the governance process and for children and youth. I am sure there will be challenges ahead – there always are when new relationships and structures are being forged – and, indeed, there may even be those who try to reverse the process of devolution. It is important to 'stay the course' and you can play an influential role in keeping the governance process on track." *—Paul Pallan, Former Acting Child and Youth Officer*
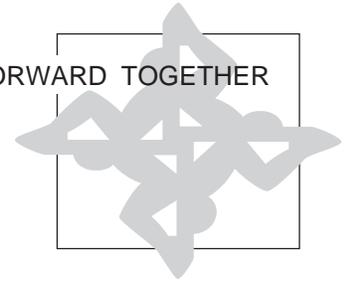
The Compendium

Moving Forward Together serves two specific purposes. First, it provides a record of the work of the Provincial Child and Family Steering Committee on Community Governance. Second, it provides a valuable resource for the ministry and the regional authorities as they plan for and implement community governance.

Moving Forward Together summarizes the key points and themes of the committee's discussions. However, no document could successfully replicate the depth of discussion and ideas that emerged as each issue was tabled. The synergy created through the coming together of so many bright minds with varied backgrounds, experiences and expertise serves as a reminder of the boundless potential and capacity that can be brought to bear by partnerships between community and ministry.

The body of *Moving Forward Together* consists of several papers prepared by the committee within four broad themes:

- Board governance – the main characteristics of board governance, and some underlying principles
- Collaboration and community involvement – opportunities for involving the community (a fundamental component of the new delivery system) and other important issues to consider
- Vulnerable children and youth – the importance and challenge of fostering resiliency and building adaptive capacities within individuals, families and the community
- Service delivery – important service delivery issues and some suggestions about service delivery models.

Note:

The steering committee's mandate did not include providing advice about the governance of services to Aboriginal children and families. A separate consultation process is underway with Aboriginal communities. Recommendations and other material developed by the steering committee are available for use in discussions with Aboriginal communities.

Final Thoughts

"…My perspective on this journey, like any other, is influenced by my own experience as a youth in and from government care, and now as a young adult in the midst of becoming independent. At one time my family and myself received many services and resources from the ministry. Now as an adult I seek to be a service provider myself, to help others in need. I do this because I understand the 'struggle' families face. Even with all the ministry's support, I still needed to leave my family. Sometimes families just don't have the ability to work. The challenge is to assist and support, while encouraging and maintaining the individual's relationship with their family and other natural supports, to assist both the client and their family to become healthy during the ministry's involvement. And yet, with all of this support I am still vulnerable; for as a member of my family I am subject to the generational influences that are forever present.

"My hopes for and commitment to MCFD are to 'STAY REAL'; the fundamental human needs must be provided for, above and before anything else. One cannot ask communities and the people in them to take or make any initiative in community governance, unless they are healthy and able to govern themselves. I believe it is imperative to focus primarily on the basic human requirements as characterized by Maslow's hierarchy of needs. Further, I hope that transitional support and training is made available by MCFD to the families and the staff who work with them alike, during this vulnerable time of change.

"Someone once said, 'We must be the change we wish to see in the world…'"

—*Rachael Wright*
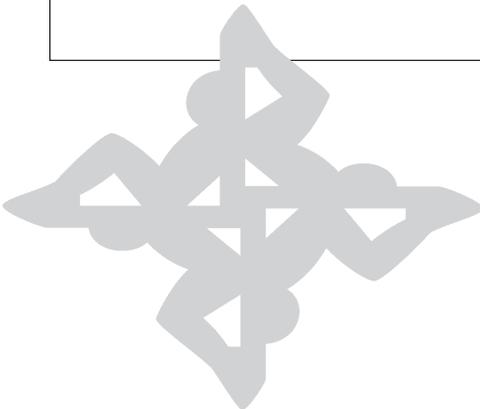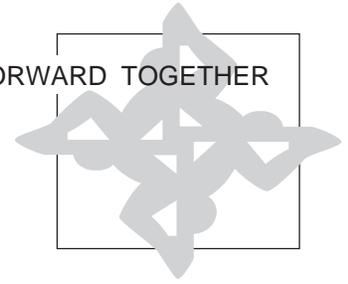
Appendix A:
Terms of Reference

The Child and Family Development Steering Committee will assist the ministry in accomplishing its mission to promote and develop the capacity of families and communities to care for and protect vulnerable children and youth. The steering committee will work in collaboration with ministry executive members to achieve the strategic shifts of the ministry. The steering committee will assist the ministry in the implementation of the child and family elements of the service plan. This will be achieved through enabling communities to develop and deliver services within a consolidated, coherent, community-based service delivery system. In turn, this will require promoting family and community capacity to protect children and youth and to support child, youth and family development.

Specifically, the steering committee, composed of community members and ministry executive members, will, in consultation with interim governance leaders, advise and make recommendations to the ministry with regard to:

- the development of regional authorities with a mandate to implement a local community approach to service delivery;
- moving from a large, standardized provincial approach to regional/local approaches that are more likely to achieve positive and effective results for children and families;
- supporting the development of a centre of excellence that will assist the province and regional authorities in the planning and development of flexible and responsive services to vulnerable children and families;
- reviewing and identifying evidence based programs and services that are known to work and the supports needed by communities, families and children and youth to build resiliency;
- the strategic investments required in capacity building (i.e., ability and potential) and resiliency building (i.e., ability to recover from challenging situations);
- supporting regional governance in the development of effective quality assurance and accountability programs and review and recommend province-wide standards that are required to ensure public accountability for child and family development programs delivered by regional authorities;
- identifying the province's most vulnerable children, youth and the least disruptive interventions necessary to advance their health, safety and well-being;
- receiving and reviewing feedback on the provincial system of care for children and families;
- recommending training needs required by newly developed regions and regional boards.

Appendix B:
Committee Members

Jim Anglin

An associate professor in the School of Child and Youth Care at the University of Victoria, Jim began his career as a front-line residential child and youth care worker. Research interests include parent education and support, quality assurance, standards of care, residential care and child advocacy.

Mary Ashley

A councillor in the District of Campbell River, Mary is president of the Association of Vancouver Island Municipalities and an executive member of the Union of B.C. Municipalities, where she serves on the Aboriginal Affairs Committee and the Communities and Resources Committee. She is also a labour market analyst, career counsellor and small business operator.

Shashi Assanand

Shashi is Executive Director of the Lower Mainland Multicultural Family Support Services Society. She has 26 years of experience in counselling and advocacy with immigrants and refugees. Shashi is also a member of the B.C. Institute Against Family Violence.

Wendy Au

Wendy is the Community Project Manager for the City of Vancouver, and is currently responsible for the Downtown Eastside Revitalization Program, and for co-ordinating the Vancouver Agreement from the city level, working closely with the three levels of government. She is also a governor with the Law Foundation of B.C.

Janet Austin

Janet is the CEO of the YWCA of the Lower Mainland. Before joining the YWCA, she was Executive Director of Big Sisters of Lower Mainland, and Director of Development Services for B.C. Housing. As a volunteer, she is involved with the Dr. Peter AIDS Foundation, United Way and MOSAIC.

Jeremy Berland

Jeremy has worked for the ministry and its predecessors for over 20 years in various positions, including social worker, district supervisor, area manager in the Lower Mainland and a variety of policy positions in Victoria. His is currently the Assistant Deputy Minister of the Child and Family Development Division.
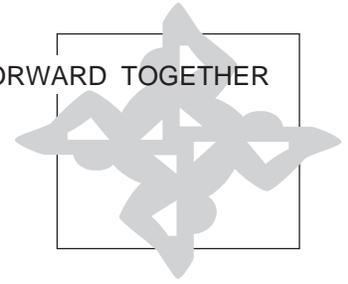
Scott Clark

Scott Clark is Coast Salish, from Beecher Bay First Nations on Vancouver Island. For the past five years he has been an executive member of the National Aboriginal Housing Association. He also serves as a board member of two Vancouver-based advocacy organizations: the Circle of Eagles Lodge Society and End Legislated Poverty.

Ruby Commandeur

Ruby is a chiropractor and an entrepreneur who has created and managed a variety of businesses. Her passion for the betterment of health services for children has grown from her experiences with her daughter and adopted son, both of whom have a broad range of special needs. She is co-chair of Family Partners, a family advisory committee to the Vancouver Island Health Authority.

Dennis Dandeneau

Dennis is Executive Director of Okanagan Families Society, which he is moving towards accreditation. He is an advisory board member with the Okanagan University College Human Service Worker Program, and has served on the board of the Federation of Child and Family Services of B.C.

Colleen Denman

Colleen has experience and training in the support needs of families raising a child with a disability. A Regional Resource Parent with the Family Support Institute, she has also been active with the Victoria Association for Community Living, Community Options and the Regional Council for Community Living in Victoria, and currently with the North Shore Association for the Mentally Handicapped and the North Shore Community Living Council.

D'Anne Epp

D'Anne is the program head for the Early Childhood Education and Child and Youth Care department at the University College of the Fraser Valley in Abbotsford. She is involved with both the provincial Child and Youth Care, and Infant Development and Supported Child Care Consortiums. She is involved in the Abbotsford Coalition for Social Development and in the Fraser Valley Child Development Centre as incoming chair.

Martin Harris

Martin is Executive Director of Peace Arch Community Services, an accredited agency. He is a peer reviewer with the Council on Accreditation for Children and Family Services, served as a founding director of the Child Welfare League of Canada and the White Rock/ South Surrey Jewish Community Centre, and was chair of the City of White Rock's Community Services Committee and the Affordable Housing Task Force.

Appendix B: Committee Members *(continued)*

Ralph Hembruff

Ralph is Executive Director of the Boys and Girls Club Services of Greater Victoria and has been seconded as part-time Executive Director of Boys and Girls Clubs of B.C. His early career was in wilderness-based youth justice programs in Ontario and Alberta. Ralph is a passionate advocate of such capacity-building concepts as developmental assets, and his agency has a history of forming collaborative partnerships with other community service providers.

Robert Kissner

Robert's research and clinical career have focused on personal/family trauma, and human and organizational stress. Founder and Executive Director of the Focus Foundation of B.C., he was also founder of the Canadian Institute on Applied Social Research, the Social Resilience Institute, and the Foundation of Creative Urban Social Strategies. A former board member of the McCreary Centre Society, he is currently president of the B.C. Association of Social Workers.

James MacNamara

James has been a team leader with the ministry for five years, supervising a youth services team in Surrey, a family service and guardianship team in Abbotsford, and currently a residential resources team in Abbotsford. During the ministry's reorganization after the Gove Report, James was involved in developing the South Fraser Region's operating plan.

Alan Markwart

A provincially and nationally recognized youth justice expert, Alan is the Assistant Deputy Minister for Child and Youth Mental Health and Youth Justice. He entered the field as a probation officer in 1973 and moved on to lead provincial policy, planning and training for implementation of the (then) new Young Offenders Act.

Carol Matusicky

Carol is Executive Director of the B.C. Council for Families, a provincial non-profit agency that serves as a forum for concerns about the needs of families. She has served on many committees, including the Provincial Task Force on Family Violence, Community Policing Advisory Committee, and the Minister of Health's Health Goals Advisory, and has received awards for increasing awareness of the need to support families and children to achieve a healthy society.

Penny Parry

Penny has worked in the field of child and youth care for over 30 years as a front-line worker, educator and consultant. She was Director of the School of Child and Youth Care at the University of Victoria from 1984 to 1986, and Child and Youth Advocate for the City of Vancouver from 1992 to 1996. She recently graduated from the Emily Carr Institute of Art and Design, but continues to work in this field, primarily on a volunteer basis.
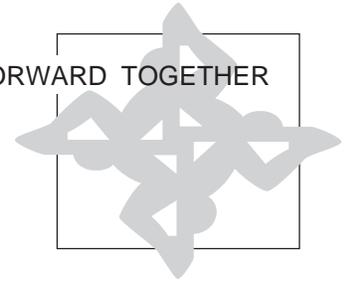
Robin Syme

Robin has worked for the British Columbia provincial government since 1980. She joined the Ministry for Children and Families as a Transition Manager in December 1996. Robin is currently Assistant Deputy Minister of Community Living Services- Children with Special Needs and Early Childhood Development, Service Transformation Division.

Wrenn Weston

Wrenn began his career in social work in Duncan in 1974, relocating to Kamloops in 1976, where he has served in many positions, including Regional Operating Officer under the newly formed Ministry for Children and Families. He has worked extensively with Aboriginal communities and engaged in many collaborative efforts with school districts and regional health authorities. Wrenn is now ICEO for the Interior Region.

Racheal Wright

Racheal is a student of child and youth care counselling. Her vocational and career objective is to further her understanding of human development. Racheal is a youth from care and says that she has experienced the benefit of quality intervention and care. She is also involved in the systemic networking of government and the delivery of services to her community so that she can assist in the promotion of child, youth and family development.

David Young

David served as the Assistant Deputy Minister of Child and Family Development Division the Director– Child, Family and Community Services Act from December 2001-July 2003. He was a member of the transition team that established the Ministry for Children and Families in 1996. Before joining MCFD, David worked on the cross-ministry Contract Reform Project and subsequently become MCFD's Director of Contract Reform, later serving as Executive Director of the Core Services Review Implementation and Deregulation Division.

Appendix C:
Guests

A number of guests made presentations to the committee. They included:

- Honourable Gordon Hogg, Minister – attended both the June and January meetings to discuss opening the ministry up to the community, the fiscal situation of the ministry, and progress the ministry has made in its change process
- Judge Thomas J. Gove, whose 1995 report and recommendations to the Minister of Social Services on the adequacy of the Ministry's child protection services led to the creation of the current consolidation of services – spoke about the inquiry's approach and factors to consider when redesigning child welfare
- Terry Smith – spoke about the role of the Office of the Chief Coroner, now the sole agency that deals with death investigations
- Riley Hern, recently retired career child protection worker and supervisor – spoke about his experiences in the field
- Brent Parfitt, member of the Blue Ribbon Panel, a group of international experts that was formed to offer advice and resources to the ministry and the committee – reported on issues discussed by the panel, including child development, physical and mental health, alternative care, Aboriginal relations, juvenile justice, and children's rights
- Craig Meredith, Executive Director, Federation of Child and Family Service Providers of B.C. – spoke about the new community governance structure and its impact on service providers
- Jane Morley, lawyer and trained mediator who reviewed and made recommendations on changes to the Children's Commission and Child, Youth and Family Advocate – spoke about proposed changes to the ministry's dispute resolution process
- Bruce Hardy, Executive Director of Options, a non-profit community service organization – spoke about accreditation (with Juanita Arthur from the ministry)

Several guests reported on their experiences in other jurisdictions. They included:

- Tony Morrison, internationally respected social welfare trainer and consultant, and author of *Staff Supervision in Social Care: An Action Learning Approach* and *Sexual Offending against Children* – spoke to the committee about training, education, and learning in social services in the United Kingdom
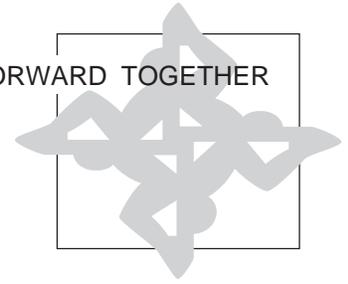
- Honourable James Grant, P.C., Q.C., Quebec; a corporate lawyer for 38 years and an advisor on corporate governance issues – spoke about corporate governance issues
- Vaughan Dowie, ADM, Ministry of Management Services; former Executive Director of regional operations for the Ministry of Social Services; past president of the Child Welfare League of Canada and Quebec's Commission for the Protection of the Rights of Young People – spoke about his experiences in a number of positions related to community governance
- Art Cunningham, Co-Chair, Calgary Rockyview Children and Family Services; involved with all stages of the community governance initiative in Alberta, as a member of the Calgary Rockyview Children and Family Services board for the last seven years
- Gord Johnston, CEO, Sakaigun Asky Child and Family Services Authority, Cold Lake, Alberta – spoke about his experience in redesigning the delivery of services to children and families in this region by creating a continuum of service provision

Paul Pallan, Ian Mass and John Greshner also attended meetings as representatives of the Office for Children and Youth.

The Interim Chief Executive Officers (ICEO) and regional planning committee chairs and some members attended and participated in meetings to share concerns, ideas and opinions. This allowed for a regional perspective and a discussion of issues that arose over the course of the year in the newly formed regions. ICEOs and regional planning committee chairs and members who attended meetings included:

- Doug Hayman, ICEO, North Region
- Fred Milowsky, ICEO, Vancouver Coastal Region
- Les Boon, ICEO, Fraser Region
- Jane Cowell, ICEO, Vancouver Island Region
- Debra Foxcroft, Chair, Vancouver Island Aboriginal Transition Team
- Marion McAdam, Chair Vancouver Coastal Region
- Alvin Dixon, Chair, Vancouver Coastal Region
- Cliff Dezell, Chair, North Region
- James Latham, Chair, Fraser Region
- Maureen Chapman, Chair, Fraser Aboriginal Committee
- Wayne McRann, Chair, Interior Region
- Debbie Abbott, Aboriginal Transition Committee, Interior Region

Appendix C: Guests *(continued)*

- Pat Reber, Vancouver Island Regional Planning Committee (Pat also spoke to the committee about the role of volunteers).

(Wrenn Weston, ICEO, Interior Region; Ann Geddes, Chair, Vancouver Island Regional Planning Committee; Penny Parry, member, Vancouver Coastal Planning Committee; and Scott Clark, member, Aboriginal Vancouver Transition Committee were also members of the Provincial Child and Family Steering Committee on Community Governance.)

A number of ministry staff also made presentations to the committee or participated in meetings. They included:

- Juanita Arthur, Manager of Accreditation, Quality Improvement
- Jayne Barker, Director, Mental Health and Youth Policy
- Ken Bonner, Manager, Permanency for Children and Youth Anita Innis, Provincial Field Coordinator
- Brenda Canitz, Nursing Support Services, Children and Youth with Special Needs
- Lois Cumming, Education Manager, e-learning initiatives
- Julie Dawson, Director, Quality Improvement
- Les Foster, ADM, Management Services (Acting DM at the time of the meeting)
- Chris Haynes, Deputy Minister
- Kim Henderson, Director, Regional Operations
- Barbara Herringer, Special Advisor, Education Service Branch
- Kelly MacKinnon, Manager Accountability Unit, Strategic Management and Intergovernmental Relations
- John Mack, Web Supervisor, System Services Branch
- Wayne Matheson, Director, Child Protection and Program Development
- John Paterson, Manager, Practice Audit Unit
- Dave Phillips, Manager, Youth Services Administration
- Clara Robbins, Manager, Practice Analysis Unit
- Mark Sieben, Manager of Legislation and Deregulation, Strategic Management and Intergovernmental Relations
- Anne Marie Travers, Education Manager
- Cinder Woods, Senior Mental Health Consultant, Mental Health and Youth Policy
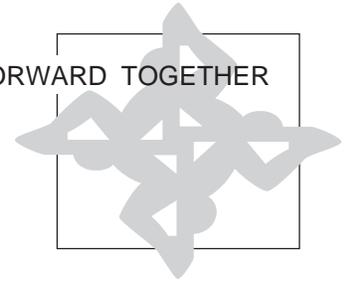
Appendix D:
Staff and Consultant Support

Ministry staff supported the committee by preparing papers and meeting packages, presenting and participating in discussions, organizing events, taking minutes, and providing a number of other supports. Ministry staff included:

- Leigh Ann Seller
- Ron Duffell
- Alex Scheiber
- Jeanette Lum
- Brandi Halls
- Rachel Forbes
- Bernadette Murphy
- Kathy Pitlar
- Larry Pond
- Tracy Seddon
- Eric Jones
- Jody Nishima
- Jennifer Chan
- Sarah Stanton
- Pamela Liversidge
- Tiina Searle.

In addition, two consultants, Sandra Scarth and Dr. Conrad Bowden, were engaged to assist the committee by writing papers.

THEME 1: BOARD GOVERNANCE

Board governance is a model of decision making in which the primary responsibility for implementing an organization's mandate is carried out by a board of directors. The regional Child and Family Development (CFD) and Aboriginal authorities will be governed by a board of directors composed of qualified community members.

In order to support a smooth transition to regional authorities, the Provincial Child and Family Steering Committee on Community Governance addressed several issues and decided that the following steps must be taken to support the establishment of the regional CFD and Aboriginal authorities:

1. Create broad principles to inform the shift to regional authorities.

2. Agree upon a board governance model outlining the structure of the regional authority boards.

3. Determine the appropriate criteria for the selection of board members.

Three papers were developed, each addressing one of these steps:

*   **1.1 Principles for a Regional Authority Approach** presents a broad framework of principles to guide and inform a regional authority approach, as well as a set of standards for achieving the principles

*   **1.2 Board Governance Approaches** provides an overview of board governance models, with particular emphasis on the Carver Policy Governance Model

*   **1.3 Key Criteria for Board Selections in B.C. and Other Jurisdictions** discusses the board member selection and appointment process in B.C. and other jurisdictions.

1.1 Principles for a Regional Authority Approach

This document contains a broad framework of principles to guide and inform a regional authority approach to achieve the Ministry of Children and Family Development's (MCFD) strategic shifts relating to governance.

1. The regional authority is mission-driven.

2. The regional authority is an advocate for the well-being of all children, youth and their families.

3. The regional authority is child-centred and family-focused.

4. The regional authority builds upon family and community strengths.

5. The regional authority ensures that all activities and services are culturally sensitive.

6. The regional authority ensures that services provided are community-based and neighbourhood-based.

7. The regional authority works in partnership with community and community-based organizations to ensure the availability of a full array of services in every community.

8. The regional authority is ethically and effectively led and respects community.

9. The regional authority engages community and staff in decision making.

10. The regional authority ensures accountability in its operations.

11. The regional authority operates with fiscal responsibility and management.

12. The regional authority has organizational integrity.

13. The regional authority adheres to accreditation standards of service quality.

Appendix A: Standards to Achieve Principles for a Regional Authority Approach

Appendix A contains a detailed set of standards to achieve the principles that will guide and inform a regional authority approach.

1. **The regional authority is mission-driven.**
   Standards to achieve this principle:
   The regional authority:

   - is driven by a mission that is grounded in the basic human principles of justice, fairness, equality, respect, compassion, responsibility and integrity;
   - has a specified purpose that defines how it supports and enhances the lives of the children, youth and families in their community through its direct and contracted services;
   - is flexible in order to be relevant to ever-changing social conditions; and
   - ensures that the needs of children and youth are addressed in the context of their families, and families in the context of their social, economic, cultural and political environments.

2. **The regional authority is an advocate for the well-being of all children, youth and their families.**
   Standards to achieve this principle:
   The regional authority:

   - is obligated to advocate for that which helps children and youth grow into responsible adults and for the support all families need as the primary resource to help them in this critical process;
   - must listen continuously to the individuals and communities they serve, and represent and support their expressed needs to public policy decision-makers;
   - assists the community in moving away from a fragmented view of problems and solutions to a systematic approach of analyzing strengths and integrating comprehensive services accordingly;
   - ensures adequate community response to the changing needs of children and youth;
   - educates funders and purchasers of services about what is effective for the well-being of all children and youth, and especially the community's most troubled and at-risk children and youth and their families, through its community education and development efforts; and
   - is both an educator and an advocate within the larger society, facilitating the community's understanding of the complexity of the problems facing children, youth and families.

3. **The regional authority is child-centred and family-focused.**
   Standards to achieve this principle:
   The regional authority:

- actively seeks input from children, youth and families in the design and delivery of its direct and contracted services and continually gathers feedback from its clients to improve service effectiveness and efficiency in ways that are significant and meaningful to those clients;
- serves each child and youth in the context of his or her biological family, as well as any other family, kith or kin (e.g., extended, adoptive foster, etc.) that are significant and meaningful to those individuals;
- recognizes the family as the primary agent of change for improving the welfare of the child or youth; and
- serves the family in the context of its community and all the relevant social institutions it encounters.

4. The regional authority builds upon family and community strengths.

Standards to achieve this principle:

The regional authority:

- adopts a wellness orientation that respects and engages the natural ability of each child, youth and family to determine their own needs and goals, and the strategies to meet and achieve them;
- requires all its programs and services to promote a family resiliency approach in all its work with community;
- ensures that direct and contracted services are designed to enhance the self-esteem and capacities of all family members, enabling them to better access existing community resources and obtain needed supports;
- ensures that services are effective for and respectful of children, youth and families of diverse cultural and linguistic backgrounds;
- recognizes the capacity (the ability of an individual, group or community to cope with stress and/or resolve problems without resorting to external services) of individuals to grow and change; and
- is developmentally focused and responsive to the normative needs of children, youth and their families.

5. The regional authority ensures that all activities and services are culturally sensitive.

Standards to achieve this principle:

The regional authority:

- validates every child's and youth's individual and cultural identity and self-esteem, and seeks to enhance it through supportive relationships;
- ensures that all of its activities, services and programs are conducted in a manner that is sensitive to and shows respect for the cultural and ethnic diversity of its constituents;
- has a mission statement that reflects and respects the cultural diversity of the children, youth and families in the community;
- ensures that direct and contracted services are effective and relevant to culturally diverse persons, and conducts its own business in a respectful manner with diverse staff and board members; and

- encourages communication on cultural issues.

6. **The regional authority ensures that services provided are community-based and neighbourhood-based.**
Standards to achieve this principle:
The regional authority:

- provides services in response to the needs of the communities it serves and is sensitive to the many ways community can be defined (culturally, demographically, ethnically, geographically, or by interest, needs, race or religion);
- identifies and encourages the development and strengthening of each family's sense of community (the natural/informal supports to which families have historically turned to first in times of trouble and works to enhance these natural/informal supports if possible); and
- is cognizant and respectful of the needs, strengths and dynamics of the community, and supports its members, organizations and advisory groups in achieving their goals.

7. **The regional authority works in partnership with community and community-based organizations to ensure the availability of a full array of services in every community.**
Standards to achieve this principle:
The regional authority:

- ensures the existence of an effective partnership between the regional authority in each region and the service providers with which it contracts;
- ensures the existence of an effective partnership between the regional authority in each region and other jurisdictions involved in the provision of health, education and social services, at the community, regional and provincial level; and
- actively participates in the development of its region's full array of services and is involved in providing a discrete set of services. This must involve bringing special competencies to the task and ensuring that a full range of supports and assistance for children and families is available to all who can benefit.

8. **The regional authority is ethically and effectively led and respects community.**
Standards to achieve this principle:
The regional authority:

- establishes strong relationships with different community groups and members;
- has respect for community needs, differences, boundaries and issues;
- is driven by the principles of child welfare best practices and values, and is effectively integrated with modern business practices;
- ensures effective management and communication of information;
- ensures a process of continual quality improvement is in place in every aspect of its organizational functioning and adheres to accreditation standards;
- uses the feedback from the community to drive improvements in existing processes and in direct and contracted services;

- demonstrates a commitment to the professional growth of its staff members, encourages their involvement in decisions that affect their work, and holds them accountable for results (regional authority appreciates all of its members as its greatest resource);
- pursues accreditation status of its direct and contracted services;
- ensures that all its service providers (direct and contracted) inform all persons of their rights and responsibilities;
- ensures that all its service providers (direct and contracted) provide sufficient information for persons served to make an informed decision in their planning;
- ensures that services are provided in a culturally competent manner;
- ensures that service providers protect the confidentiality of information about children, youth and families served and complies with all legal requirements;
- is guided by the values of open communication, honesty, trust, respect, dignity, patience, tolerance and cultural sensitivity;
- makes public all work, activities and research they perform while respecting the privacy of children, youth and families; and
- ensures ethical and effective leadership, which encompasses the following:
  - a relentless commitment to serve the individual(s) receiving service
  - a striving to achieve the organization's mission and uphold its values
  - a commitment to define, monitor and evaluate direct and contracted service results
  - a commitment to create a learning organization
  - the formation of strategic alliances that create integrated service delivery systems, and
  - the ability to recognize and act quickly upon opportunities and threats in the changing business environment.

9. **The regional authority engages community and staff in decision making.**

Standards to achieve this principle:
The regional authority:
- ensures that all key stakeholder groups from the community and within government are engaged at all stages of planning for service delivery in the decision-making process;
- demonstrates that input from all stakeholder groups is actively solicited and that mechanisms are in place to ensure meaningful participation; and
- provides the community, governing body, personnel and other key stakeholders with clear, accurate and timely information regarding all aspects of decision-making.

10. **The regional authority ensures accountability in its operations.**

Standards to achieve this principle:
The regional authority:
- is guided by the ministry's accountability framework and accreditation standards in its accountability to community and government; and
- has performance measures in place and is guided by the government-set performance measures to ensure accountability and:

- has an outcomes measurement system in each of its programs that evaluates program effectiveness and progress towards its overall goals/objectives
- engages in ongoing evidence-based research in the area of child welfare to make informed decisions about preferred service delivery options to meet specified needs.

11. The regional authority operates with fiscal responsibility and management.

Standards to achieve this principle:
The regional authority:

- conducts all financial duties related to its fiduciary role with integrity;
- operates finances with accountability to government, community and other funding providers;
- delivers statutory services in economical, efficient and effective ways within allocated resources; and
- receives, disburses and accounts for its funds according to sound financial practices and Generally Accepted Accounting Principles and:
  - provides services through stable and predictable sources of revenue, and
  - does not incur a deficit.

12. The regional authority has organizational integrity.

Standards to achieve this principle:
The regional authority:

- adheres to high standards of ethical conduct in governance and operations to ensure that governing body members, personnel and/or consultants do not have or give the appearance of conflicts of interest and do not use their relationship with the regional authority for personal gain;
- is guided by MCFD's strategic shifts in the planning and delivery of services to children, youth and families;
- is guided by MCFD's strategic shifts, which will serve as the objective in its work towards community governance;
- respects and honours the vision and mission of the MCFD; and
- respects and honours all legislative requirements relating to service delivery, decision making and accountability.

13. The regional authority adheres to accreditation standards of service quality.

Standards to achieve this principle:
The regional authority:

- adheres to two types of standards common to accrediting bodies:
  - *generic organizational* standards with which all organizations seeking accreditation must comply, and
  - *program/service specific* standards, which apply to the specific services provided by an organization;

- adheres to the following areas for ensuring accreditation service quality: service planning, human resources management, financial management, ethics, quality improvement systems, assessment, service planning, healthy and safety, etc.
- obtains feedback from children, youth and families on the quality of service(s) provided by the regional authority, and reviews this feedback in its standards of service excellence;
- ensures that it adheres to accreditation standards of quality that are reviewed yearly to keep pace with changing conditions and current child, youth and family needs;
- monitors its compliance with the accreditation standards of service quality, with the accrediting body it applies with during the period between cyclical accreditation reviews;
- ensures that a quality improvement process is in place to maintain its compliance with accreditation standards of service quality;
- ensures public disclosure of all accreditation decision information available to the public; and
- actively engages staff at all levels and its direct and contracted service providers in the accreditation process and the understanding of accreditation standards of service quality.

1.2 Board Governance Approaches

In the creation of the regional authorities, a shared vision on the conduct and decision-making processes of the boards is required.

The governance style should emphasize leadership more than administrative detail, clear distinction of board and staff roles, proactivity rather than reactivity and visionary rather than present focus. As such, the board will focus on intended long-term impacts and the establishment of broad operational policies, and enforce upon itself the discipline necessary to govern responsibly and effectively. The board will be accountable as a body for competent, conscientious and effective accomplishment. As well, the board will monitor and regularly discuss its own process and performance and ensure the continuity of board development and improvement.

Several models of board governance exist The Carver model of policy governance is highlighted in this paper as a recommended model.

The policy governance model

The policy governance model:

- offers an alternative to traditional board models, with an emphasis on the governance-management relationship, accountability and board capacity
- is a complete theory that informs board planning, mission, committee work, agenda control, budgeting, reporting, management relationships and fiduciary responsibility
- reinforces the fact that boards exist to be accountable for the work of the organization.

Principles

Policy governance is based on universal principles of governance, and is itself a set of principles:

- the board as owner-representative and servant leader – the moral equivalent of ownership
- the board operates as a whole – the "one-voice principle"
- the board has total authority and total accountability for the organization
- the necessity for systematic delegation to a single point person, the CEO
- the board defines and delegates
- a safe linkage between the board and management
- the board sets the expectations for performance and monitors progress; information for monitoring is targeted and precise and addresses criteria set by the board
- ends/means distinction in board operations – the board is responsible for the ends (the outcomes) of the organization, and defines means (methods) to accomplish the ends
- CEO is responsible for the "means" – i.e., how the organization meets its objectives.

Policy development

- Boards develop policy in four areas:

- – *Ends* – organizational services, impacts, benefits and outcomes
    - – *Executive limitations* – constraints on executive authority, parameters for acceptable executive activity and decision making, apply to staff means rather than to ends
    - – *Governance process* – specification of how the board functions, performs and monitors its own tasks
    - – *Board-staff linkage* – how power is delegated and proper use monitored and evaluated.
- Boards formulate policy by determining the broadest values before progressing to the more narrow ones.
- Boards grant the CEO authority to make all further policy choices within the board's ends and executive limitations policies.

Deliverables

Policy governance boards produce three deliverables:

- systematic linkage between the organization and ownership
- written governing policies in the four areas – the board has the obligation to fulfil fiduciary responsibility, guard against risk, determine program priorities and generally direct organization activity
- assurance of organizational performance – ensure that the staff consistently serve the board's policies.

Conclusion

In summary, a policy governance board emphasizes leadership rather than administrative detail. A clear distinction exists between board and staff. The focus is on the future and the board is proactive.

The development of a strong governance model ensures that the board is driven to be visionary and focused on the creation of policy to achieve long-term objectives. Accountability is clearly defined.

Limitations include time constraints and the extensive amount of training involved in learning the principles, structure and policies of the model. As well, the concept of the devolved authority and new assumed responsibility may necessitate more involvement by the board to secure the developing infrastructure and operations, and the accountability parameters of this model may be insufficient given the type of accountability required by government.

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1.3 Key Criteria for Board Selection in B.C. and Other Jurisdictions

An important difference between British Columbia and other jurisdictions is that B.C. has the support of the Board Resourcing and Development Office (BRDO). The BRDO will work collaboratively with the ministry to determine appointment policies; develop skills and experience profiles for vacancies; seek out and screen potential candidates; recommend preferred candidates; and generally oversee and monitor all appointments. Through the BRDO, the Premier's Office has established appointment guidelines.

Board Resourcing and Development Appointment Guidelines

The BRDO establishes guidelines for appointments to agencies and monitors the process to ensure that all appointments are made on merit and through an open, transparent and consistent appointment process. Governing principles of the appointment process are merit-based, transparent, consistent, and proportionate.

The BRDO will work collaboratively with the ministry and the regional authority to determine the needs of the authority and to create a board selection criteria profile. The needs assessment will explore the general role and objectives of the authority, and provide a broad review of all critical issues and identification of initiatives and challenges for the authority. The board selection criteria profile will outline the key skills and experiences required for the board as a whole.

The BRDO with input from the authority/ministry will assess the identified candidates and create a shortlist. A due diligence process will be conducted for each candidate that will include a review of the candidate's probity and identification of potential conflicts of interest. Recommendations will be presented to the responsible minister for selection, recommendations will be forwarded to Cabinet for approval.

Cross-jurisdictional research

When recruiting and selecting authority board members, it is essential to learn from other ministries and other jurisdictions. With the cross-jurisdictional experiences identified below and the support of the BRDO, the ministry seeks to have the highest qualified men and women sitting on authority boards.

Education

Education board members cross-jurisdictionally and in B.C. are elected to their positions. There are no set selection criteria other than general qualifications legislated by various Civic Election Acts.

Board Structures Across Canada

Province	Service Delivery by	Comments
Manitoba	Regional Offices, Incorporated Agencies and First Nations Agencies (20)	• Winnipeg Agency is the only agency that is appointed by the Lieutenant Governor. The remaining agencies are elected. • Term for board members is three years and an election is held every year at the annual meeting. Most of the terms are limited to two years, but this is not the case for all boards. • In First Nations agencies, there is a combination of elected representatives and community appointment.
Prince Edward Island	Regional Health Authorities (5)	• Board members are a combination of appointed or elected. For larger regions, five members are elected and four are appointed, for smaller regions, four are elected and three appointed. • The term of board members is three years, but there is no limit on the number of times board members can serve.
Quebec	Regional Health and Social Services Board	• There is a legislative formula for how board members are elected and appointed. • The term is for three years, but there is no limit to the number of terms.

Elected

Province	Service Delivery by	Comments
Ontario	Children's Aid Societies (53)	• Board members are appointed by the members at the society of the Annual General meeting.

Appointed

Province	Service Delivery By	Comments
Newfoundland & Labrador	Regional Health Boards (13)	• Appointed by the minister for three years per term. Can serve for a maximum of three terms (9 years).
Alberta	Child and Family Services Authority (18)	• Appointed by Ministerial Order for a three-year term for a maximum of two terms. No more than 18 members per board. • Currently employees are government employees. It is anticipated that eventually the employees will be employed by the authority.
Nova Scotia	Department of Children's Services or Child Service Agencies or Societies	• Appointed by the Governor in Council. • Term and duration of the appointment varies depending on the charter for each society or agency.

The majority of provinces have not constructed specific criteria in the selection of board members; however, consideration is given to geographic representation, cultural diversity, skills, gender, demonstrated skills and previous board or management experience.

New Brunswick, Saskatchewan, Nunavut and Yukon do not have a board or agency responsible for the delivery of childcare and child protection services and programs.

(Cross-jurisdictional research from "Management and Governance of Child and Family Services" – MCFD discussion paper dated July 2001)

B.C. Ministry of Health board selection criteria

The following criteria were determined when the health authorities amalgamated and appointed new boards in 2001. The BRDO was instrumental in working collaboratively with the Ministry of Health to determine the needs and priorities of the regions. The objective was to have a corporate model board capable of managing the diverse needs of the health regions.

Criteria for individual directors

Personal attributes:

• No direct or indirect conflict of interest with the director's responsibility to the Health Authority

• High integrity

• Team player – respect for other ideas/opinions

- Strong reasoning skills
- Ability to think and act independently

Committee experience:
- Previous experience serving as a member or chair of a board committee would be an asset. Typical committees would include:
  - Audit
  - Corporate Governance (including Human Resources and Compensation)
  - Risk Management (including Quality Control and Accreditation) – Note: Most have decided to have a Quality Assurance committee; each board is determining its own needs for additional committees

Time to attend meetings:
- Time and willingness to attend nine to 12 board meetings per year plus committee meetings

Criteria for board

Representation:
- Diversity of skills and experience
- Diversity of ethnicity, gender and age
- Diversity of geographical location

Skills and experience:
- Previous experience serving on a board of directors
- A proven track record of success in a significant business or equivalent organization or entity with knowledge in such areas as:
  - strategic management
  - finance
  - operations
  - control and accounting
  - communications
  - human resources
- Knowledge of current and emerging health issues
- Entrepreneurial experience in technology application
- Previous experience in significant community-based organization
- Proven track record of success in managing complex labour relations issues
- Experience with significant organizational change
- Experience with risk management
- Successful experience dealing with complex legal issues
- Previous experience serving on a health authority
- Previous experience working in a government setting

Size:

- The ideal board size is nine persons

THEME 2: VULNERABLE CHILDREN AND YOUTH

Before effective interventions and service delivery systems can be designed to improve the developmental outcomes of our most vulnerable children, youth and families, it is important to understand how high-risk children and youth overcome adversity. The paper "Vulnerable Children and Youth" discusses the importance and complexity of designing services that foster resiliency (strengthening protective factors and reducing risk factors) and build adaptive capacities within individuals, families and the community.

In the discussion generated by the paper, many committee members shared the belief that the ministry should, as a general trend, shift away from the focus on risks and deficits towards a focus on vulnerability and strengths. In this context, the concept of resiliency becomes particularly useful, because it emphasizes that everyone has the capacity to be resilient. Adopting a broad definition of resilience was favoured because it would promote a more inclusive and flexible approach; a narrower definition could limit the number of people eligible for services. It is also important to recognize that strength and resilience are not the same thing, that people have strengths that allow them to be resilient. Finally, committee members emphasized the importance of incorporating the framework described in the paper into service delivery planning.

2.1 Vulnerable Children and Youth

What makes children, youth, families and communities vulnerable? What are the conditions, circumstances and characteristics that build resilience in children, youth, families and communities? Before we can design effective interventions and a service delivery system to improve the developmental outcomes of our most vulnerable children, youth and families, it is important to have an understanding of how high-risk children and youth overcome adversity.

The study of resilience offers insight into identifying factors associated with vulnerability (age, poor parenting skills, poverty) and resiliency (good coping skills, caring communities). It further provides information about the complex ways in which these factors interact at each stage of development and within each ecological level (i.e., individual, parent-family and community levels).

Fundamental to this discussion is the recognition that all children, youth, families and communities are vulnerable and need support at different times in their lives. We must find ways of supporting and protecting the *most* vulnerable children and youth when natural supports are not adequate. The process of identifying a vulnerable child or youth is a complex, assessment-driven process.

Appendix A contains available information about the profile of vulnerable children and youth served by child protection, youth justice and child and youth mental health programs in B.C.

Background

It is easy to understand how most children and youth from caring and nurturing homes living in safe and healthy communities are able to succeed. But how is it that children and youth living in apparently adverse circumstances find ways both inside and outside their families to meet their developmental needs and develop healthy ways of coping?

A longitudinal study of children and youth conducted in 1992 by psychologists Werner and Smith illustrates this issue. The study followed children born in Kauai, Hawaii from troubled and impoverished families since 1955. Despite the fact these children were exceptionally vulnerable, one-third of them became successful in school and later at work. The remaining two-thirds developed emotional and behavioural problems, including teen pregnancy, mental health problems, and delinquency as teenagers. However, even in this latter group of troubled youth, a portion went on to become what the researchers called "competent, confident, caring adults." The resilient group of children shared a number of characteristics, including an active approach to problem solving, a tendency to see experiences constructively, and optimism for the future. Another factor that contributed to resilience was a positive connection with a caring adult, inside or outside the family.

Description

Research on resilience and vulnerability helps us understand why some children and youth are able to become competent adults when their development is threatened by adverse circumstances.

For a period of time, researchers focused on single risk factors within individuals; however, no one factor was identified as sufficient to cause maltreatment, mental illness or delinquency. Nor was there a single factor found that would guarantee wellness. Research in mental health, child welfare and youth justice has moved beyond looking at the deficits of individuals and families to finding the strengths and competencies within individuals, families and communities.

The vulnerability/resilience literature describes adaptive behaviour as emerging from the interplay of (a) combinations of factors predictive of negative developmental outcomes (risk factors); and (b) combinations of counteracting factors (protective factors) that buffer, moderate and protect against those vulnerabilities or risks (Richman & Fraser, 2001, ch. 1).

Risk or protective factors are the conditions, circumstances or characteristics of the child, the family and community they live in that either reduce or enhance the likelihood of problems (Prilleltensky, Nelson, & Perison, 2001, p. 20). These factors can fall into three categories: individual factors, parent-family factors and community-level factors. Examples of vulnerabilities identified in the research include poor physical health, low birth weight, domestic violence, stressful life events and dangerous communities (see Table 1.1 to 3.2). Examples of protective factors include effective problem-solving skills, average or above average intelligence, having a positive outlook, positive caring relationships, ability to distinguish between life experiences and self, effective social skills, positive family relationships, social supports and safe communities (see Table 1.1 to 3.2)

Resilience can be best understood as a dynamic process in which children, youth, families and communities are able to successfully recover, adapt or bounce back in the face of significant challenges. Resilience is not determined by a simple additive formula in which protective factors counterbalance risk factors. Vulnerability or resiliency emerges from the *interaction* of protective and risk factors; the protective factors offer some protection in the presence of risk. The literature (Prilleltensky et al., 2001; Masten, 1997; Richman & Fraser, 2001) suggests that it is the presence of these protective factors that accounts for more successful coping and adaptation. Providing individuals, families and communities with opportunities to develop strengths improves problem-solving and interpersonal skills, and increases their capacity to overcome or adapt to adversity.

A number of aspects, including context, an individual's susceptibility to risk, and the length of time that children, youth, families and communities are exposed to challenging circumstances also influences resiliency.

Understanding the context in which a child, youth or family is exposed to adversity is important. Although the resilience literature has been applied to a variety of culturally different situations, there is no doubt that the concept has some cultural overlay in that behaviour considered adaptive in one culture may not be seen in the same way in another culture.

The interaction of risk and protective factors occurs at each stage of a child's or youth's development and the family life cycle. What may pose a risk for a young child may be less of a risk as the child progresses through developmental stages. Coping with life crises and transitions can have an impact on all family members.

Implications

Child, youth and family wellness is determined by multiple factors that are within individuals, families and their environment. The challenge is to foster resiliency (strengthen protective factors and reduce risk factors) and build adaptive capacities within individuals, families and the community to overcome adversity. This requires a multifaceted approach and a response that is sensitive to the developmental levels and the particular circumstances of children, youth, families and communities. Developing accurate strengths-based assessments and designing flexible, evidence-based services that focus not only on individuals are beyond the scope of this paper, but are critical next steps.

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THEME 3: COLLABORATION AND COMMUNITY INVOLVEMENT

Collaboration and community involvement are essential components of community governance. Collaboration, at every level from the community to senior government officials, is an important component of policy and planning, service delivery and evaluation.

Five papers on aspects of collaboration and community engagement were presented to the steering committee:

- 3.1 Defining Community and Community Engagement
- 3.2 Strategies for Building Capacity in Service Delivery
- 3.3 The Role of Volunteers
- 3.4 Including Children and Youth in Community Partnerships
- 3.5 Strategies to Promote Inter-Ministry Collaboration.

In addition, James MacNamara prepared a review of *Community Work Approaches to Child Welfare*, edited by Brian Wharf.

All of the papers accept the importance of community, and focus on ways to incorporate community into B.C.'s child and family service system. No single definition of the term *community* was presented, as communities can be geographical, cultural, faith-based, or the result of another affiliation. Defining community in broad terms allows authorities to vary the way they describe and involve different communities.

The purpose of involving community members in the decision-making and oversight process is to:

- promote a shared responsibility for the well-being, safety and healthy development of children
- improve accountability, and
- create better policy.

Two key components of the theory supporting community governance are the risk approach and the community approach:

- The risk approach, which is most commonly used among policy makers, managers and front-line workers, places an emphasis on high-risk cases and intervention. It creates an adversarial relationship with clients, who are scrutinized through risk assessments, and places an emphasis on parents' deficits and weaknesses. This commonly used approach focuses on investigation when things go wrong, and the development of new regulations that reinforce the approach. Unfortunately, this approach inhibits grassroots community-based organization, and ignores the influences of gender, race and culture.

- The community-based approach involves community planning and resources, including day care, family places, and recreation facilities, which help those in need access services and may in turn prevent the use of further assistance. In order for this approach to work, the authority must support the use of community resources.

Discussion

The discussion generated by the papers built on a number of the themes they introduced. Committee members suggested or agreed that:

- community should be broadly defined

- there is a need to engage people who are disengaged from the process

- steps should be taken to ensure that interested parties are included in the discussion

- there should be a child, youth and family advocate whose only responsibility would be to seek out the opinions and insight of children, youth and families

- direct engagement with youth is a more effective approach for government than attempting to act in their place

- children and youth should be involved at all levels of the process and should be provided with adequate training and support

- the use of volunteers in the regions should be an option and not a requirement, because capacity needs to be built up, and infrastructure is needed to link volunteer standards to accreditation

- volunteers should enhance but not replace service delivery by paid service providers.

- efforts to collaborate must occur at all levels, including the highest levels of government; otherwise, the efforts within each level will be undermined.

3.1 Defining Community and Community Engagement

The term *community* is used in a variety of ways in the child and family services literature and its definition is therefore dependent upon the discipline. This paper will provide definitions of community that best meet the needs of community governance.

Community in general holds different meanings for various individuals. To some, community may mean the neighbourhood in which they live; to others, community may be the business field they work in. And to still others, community may be a group they feel socially connected to. Examples of this may be communities of identity (Hispanic community, LGTBQ community[1]), communities of faith (Christian community, Muslim community), and communities of kin (based on friendship, social ties). Community can be defined culturally, demographically, ethnically, geographically or by interest, needs, race or religion/faith (CWLA, 1996). These are some of the types of communities that exist in our society (see Appendix A for additional examples).

In the research literature, there is no standard definition of community. For the purposes of this paper, it is essential to focus on the importance of community and why we place great value on community. In the past, community has only held a "cultural" value; however, recently, the International Monetary Fund has given community an economic value based upon its health and social capital. Defining and engaging community in the new governance approach is essential to achieving MCFD's strategic shift to a community-based service delivery system.

According to Berry and Castro (1996), community has not had a value that is beneficial in a practical or powerful way. They question whether community can be assigned an economical value and, if so, what purpose it serves. Mattessich and Monsey (1997) focus on the importance of communities as resources that contribute to the health, safety and well-being of children, youth and families. Mattessich and Monsey (1997) define community to be "people who live within a geographically defined area and who have social and psychological ties with each other and with the place where they live."

This definition emphasizes the place where people live within a specific area and the social and psychological ties. The social ties include "interactions based on kinship, friendship, and familiarity with other people within a geographic area, as well as joint participation in community-wide activities and some forms of economic exchange (purchasing goods and services, working for local employers, and so forth)" (Mattessich & Monsey, 1997, p.7). Psychological ties include "feelings of attachment, identity, and a sense of belonging to a place, as well as a sense of commitment, respect, obligation, and camaraderie with fellow occupants of that place" (Mattessich & Monsey, 1997, p.7).

The Foundation for Community Encouragement (FCE, n.d.) has another focus and defines community as:

> A group of two or more people who have been able to accept and transcend their differences regardless of the diversity of their backgrounds (social, spiritual, educational, ethnic, economic, political, etc.). This enables them to communicate effectively and openly and to work together toward goals identified as being for their common good.

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[1] Lesbian, gay, transgendered, bisexual, questioning community.

This definition does not limit the concept of community to a geographical area; rather, it focuses on the individual. It implies that the decision to be a part of a community:

- is actively and consciously considered
- is based on assessment of him- or herself and others—both in and outside of the community—regarding needs, wants, abilities and willingness to accept and move beyond differences—suggesting that personal considerations are at least minimally addressed, and
- involves consideration of and agreement to working in partnership with the others in the community to strive for outcomes that will be beneficial for the group as a whole, though not necessarily for the individual—suggesting that membership in the community may result in personal sacrifice, of which the individual is aware.

These definitions of community are not exhaustive of all the types of social networks that individuals perceive as communities. What is certain is that community is based upon people.

Apart from defining community, it is also important to examine the value of engaging community. In 1999, nine provinces (including B.C.) and the territories negotiated with the federal government the Social Union Framework Agreement (SUFA). This intergovernmental agreement commits those who signed to provide "effective mechanisms for Canadians to participate in developing social priorities and reviewing outcomes." Involving community members in decision making and oversight is intended to promote a shared responsibility for the well-being, safety and healthy development of children, to improve accountability and create better policy.

There are six stages in the policy-making process: problem identification, priority setting, policy formulation and design, passage of policy instruments, implementation and evaluation. Community members may participate in a variety of dimensions in policy development (Phillips & Orsini, 2002). Typically, the process of involving citizens in policy development or individual cases is government or board initiated. Attention must be given to citizen-initiated concerns and the involving of a broad range of citizens so that not only the most vocal and well-organized have input. The term "citizen engagement" is used to highlight the importance of the interactive and iterative process of deliberation that occurs among citizens, organizations and authorities.

Multiple and complementary paths for involving community members exist. A review of other jurisdictions has identified formal and informal mechanisms to promote ongoing deliberation and communication between citizens and authorities (Scott & Bruner, 1996). Formal mechanisms can serve to hold public systems accountable for meeting their responsibilities. Not all individuals are comfortable serving on committees or review panels, and informal processes are a means of involving community members in decision making. Informal mechanisms encourage and support increased community involvement on a broader level, to keep children safe. Research on child resiliency has shown that strong community systems of support provide the best protection for children.

Formal mechanisms for citizen involvement

- **Citizen review panels:** There are a variety of mandates for review panels. In some instances the panels develop recommendations for improvement of policies and service delivery; in others the panel determines compliance with law and policy. Panels may also be responsible

for reviewing specific cases. The panels operate independently, providing unbiased reviews of policies, procedures or individual cases. Panels are typically composed of a combination of citizens and social service, legal, medical, education and mental health professionals. Panels are usually only advisory in nature. Preparation and ongoing training for panel members is essential.

- **Advisory committees** can be ongoing or organized around a specific issue. The size of the committees and qualifications of the members vary, but ideally reflect the diversity of the community.

- **Forums or community conferences** involve the general public, community-based organizations, the private sector, government and individuals in sharing their expertise and identifying key areas for improving services to children and their families.

- **Focus groups** are organized around a specific issue.

- **Task forces and commissions** are a means of assessing public views on major issues through a general vote.

- **Commissions of inquiry** investigate breaches of law or public interest by public institutions, and have the power to take evidence under oath and to call for persons and documents, but do not make conclusive or binding decisions.

- **Referenda** are formal structures created to work on a particular task or project, usually of a temporary nature with a specific deadline.

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Appendix A: Additional Examples of Community Definitions

"A community is a group of people who are socially interdependent, who participate together in discussion and decision making, and who share certain practices that both define the community and are nurtured by it." (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985).

"A community is a group of two or more people who have been able to accept and transcend their differences regardless of the diversity of their backgrounds (social, spiritual, educational, ethnic, economic, political, etc.). This enables them to communicate effectively and openly and to work together toward goals identified as being for their common good." (Foundation for Community Encouragement, n.d.).

"A community is a relatively self-sufficient population, residing in a limited geographic area, bound together by feelings of unity and interdependency." (Munon, 1968).

"A community is a group of people lined by a communications structure supporting discussion and collective action." (Farrington & Pine, 1997).

Appendix B: Community Engagement Matrix

Mechanism	Jurisdiction	Examples	Mandate
Citizen Review Panels	Canada - Alberta	Social Care Facility Review Committee	To visit provincially funded social care facilities and investigate complaints
	Canada - Alberta	Child Welfare Appeal Panel	A quasi-judicial body that hears appeals from people who feel they have been unfairly denied access to child welfare services, or services for children with disabilities
	Canada - Saskatchewan	Family Review Panel	To review child apprehensions
	Canada - Manitoba	Social Services Advisory Committee	To hear appeals from people refused a licence for the operation of a child care facility
	Canada - Manitoba	Child Abuse Committee	To review cases of suspected child abuse and provide advice and guidance
	United States	Citizen Review Panel	To provide opportunities for citizens to play an integral role in ensuring that states are meeting their goals of protecting children from abuse and neglect
	United States	Foster Parent Review Board	To review all foster care cases at specific time intervals, making recommendations as to case handling
	Canada - Ontario	Child and Family Services Review Board	To make specific decisions on the residential placement of children; to refuse, revoke, non-renew, suspend or contest terms on licences for children's residences; to release children from emergency secure treatment facilities

	United Kingdom	Area Child Protection Committee	Select public and multi-agency forum to co-ordinate services to safeguard and bring about positive outcomes for children; to develop local policies for inter-agency work; to audit and evaluate inter-relations between local services; to undertake child death case reviews
Advisory Committees	Canada - Saskatchewan	Child Welfare Reference Committee	Child welfare staff to advise on redesign of child welfare services
	Canada - Saskatchewan	Special Committee to Prevent the Abuse and Exploitation of Children Through the Sex Trade	To improve the response to children and youth exploited through prostitution
	Canada - Saskatchewan	Regional Intersectoral Committee	To co-ordinate human services in the regions
	Canada - Alberta	Community Advisory Committee	Neighbourhood-based volunteer committee to support local child and family services
	Canada - Alberta	Youth Advisory Panel	To involve youth in identifying and addressing issues facing youth
	Canada - Prince Edward Island	Healthy Child Development Advisory Committee	To develop a five-year strategy to promote multi-sectoral involvement in Healthy Children Development, to measure the success of the implementation of their strategy
	Canada - Ontario	Early Years Advisory Board	To advise the Minister Responsible for Children on proposals to receive Challenge Fund grants
	Canada - Quebec	Conseil de la famille et de l'enfance	To advise the Minister on childhood and family issues
Forum	Canada - Saskatchewan	Consultation	Consultations with community to explore potential changes to child welfare system

	Canada - Alberta	Children's Forum	Ongoing collaboration with general public, community-based organizations, private sector, government and individuals delivering services to gather input on improving and addressing issues that affect children
Task Force/Commissions	Canada - Alberta	Commission	To review Alberta's Child Welfare Act
	Canada - Ontario	Early Years Task Group	To advise the government on overcoming barriers and obstacles to building a province-wide network of early child development and parenting initiatives
Commissions of Inquiry	Canada-British Columbia	Gove Inquiry	To report and make recommendations, and an inquiry into the adequacy of services, policies, and practices of child protection in B.C.

3.2 Strategies for Building Capacity in Service Delivery

The Ministry of Children and Family Development (MCFD) is in the process of establishing interim governance authorities to work with communities to plan and oversee a new collaborative approach to service delivery. The vision is one in which children, youth and their families will have access to a range of informal and formal supports in the community before crises become full-blown and emergencies develop. The vision also is one in which services will be provided for families in neighbourhoods or other small geographic areas when, where and how they need them. The task of governance authorities is to design new service delivery strategies that are capable of achieving the desired results. Other jurisdictions have struggled to find the best way to organize and deliver effective services. They have instituted new governance arrangements based on decentralization to regional and local levels and have relied on performance indicators, outcome measures and other standards. Several have experimented with partnership efforts variously called co-operation, co-ordination, collaboration and/or integration of services.

Great Britain and New Zealand have identified partnerships with community agencies as essential to effective delivery of services and as a solution to the fragmentation of services delivered by "silos" in a non-integrated manner. Because these efforts are relatively recent, there is only preliminary evidence about their success.

In contrast, Quebec has a long history of local cross-sectoral work at the regional and local levels. That experience has demonstrated the strength that can come from locally determined priorities, but also indicates that fragmentation can result from factors other than that those caused by working in "silos." This kind of fragmentation is related to uneven services across the province, or even within regions because of the substantial variation in the capacity of local communities to mobilize, work together and develop adequate policy and services (Jenson, 2001). The variability of capacity in communities may be related to issues of poverty, pervasive unemployment, sudden downturn in the community's economy resulting from closures, lack of available volunteer time with people holding down more than one job, or employed in shift work. It may also be a result of geographic factors, such as remoteness. Building capacity in communities will undoubtedly require different strategies and timing related to particular community need.

The literature confirms that many collaborative efforts have proven to be more complex and difficult to implement than originally envisioned. However, most of the jurisdictions involved continue to promote the need for cross-sectoral work and for agencies, communities and governments at all levels to have practices that permit and encourage co-operation, collaboration and integration where appropriate in order to provide better services.

For the purposes of this paper, building capacity means increasing the ability and potential of members in a community (leaders, organizers, partners, families, etc.) to work and collaborate together effectively to achieve the common goal of keeping children, youth and families safe in their community (Mattessich, Monsey & Roy, 1997; MCFD, 2002).

Lessons learned from other jurisdictions

A unique leadership role is required from the centre

The experience of both Great Britain and Quebec in their efforts at decentralization and the subsequent fragmentation at the regional and local levels reveal the need for continued leadership from the centre. Leadership does not mean control. It includes setting the vision, mandate and framework and providing the overall direction, minimum standards, training strategy and implementation support (Jenson, 2001).

Ongoing implementation support is essential during the transition period of any major change. Collaboration and integration efforts have often failed because of the lack of attention given to the need to support the implementation process effectively. The move to community governance and service delivery is essentially a change process. This requires managing and supporting the process in a way that is respectful of the flexibility required by regions and communities to reflect their diversity and also call for leadership from the centre, which maintains the focus on the intent of the changes.

The Integrated Services for Northern Children (ISNC) initiative in northern Ontario found that continuously revisiting the core expectations of the initiative was extremely important to the success of the enterprise. Attention is often diverted at the operational level from the original intent or "what should be" to the current activities or "what is"—for example, cutbacks and budget rather than desired outcomes (Lewko, Salhani & Legault, 1999). There is a tendency to revert to old organizational behaviour as change becomes uncomfortable. There will always be tension between the centre and regions, but it can be a healthy tension that needs to be acknowledged and dealt with as part of implementation planning.

Community/government partnerships are not a "quick fix"

New Zealand learned that it is unrealistic to rely on the use of short-term performance indicators and the expectation that the needs of vulnerable children and their families could all be met in a single budgetary quarter. It takes time and transitional funding to transform governance and service delivery systems.

It is crucial to agree on what is meant by the terms "partnership" and "collaboration"

Moving to a "partnership" or "collaborative" service delivery approach with the community requires an understanding of the changes required in the way individuals and organizations work together. A lay person's definition of partnership would equate this term with equality in relationships. Yet this may not be the case in a partnership between a government funder and a service provider, or between a parent and a child welfare authority where there is an issue about the safety of a child. Howe (1992) distinguishes between a *therapeutic* definition of partnership based on a psychological contract between the parties for change, and a *social justice* contract based on respect, sharing, openness, clarity of roles, responsibilities, accountabilities and involvement in decision making.

The terms "co-ordination" and "collaboration" are also confusing. Weiss (1981) states: [the] "vague sense that co-ordination will be effective often camouflages the multiple conflicting hopes of clients, politicians, administrators, professionals and interest groups that each cherish independently." As a result, collaborative efforts may proceed without a sense of their true complexity. Hallet and Birchall (1992) summarize various definitions by suggesting "The essence (*of collaboration*) is that the combination of skills produces an outcome which could not be

achieved as effectively or efficiently, by other co-operative means." For the purposes of this paper, partnerships, co-ordination and collaboration both at the individual and organizational level are not about equal power, but about working together towards a common goal (Tunnard and Ryan, 1991). *The critical test is what outcomes are achieved for children, youth and their families.*

Identify and deal with the barriers to community collaboration
Barriers to community collaboration may include:

- differing agency roles, mandates, priorities and cultures
- competition amongst agencies exacerbated by purchase of service contracting and budget reductions
- fear by organizations of being "swallowed up"
- different understandings about information-sharing and confidentiality issues
- real and perceived power differentials among members of the interagency network
- the extent to which the perceived costs outweigh the benefits of collaboration
- philosophical differences related to the importance of the individual versus the collective, and
- insufficient resources to support or facilitate agencies working together.

Another major issue to be dealt with is the stress and anxiety that affects people in the current system on the potential loss of jobs and loss of confidence when the familiar way of doing things is no longer considered adequate.

Tony Morrison has developed a useful Framework for Collaboration (1995). This model is conceptualized as a series of building blocks to assist people in developing partnerships that reward collaboration rather than competition and builds a *healthy* organization, where "mistakes" are opportunities for learning, not punishment. Risks are taken and innovations are attempted, and a culture of "thinking and feeling" and not just "doing" is legitimized. Although this 10-step conceptual model is focused on child protection, it may be a useful way to develop discussion on developing capacity in service delivery in a broader context. (See Appendix A for a summary of the framework.)

Create an environment hospitable to effective community-based services
Searching for a single intervention that will be a one-time fix is not a useful strategy. (Schorr, 1997, p. 382). Traditional professional services alone rarely make the difference in a family's well-being. Instead, more successful service delivery strategies are new arrangements for providing the supports and services that are useful to families in their daily lives. They are different from those in the past that were often rooted in pathology and recognize that problems are often caused by a lack of resources, such as access to an adequate income, decent housing, affordable child care and transportation. They involve both formal and informal supports that cut across many areas, from human services to economic development, and are provided in a flexible manner at times and in places convenient to families. *However, resources and services are not enough. Instead, the new collaborations or partnerships find they must re-engineer the basic organization, management and funding of services.* (The Centre for the Study of Social Policy, Chapter 11).

Los Angeles County developed 25 community-based networks with churches, Boys and Girls Clubs, day care centres and other neighbourhood organizations. This promising approach builds

on the strengths of resources that have not traditionally been a part of the publicly funded service system for vulnerable families. Even at an early stage, evaluators found significant improvements in functioning among participating families. The county found that to support the networks and the new way of working, the system had to make significant administrative and fiscal changes. "Budgeting and regulations had to be loosened to make sure that both funding and expertise would be available to the networks for up to a year of planning for their new roles." When auditors raised questions about payments for rent deposits, cribs, and outreach personnel working in storefronts, Peter Digre, the official behind the reforms, responded, "We just have to work together to balance flexibility and accountability" (Schorr, pp. 215–220).

Community collaboration requires new skills

Learning to collaborate requires the development of new skills and strategies in order to overcome the differences in culture and differing professional agendas, and to understand community development (The Centre for the Study of Social Policy: Creating a Community Agenda, Chapter 11). Professional development and cross-sectoral training, especially for leaders, should include strategies for team building, working with diverse cultures and disciplines, building positive professional relationships, and community development. An overall learning strategy is key to successful collaboration at the community level.

Potential strategies

Develop an implementation strategy to support the intent of the desired change

Considerable literature has accumulated that indicates that policies often fail because there is a lack of understanding on how to implement. Organizations are often better at developing the policies than they are at implementing them. The ISNC initiative found that concerted effort was required to bridge the worlds of policy formation and field implementation. A strategic implementation team must be fully dedicated to the initiative and include at least one person who played a role in developing the policy materials and defining the parameters. The team must also be knowledgeable about community service practices (Lewko et al, 1999). The information gained from the background research for policy development is useful to field and community participants who rarely have the time to do the research and analysis that is useful to their daily work.

Other important components include:

- a feedback mechanism to monitor implementation status set in place at the outset
- a comprehensive communication strategy for use with participants at all levels that reiterates the vision conveying what the system will look like in the longer term and outlining the non-negotiables in clear terms
- developing common terminology or operational language to prevent regression to old ways of thinking and doing
- a mechanism for ongoing provision of research and background material useful to those implementing new service delivery models.

Work with communities to articulate a shared vision of service delivery

- Base the vision on the fundamental rights of children under the UN Convention on the Rights of the Child for connection to their family and cultural community and to appropriate health

care, education and social services. The convention strongly supports the central role of parents and families in safeguarding the rights of children. It also reinforces the obligation of the state and the duty of all members of society to help families meet their basic needs and fulfil their responsibilities. The ministry's strategic shifts are congruent with the vision in the convention, specifically the shifts to promote family and community capacity, to make strategic investments in capacity and resiliency building, to build capacity in Aboriginal communities and to enable a community-based service delivery system that promotes choice and shared responsibility.

- Acknowledge the need to provide concrete supports and advocacy to address the underlying causes of stress in families due to social inequities such as inadequate income, lack of access to appropriate housing, transportation and child care. (Wharf, 1993; Barter, 1999)

- Recognize that children, families and communities understand their own needs and extend them the trust, respect and autonomy to participate meaningfully in planning and developing services and other helping activities in the community.

- Acknowledge the need for both informal and formal systems of support and for partnership with all levels of government.

- Acknowledge the advantage of including both the broad-based developmentally oriented system of supports and preventive services that promote the healthy development of children and families with the more targeted, early intervention and specific results desired for special needs populations.

- Include the notion of multidisciplinary, cross-sectoral teams trained to work together in the community.

Assist communities in engaging in strategic planning exercises

- Ministry and governance authorities could assist with facilitation and analysis of data, knowledge of the current system and other functions as identified by communities.

- If not already in place, develop a mapping process to collect information on current assets, resources, demographic and financial data and gaps in services.

- Communities identify desired short- and long-term results, and set priorities within funding allocation based on the shared vision and set of principles.

Develop an overall learning strategy to help cross-sectoral and community teams develop the required new skills

Competencies required for effective collaboration are wide-ranging. While some staff may have some of them, few staff will have all of them. These competencies include:

- engaging families
- talking with children and youth
- knowing neighbourhood resources
- understanding the informal supports as well as formal helping organizations
- teaming with other workers with different value systems and priorities
- working in partnership with family members
- helping families to advocate for themselves
- helping them to achieve their goals for their children.

It is particularly important to ensure that supervisors and middle managers are involved early in the training process, and have opportunities for cross-training with other sectors in order to model collaboration for their staff. The initial implementation of the Looking After Children project in Britain and in parts of Canada found that training social workers without the involvement and understanding of their supervisors resulted in a lack of commitment to the process and inadequate implementation. Instead of using the process as a powerful tool for the collaboration of the child, foster parents, teachers, health professionals and others important to the child, the tool was implemented as a paper checklist by the worker and seen as an imposition of yet more paperwork.

Other jurisdictions have found it helpful to include social workers, police officers, public health nurses, teachers, mental health workers, probation officers, community liaison workers and others in joint training rather than training them separately. The aim is to develop a common perspective on helping families and a common set of core skills within a neighbourhood delivery system (The Centre for the Study of Social Policy: Creating A Community Agenda, Chapter 11).

- Establish a train-the-trainer model to ensure system-wide basic training in the new skills.
- Provide workers, supervisors and managers who have shown leadership and mentoring ability the opportunity for secondments to the training team, involving them in the change process and acknowledging their competencies.
- Identify community leaders, knowledgeable about community development and team building to be a part of the team.
- Include key people from Aboriginal and mult-cultural communities and the community living, education, health, justice, recreation and other relevant sectors.
- Develop strategies to ensure inclusion of relevant users of services, particularly outreach and support to the hard to reach (e.g., isolated single parents, street youth, people who speak English as a second language).

Address the changes required in the organization, supervision, funding and management of the system to allow workers to do the new job

Training alone cannot change the service delivery system. Governance authorities will need to ensure that the service delivery organizations and their workers have the tools and sufficient flexibility to provide the kind of services envisioned, "doing whatever it takes" to help families succeed. This may mean rethinking personnel policies, categorical funding approaches, funding approval levels, workload standards and supervisory practices for neighbourhood workers. Building on some of the exemplary programs already in existence in the province and elsewhere:

- *staff offices may be re-located* to child and family resource centres (if that is the model selected by a governance authority) or may be located in welcoming locations where children and families congregate, such as schools, malls, neighbourhood houses or other community buildings
- *working hours are flexible*, reflecting the need for workers to be available for families when they are needed, particularly for crisis outreach and support
- *supervision models need to reflect the diversity of the neighbourhood-based team*, which may include members from a variety of disciplines, plus community informal helpers
- *workers and supervisors need to have access to and decision-making authority over a pool of flexible funds* to supply supports and services quickly as children and families need them

- *workload measures should allow for preventive community work;* time for meeting informally with high-risk families and youth in the community is a legitimate part of an outreach worker's role, and should be included in caseload standards.

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Appendix A

Inter-agency collaboration

It has been argued that partnership with families cannot be considered separately from "partnership" practice between and within agencies. Child Protection services cannot be strategically planned, or delivered by single agencies. Deficits in collaboration undermine the experience of partnership for families. Front line staff members are powerfully affected by agency cultures, and management styles that are increasingly behaviourist and interventionist. Many staff lack a basic sense of trust and confidence in their own agency, without which their ability to work empathetically and skilfully with dysfunctional family dynamics is very impaired. Thus the front line of partnership, where workers seek to engage with families, may too often be an interaction between two parties neither of whom feel understood, valued, respected, prepared, or supported. Under such circumstances the likelihood of dangerous retreats into minimization, paternalism or collusion is all the more.

If partnership is to become a reality, it must be engrained and modelled within organizational structures, cultures and working relationships, which seek to reward collaboration rather than competition. At the heart of this vision is a concept of healthy, rather than "safe" organizational and inter-agency processes. It involves a commitment to the Learning Organization, in which renewal, rather than maintenance or survival is the driving force. Vince and Martin (1993) describe such an environment in their Functional Learning Cycle (Fig.3).

Fig. 3 Functional Learning Cycle (Vince and Martin, 1993)
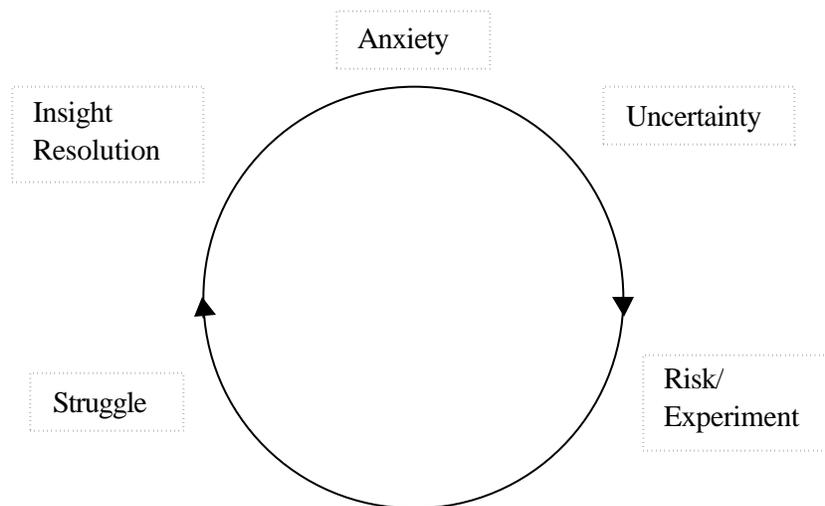
In this culture, anxiety is seen as normative, allowing for the expression of healthy uncertainty, and difference, where "mistakes" are opportunities for learning, not punishment. Risks are taken and innovations are attempted. The real dilemmas in child protection work are openly acknowledged and struggle with, from which unexpected or creative resolution may come. In

consequence of which staff are empowered to tackle further demands. To put it more crudely, this is an agency culture in which *thinking and feeling*, and not just "doing" are legitimized.

In terms of inter-agency collaboration this culture can be conceptualized as a series of building blocks.

<div align="center">

(10) Staff Care

(9) Quality Assurance

(8) Supervision

(7) Provision

(6) Training

(5) Policies and Procedures

(4) Philosophy of Intervention

(3) Collaborative Structures, Leadership

(2) Mandate for Collaboration

(1) Recognition and Definition

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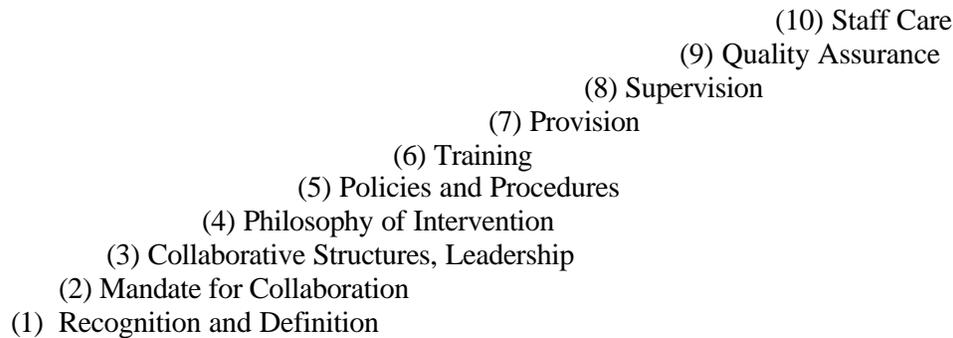
Fig. 4 Framework for Collaboration

(1) Definition: There must be a shared recognition of the need for collaboration, and shared definitions of the meaning of 'partnership' and inter-agency collaboration in the context of child protection work. Partnership is working with parents/carers to promote the welfare of children. It is not about equal power, but about working together towards a common goal (Tunnard and Ryan, 1991). It involves attitudes, skills, policies, decision-making, services, accountability, and openness. It seeks to build on existing strategies of families, acknowledge power differences, and to work positively with difference (Boushel and Lebacq, 1992).

(2) Mandate: Government must provide both the mandate and framework for collaboration. Unless this is specified, some agencies will continue to opt out. Collaboration across Government is also vital. Multidisciplinary work that relies on the co-operation of individuals is not enough. What is required is inter-agency work in which organizations work together.

(3) Structures: Formal structures at both national and regional levels are required to underpin collaboration. In the UK the system of Area Child Protection Committees at a local authority level, have provided a crucial mechanism for the development of inter-agency policy, planning, training and monitoring, as well as for case management co-ordination. However formal administrative linkages are fragile unless they are embedded in a network of effective informal relationships. Thus there is a need for complementary *informal* local networking structures, through which issues that cannot be tackled at the formal levels can be processed (McFarlane and Morrison, 1994). These include: clarifying local roles; developing trust; sharing anxieties; conflict resolution; and identifying resources and needs. Too often, without such networks, negative experiences of the formal structures such as case conferences go uncorrected, undermining future co-operation.

(4) Philosophy of Intervention: Attention to role and structure will be of limited effect if there is no shared value base, or clarity about the aims of collaborative intervention. In a climate of rapid change, attention to values and rationale is easily lost. But neither legislation nor inter-agency procedures can work if they are interpreted differentially by different groups

according to their own value system about child abuse. Any discussion of intervention philosophy must consider the balance that is to be struck between preventative and protective approaches, and between care and control. The place of prosecution and the degree to which abuse is to be seen as a crime are crucial elements in this debate. Failure to make clear the real issues of power and authority implicit in child protection work will leave the professional community with an ambivalent and ambiguous mandate. Again Government has a central role in establishing a coherent philosophy of intervention linked broad national child protection objectives.

(5) Polices and procedures: Once underlying principles are established, agency and inter-agency procedures are essential. Staff must know both what is expected by their own agency in terms of working with other agencies, as well as what they can expect from other agencies. Such procedures need to be clear, credible, congruent, resourced, monitored and owned at senior inter-agency level. Role clarity is a pre-requisite of multi-agency working. Families too should be informed about agency policies, standards, and means of redress.

(6) Training: Multi-agency training is potentially one of the most powerful catalysts for collaboration. Certainly, in the UK Government funding for such training has had an immense impact on the quality and extent of inter-agency work. However, such training cannot be a substitute for in-house training, where the ethos and practice of collaboration needs to be implanted from the earliest stages of professional development. Multi-agency training needs to be owned by management, and located within an explicit framework of inter-agency structures and policies. Finally this form of training must attend not only to knowledge and skills, but also to values, especially around discrimination, perceptions, roles, feelings, and conflict resolution.

(7) Provision: The nature and range of intervention required has been discussed earlier. Without post-abuse services there is a real danger that child protection will be seen as a system that can identify and label problems but which cannot assist in resolving them. Such systems run the danger of professionals, courts and families opting out altogether. As Challis et al. (1988) have observed, collaboration exists not merely when the machinery is in place but when it is there are processes of joint working, delivering concrete outputs to children and families.

(8) Supervision: It would be hard to overstate the importance of supervision in the management of child protection. Deficits in supervision have been a persistent theme in child abuse inquiries. Once poor practice escapes supervisory scrutiny in the initial stages of case management, the evidence is that it is extremely difficult to remedy (D.O.H., 1991). Whilst the concept of supervision is mainly associated with the social work profession , all those involved in child abuse would surely recognize the need for structured opportunities to reflect on practice, judgements, feelings and prejudices. Indeed anti-discriminatory practice will make little progress without such forums. Management support systems for all agencies dealing with child abuse should have a structure for such reflection. Worryingly, however, the trend away from professional, towards general management, has eroded the quality and availability of supervision. The quality of child protection work will never improve unless agencies understand and invest in supervision (Morrison 1993).

(9) Quality Assurance: Given public concerns about the management of child abuse, clear standards and quality assurance processes are required now more than ever. This means minimum standards, complaints and appeals and procedures. Meditation facilities are also required, to reduce the adversarial nature of user-agency, and some inter-agency relationships, and it has been suggested that the creation of a children's' ombudsman might

be one way of achieving this. Child protection systems must demonstrate publicly, an ability and determination to be self regulating.

(10) Staff Care: The Orkney Inquiry made explicit reference to the problem of stress in working with abuse. It stated: "Generally employers are not sufficiently alert to the problem of stress. Too often admitting stress can be seen as a sign of admitting failure or weakness" (Clyde, 1992). If collaboration is in part designed to share anxiety, then it follows that staff care should be a proper concern not just at an individual agency level, but also at an inter-agency level. This means far more than the provision of staff counselling. It starts from the premise that managers need to provide a comprehensive infrastructure for practice, which means paying serious attention to all of the building blocks described here (Fig. 3). Staff care exists when organizations attend to their staff's needs for identity, esteem, efficacy, meaning, belonging and growth. Without this staff will not be able to go on day after day listening and responding to the pain, disruption, grief, loss and violence that is child abuse. Their partnerships with clients will be partial engagements focused on following procedures, rapid turn-over, and personal survival, whilst avoiding the emotional realities and meanings of the children and families with whom they work.

Conclusion

Partnership and collaboration are complex concepts, which demand the re-valuation of old attitudes, and the courage to change. They are not a recipe for a conflict-free child protection process. They are, however, the signposts to the next stage in confronting the profound challenge that child abuse represents to the nature of society. They ask it once again what price the good society will pay for its children.

For child abuse not only harms individuals, but it also undermines their capacity to participate in society by attacking the basic sense of trust in oneself, without which a democratically autonomous person cannot exist (Bross, 1991). As Brandt Steele (1987) has repeatedly commented, we take for granted the enormous investment needed to prepare an engineer, accountant doctor or scientist. Yet we have still to recognize the committed and sophisticated effort required to create a competent, caring, trustworthy, ordinary but very human citizen for today's world."

3.3 The Role of Volunteers

Citizens of communities volunteer endless numbers of hours in many organizations to enhance organizational and community capacity. The role of volunteers can be defined as "any activity, which involves spending time, unpaid, doing something, which aims to benefit someone (individuals or groups) other than or in addition to close relatives, or to benefit the environment" (Institute of Volunteering Research, 1997). This is a very general definition intended to be inclusive and representative of the broad spectrum of volunteer activities in a multitude of sectors, including the arts, sports, cultural and social services.

Volunteers contribute significantly to the health and well-being of their communities. Citizens are committed to being engaged in the community for the advancement of the whole. "In 1991, the Decima Research Group found that 62% of Canadians agreed or totally agreed that getting involved with a charity was one of the best ways they could improve their community. And, they perceived volunteering as an activity that held the potential to make a difference." (Hall, McKechnie, Davidman, Leslie, 2001, p. 6) Volunteering is one mechanism for community engagement and involvement in a significant manner. This effectively serves to add a component of quality assurance.

This strong link to community can be reinforced with demonstrated corporate support. Recognition of volunteers from the corporate sector contributes to the sustainability of companies and communities. This serves to highlight the interdependence of relations between the corporate and voluntary sector in order to facilitate a healthy environment. Greater corporate involvement with volunteer organizations and support to employees could increase the number of volunteers and strengthen the link between the corporate, public and not-for-profit sector. Employers can take a proactive role in improving volunteering by continuing to support employees' volunteer activities. Prospective employees evaluate employers on being good corporate citizens. Corporations have begun to develop formal programs to encourage, recognize and support volunteering by employees. Such programs may include grants, matching contributions and time allotments. Overall, this increasing recognition of the value of volunteers will improve the recruitment and retention of volunteers in all sectors.

Achieving the strategic shifts

Volunteers provide an invaluable link to the community and the potential to develop and enhance community capacity. This method of community engagement demonstrates the congruence of utilizing volunteers to the ministry's strategic shifts. In particular, the use of volunteers in areas of governance, strategic planning and service delivery addresses the following strategic shifts:

- Promoting family and community capacity to protect children and support child and family development
- A community-based service delivery system that promotes choice, innovation, and shared responsibility
- Making strategic investments in capacity and resiliency building, and providing funding for programs and services known to work
- Enabling communities to develop and deliver services within a consolidated, coherent, community-based service delivery system

- Open, accountable and transparent relationships.

Volunteer requirements

Individuals volunteer for many reasons; however, "belief in a cause and the opportunity to use one's skills are the top motivators for volunteering" (Hall et al., 2001, p. vii). Many volunteers cite being personally affected by the cause of the organization and having a desire to give something back to the community.

As well, volunteers hope to derive some benefits from participating with an organization. Individual benefits for the volunteer may include:

- gaining a variety of skills from their activities to enhance their professional or personal lives
- personal satisfaction
- exploring one's own strengths
- contributing to the community
- broadening personal and professional networks.

Barriers to volunteering are primarily time-related. However, personal expenses, including the costs of transportation and childcare, can also be a significant barrier. Other barriers include how the volunteer may be treated by an organization, such as the lack of clarity of position, an undervalued position or a lack of respect.

In working with volunteers it is essential to ensure that activities will serve both the organization and the volunteer. Awareness of their requirements allows the development of a volunteer program that will serve the volunteer both professionally and personally.

Volunteer involvement

Given the top motivators of volunteering being the belief in a cause and the opportunity to use one's skills, organizations should be attentive to how volunteers become involved. "Just under half of volunteers initially become involved in volunteering because someone approached them from an organization. This suggests that the recruitment activities of volunteer organizations are an important determinant of rates of volunteering in the country." (Hall et al., 2001, p. 11) Volunteers become involved through other means, such as approaching the organization themselves (16%) or by family or friends being involved or by being a member of the organization. Marketing and recruitment strategies should form a crucial part of a volunteer program.

**Figure 13. How Volunteers Became Involved
with Social Service Organizations**

*Sample size limitations affect the reliability of these estimates
**For each volunteer event reported, volunteers were asked how they first became
involved with the organizations for which they volunteered
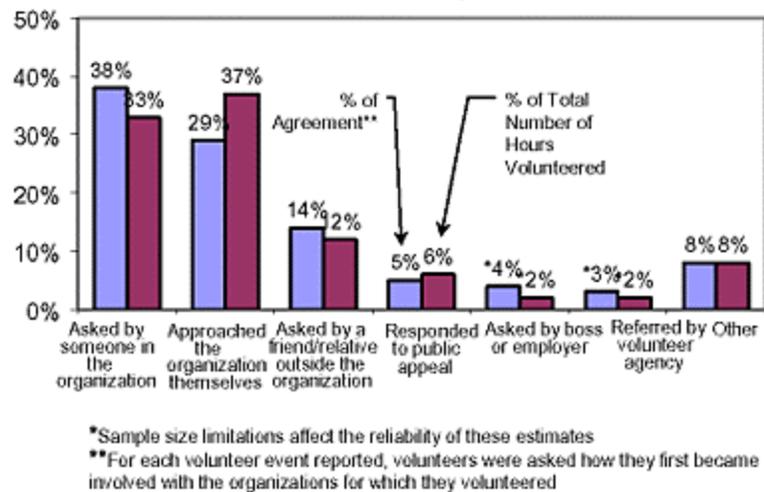
The organizations that attract the largest numbers of volunteer hours are youth services with 24%, followed by self-help and child services with approximately 10% respectively.

(Source: Heinz, L. [2001]. *Voluntary social service organizations in Canada: Public involvement and support*. Canadian Centre for Philanthropy.)

Type of volunteer activity

Activities involving volunteers range from clerical work to front-line service delivery to fundraising and public speaking:

- organizing or supervising activities or events (51%)
- canvassing, campaigning or fundraising (44%)
- serving as an unpaid member of a board or committee (38%)
- performing office or administrative work (28%)
- providing information or helping to educate people, influencing public opinion or lobbying others on behalf of an organization (27%)
- teaching or coaching (26%)
- providing care or support to others (23%).

(Source: Saunders, S. (2000). *Giving and volunteering in British Columbia: Results from the national survey of giving, volunteering and participating.* Canadian Centre for Philanthropy.)

The types of volunteer activity in B.C. have remained relatively constant for several decades and are similar to other jurisdictions. However, a distinct trend is emerging for the requirement of short-term volunteer opportunities with defined tasks. The number of volunteers is increasing, as are the needs of organizations, but the length of commitment is being altered to meet the competing demands on individuals. The challenge for organizations is often seeking long-term commitment in exchange for training in an attempt to ensure stability for program delivery and organizational governance/planning.

Volunteers donate their time in a variety of settings. The following categories are ranked by the percentage of volunteer hours:

- arts, culture and recreation organizations (26%)
- social service organizations (20%)
- religious organizations (16%)
- education and research organizations (11%)
- health organizations (9%)

(Source: Saunders, S. (2000). *Giving and volunteering in British Columbia: Results from the national survey of giving, volunteering and participating.* Canadian Centre for Philanthropy.)

Organizations and programs

Both the government and the voluntary sector need to recognize the necessity for partnership to improve the quality and quantity of service delivery. "The voluntary sector provides fertile ground for innovation in service delivery, and can target its services in ways that governments find difficult" (Report of the Joint Tables, 1999, p. 17). To ensure successful collaborative partnerships, bridges should be established between the voluntary sector, communities and government. These relations provide invaluable contributions to the capacity and resiliency of the communities. The role of government should be to work with the voluntary sector, communicate openly, and facilitate voluntary sector involvement in policy development. The voluntary sector can operate in an open and accountable manner in establishing partnerships, sharing information and functioning in an advisory capacity.

The federal government convened joint tables on the voluntary sector in 1999 to address three primary issues: building a new relationship, strengthening capacity and improving the regulatory framework. Equal representation from government and the voluntary sector formed the membership. The project was called "Working Together: A Government of Canada/Voluntary Sector Joint Initiative." A formal report was issued in August 1999 with many recommendations for augmenting the capacity of the voluntary sector. Currently, a small secretariat continues the work of the Privy Council Office's Voluntary Sector Task Force. The provinces and territories are engaged from the lens of the voluntary sector contributing to government policy practices.

Social service volunteers

Many social service organizations are dependent on volunteers to enhance their capacity and range of service delivery. Volunteers in an organization facilitate the involvement of different age groups to recognize the diversity of the community. In Canada, 14% of all volunteer hours are contributed by individuals between the ages of 15 and 24. (See Appendix C for the Social Service Volunteer Population Profile.) This effectively creates an opportunity to influence the governance and service delivery of an organization. Programs use volunteers in providing counselling, mentoring and crisis support. "Social services accounted for the second largest number of volunteer hours" (Heinz, 2001). As the number of social service agencies increase and client demand increases, recruiting and retaining volunteers is a challenge facing many organizations. "A survey of social service agencies published in 1999 by McPharlane and Roach revealed that the demand for volunteers among these agencies was on the increase and agencies were

experiencing difficulty recruiting volunteers, indicating a possible shortage of volunteers" (Hall et al., 2001, p. 8).

There does appear to be more volunteer involvement with education and religious organizations. As service delivery capacity increases, so does the demand for volunteers, with a correlation between the increase in workload and the level of responsibility. The role of volunteers in the contracted social service sector appears to be more formalized and supervised to meet this increased responsibility. This creates additional strain for agencies during times of fiscal restraint and impedes their ability to effectively utilize volunteers in varying aspects of program delivery. "Several studies have indicated that organizations are struggling to make effective use of volunteers because of lack of capacity to recruit, co-ordinate, and retain them" (Hall et al., 2001, p.8). Often the necessary infrastructure does not exist to support volunteers in an appropriate manner.

Types of programs

Volunteer programs should enhance existing service delivery capacity and not exist as replacements for professionals during times of fiscal restraint. In the social service sector, many agencies rely entirely on volunteers for service delivery. Youth justice, crisis lines, lay counselling programs, victim services, mentoring, life skills, supplemental support to counsellors, self-help groups, and not-for-profit boards are some of the ways volunteers are used. Youth programs, alcohol and drug services and parenting groups often use volunteers who mentor as one component of a comprehensive support program. Agencies such as police-based victim services, sexual assault centres, transition homes, and general crisis services offer crisis lines. These crisis lines are virtually supported by volunteers who have been trained by the respective agencies.

Lay counselling programs are entirely volunteer-based with a strong infrastructure to support and supervise volunteers who deliver counselling services. These programs offer extensive group training for individuals interested in offering counselling. Over an eight-to-10–month period, both personal issues and professional skills are emphasized in an intensive group format. Upon completion of the group, individuals will offer a minimum of 250 hours of service to the agency. Another area where volunteer counselling is offered is self-help groups consisting of individuals who are passionate about a subject or issue, such as Alcoholics Anonymous, and Friends of Schizophrenics. These groups are key to the foundation of community support and advocacy available for children and families.

Cross-jurisdictional research

Western Australia

In the Department for Family and Children's Services Annual Report 2000/01 it was noted that "approximately 600 volunteers provided unpaid work across the portfolio" (Western Australia Department for Family and Children's Services, 2001, p. 21). These volunteers would work in a variety of settings and programs, including Parent Link home visiting services, crisis care, youth and family centres, telephone information and referral services, and public speaking.

Canada

"Volunteering for social services by Canadians varied from province to province. The highest social service volunteer rates were observed in Nova Scotia (13%), Manitoba (12%), and Saskatchewan (12%)" (Heinz, 2001).

Alberta

The Children and Family Services Authority in the Calgary Rockyview Region utilizes volunteers primarily in their Community Co-ordinating Councils. These councils act in an advisory capacity for the community and service providers. Some of the community resource centres may use volunteers in a range of activities, including driving, mentoring and office work.

The Alberta Child Welfare Handbook references the use of volunteers as outlined in the Regional Authorities Business Plan. The Regional Directors will set all procedures and standards. This reference is primarily utilized in defining contracting relations with service providers.

The Sakaigun Asky Children and Family Service authority has a draft policy on volunteers to ensure adherence to the Child Welfare Act and Child Welfare Handbook. This draft policy addresses the use of volunteers in direct service provision roles and advisory committees. However, no volunteers currently work in direct service provision.

Ontario

In Children's Aid Societies in Ontario, volunteers are involved in governance as board members and in service delivery. In service delivery provision, volunteers take on many roles; for example:

- child access volunteers—supervise visits between children and their families
- preschool volunteers—assist preschool staff in several programs
- recreation volunteers—volunteers serve as mentors in group recreational activities with children
- tutors/mentors—assist children and youth with academic subjects.

As well, volunteers assist with clerical, driving and office support to social work teams.

Legal and human resource implications

Labour environment

The issue of using volunteers within the context of a paid workforce is defined in case law. Some of the factors considered in defining an employee relate to the number of hours of work, the assignment of specific tasks, the amount of responsibility, and the extent to which the worker is integrated into the employer's business. "The concerns included fears about volunteers replacing paid workers, relying on volunteers to fill gaps left by government cutbacks, volunteer liability, maintaining organizational confidentiality, and about volunteers not having the necessary qualifications" (Hall et al., 2001, p. 6). As such, a balance needs to be established between appropriate utilization of volunteers and non-displacement of employed workers. Some labour representatives express concern regarding volunteers assuming too much responsibility. Most collective agreements do not make specific reference to the use of volunteers.

The organizational flexibility will often dictate the use of volunteers. In non-unionized, not-for-profit organizations, the use of volunteers is assumed and essential in the delivery of services, and displacement of workers is not a key concern. There is an awareness that without volunteers the breadth of services in the social service sector would not be feasible.

Risk management

To address concerns with risk management, organizations need to have a comprehensive volunteer program. This program would include adequate screening, criminal record checks, training, monitoring, and supervision. Screening should include assessment of skills and competencies and exploring personal attributes for suitability. Such attributes include "…self-awareness, warmth, empathy, commitment to patient confidentiality, an ability to relate to professionals as well as to patients and families, a willingness to learn, a non-judgmental manner, and an awareness of their reaction to stress" (Turner, 2002, p. 382).

Criminal record checks are essential in most agencies. The Ministry of Attorney General places high priority on the safety of British Columbia's children. The Criminal Records Review Act helps protect B.C. children from physical and sexual abuse by making criminal record checks mandatory for anyone who works with children, or who may have unsupervised access to children in organizations that are operated or licensed by or receive operating funds from the provincial government. Recently, municipal police departments have implemented a surcharge for processing criminal record checks. These fees may range from $10 to $25. Many agencies have not budgeted for this expenditure, and processing many applications may be an undue burden and serve as a barrier for recruiting new volunteers.

Comprehensive volunteer job descriptions are a necessity to ensure proper selection for qualifications and to establish clear expectations from the perspective of the volunteer. "An explicit accountability structure for the volunteers, and identification of the appropriate roles and functions for volunteers, including clarification of the standards and skills required"(Turner, 2002, p. 379).

Agencies will need to develop adequate policies and procedures around such issues as confidentiality, conflict of interest, and limits to volunteer participation. In conjunction with effective screening, monitoring and evaluation, comprehensive policies this will serve to minimize the level of risk and potential liability associated in using volunteers.

Accreditation can be another effective mechanism to reduce risk. The Council on Accreditation Standards addresses the use of volunteers who provide direct service within an agency. The standards clearly address screening, role descriptions, recruitment, supervision and recognition. The standards reiterate the necessity for a comprehensive policy that is congruent with risk management.

Liability

The provincial contractor's insurance, the Government Master Insurance Program, offers third-party comprehensive liability insurance that provides protection against third-party claims. Comprehensive liability insurance is the general policy an organization would purchase. It will protect the organization against losses from theft, fire and claims by individuals. In a recent survey conducted by the Social Planning and Research Council of B.C., 90% of respondents felt their insurance was adequate.

However, insurance is important to cover the board of directors and any volunteers utilized in service delivery aspects of the organization. Part 1, Section 5 of the Society Act states that "a member of a society is not, in the member's individual capacity, liable for a debt or liability of the society." Many concerns have been expressed about liability of directors on a governing board. A 1999 Supreme Court decision in Bazley vs. Curry about vicarious liability has heightened apprehension amongst voluntary organizations. In this decision, directors were held liable for a decision made by the organization. Directors and officers insurance will assist in providing protection of personal loss for directors.

The Public Service Employee Relations Commission has a policy directive on the use of volunteers in the public service. The policy clarifies employee/employer relations, orientation and training, role definition, and responsibilities of ministries utilizing volunteers. In particular, this directive outlines the need for criminal record checks for those volunteers working with children. As well, the policy clarifies accident and liability insurance parameters for volunteers. The Workers' Compensation Board does not cover volunteers as such. An accident and liability insurance plan should cover volunteers; however, this needs to be noted on the insurance policy.

Volunteer opportunities in a community governance model

In a community governance model all representatives of the boards will be volunteers from the community. Hence, volunteers will work within the organizational infrastructure to further the mission, goals, and objectives of the regional authority.

From a planning perspective, community councils could be established to assist the boards in assessing local needs and remaining connected in each geographic community. Community members would take an active role as volunteers to determine local need, capacity, and emerging issues to ensure that service delivery models are responsive and appropriate.

With a community-based model of service delivery, partnership and collaboration can be emphasized to broaden the amount of support available in the community. Volunteer work can be used to complement or support professional social work practice.

In the future, organizations will need to be attuned to changing demographics and social change that will affect volunteering and volunteer management. The social and economic value of volunteers to the community and government may evolve during times of fiscal restraint and changing needs in communities. This may have a dramatic impact on the ability to recruit and retain volunteers. One significant responsibility is to improve volunteer management capacity. A framework contained in Appendix D outlines the type of capacity necessary to create the infrastructure to support a comprehensive volunteer program responsive to changing needs.

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Appendix A: Current Trends in the Voluntary Sector

The following trends and statistics have been extracted from various sources to provide an overview of the voluntary sector.

Canadian statistics

- "Approximately one-third of Canadians volunteer, and about 8% of volunteers contribute 72% of all volunteer hours" (Hall, 2001, p.vi). This amounts to 6.5 million Canadians contributing their time to voluntary organizations.

- "Almost two-thirds of Canadians, aged 18 to 35, expect to volunteer at some point in their lives" (Voluntary Sector Initiative, 2001, p.1). "Their efforts over the course of a year equate to 590,000 full time jobs or a labour force that is greater than most provinces" (Hall et al, 2001, p. 1).

- Only 8% of these volunteers contribute three-quarters of the hours. Hence, "any decline in the participation of these highly active volunteers is likely to have large repercussions on the overall availability of volunteer time" (Hall et al., 2001, p. 1).

B.C. volunteer statistics

- 32% of all British Columbians volunteered nearly 169 million volunteer hours
- There are over 21,000 registered societies in B.C.
- The proportion of the population volunteering in B.C. has increased over the past decade
- Total volunteer hours have increased by 25% over the past decade
- Highest average volunteer hours: British Columbia, 169 hours

(Source: Saunders, S. [2001]. Volunteering in British Columbia. Canadian Centre for Philanthropy.)

Cross-jurisdictional research

- Highest volunteering rate: Saskatchewan, 47%
- Lowest volunteering rate: Quebec, 22%
- United Kingdom:
  - Type of involvement of volunteers:
    - Sport and exercise, 26%
    - Children's education and schools, 23%
    - Religion, 23%
    - Health and social welfare, 19%
    - Level of volunteering has decreased in past six years from 51% to 48%
  - Volunteers worked four hours a week in 1997
  - Most common volunteer activities are fundraising, organizing events and committee work
  (Source: Institute of Volunteering Research. [1997]. *1997 national survey of volunteering in the UK*. Institute of Volunteering Research.)
- Western Australia:

- In 1995, 261,800 people contributed 46 million hours of unpaid work
- Volunteers worked in sport/recreation, education, welfare/community and religious organizations

Appendix B: Profile of British Columbia Volunteers

	Profile of British Columbia's Volunteers	Profile of British Columbia's Population	Volunteer Rate (%)	Average Volunteer Hours	% of Total Volunteer Hours
Total					
Age					
15–24	14%	16%	28%	99	8%
25–34	22%	20%	36%	164	21%
35–44	24%	21%	37%	173	25%
45–54	19%	17%	36%	180	20%
55–64	9%	11%	28%	172	10%
65 and over	12%	15%	24%	233	16%
Sex					
Male	44%	49%	29%	180	47%
Female	56%	51%	35%	160	53%
Marital Status					
Married & Common Law	65%	61%	34%	183	70%
Single, Never Married	24%	27%	29%	132	19%
Separated, Divorced	8%	8%	33%	162	8%
Widowed	---	5%	---	---	
Education					
Less than High School	16%	23%	23%	121	12%
High School Diploma	18%	21%	28%	157	17%
Some Post Secondary	14%	14%	33%	185	15%
Post-Secondary Degree	32%	30%	35%	174	33%
University Degree	20%	13%	48%	197	23%
Labour Force Status					
Employed	66%	59%	36%	160	62%
Full-time	47%	46%	33%	165	46%
Part-time	19%	13%	46%	148	16%
Unemployed	---	6%	---	---	---
Not in the Labour Force	29%	35%	27%	199	34%
Household Income					
Less than $20,000	15%	22%	22%	170	16%
$20,000–$39,999	21%	24%	28%	201	25%
$40,000–$59,999	26%	22%	38%	196	30%
$60,000–$79,999	19%	17%	37%	128	15%
$80,000–$99,999	9%	9%	35%	118	7%
$100,000 or more	10%	7%	43%	153	9%

(Source: Saunders, S. (2000). *Giving and volunteering in British Columbia*. Canadian Centre for Philanthropy)

Appendix C: Social Service Volunteer Population Profile

	Profile of Social Service Volunteer Population	Profile of Canada's Population	Volunteer Rate (%)	% of Total Hours Volunteered
Total				
Age				
15–24	18%	17%	10%	14%
25–34	19%	19%	9%	20%
35–44	25%	22%	10%	19%
45–54	17%	17%	9%	18%
55–64	9%	11%	8%	11%
65 and over	11%	15%	7%	17%
Sex				
Male	45%	49%	8%	51%
Female	55%	51%	10%	49%
Marital Status				
Married & Common Law	61%	61%	9%	60%
Single, Never Married	27%	26%	9%	26%
Widowed	4%	6%	6%	5%
Separated, Divorced	8%	7%	11%	9%
Education				
Less than High School	18%	30%	5%	15%
High School Diploma	17%	19%	8%	19%
Some Post Secondary	12%	10%	11%	15%
Post-Secondary Degree	32%	28%	10%	32%
University Degree	20%	13%	14%	19%
Labour Force Status				
Employed	64%	59%	10%	57%
Full-time	47%	47%	9%	42%
Part-time	17%	12%	13%	15%
Unemployed	5%	5%	9%	5%
Not in the Labour Force	31%	35%	8%	38%
Household Income				
Less than $20,000	17%	24%	7%	19%
$20,000–$39,999	24%	25%	9%	28%
$40,000–$59,999	25%	23%	10%	23%
$60,000–$79,999	16%	15%	10%	15%
$80,000 and over	18%	14%	11%	15%

(Source: Heinz, L. [2001]. Voluntary social service organizations in Canada: Public involvement and support. Canadian Centre for Philanthropy.)

Appendix D: Framework for Enhancing Capacity

Working Together: A Government of Canada/Voluntary Sector Joint Initiative

The joint initiative by the Government of Canada and the Voluntary Sector, "Working Together", examined the relationship between government and the voluntary sector with an emphasis on accountability, governance and strengthening capacity. A fundamental concern was identified regarding capacity of organizations. There is inadequate organizational support, infrastructure and capacity to offer the necessary screening, supervision, monitoring and evaluation necessary for volunteers.

In a report of the joint tables, a comprehensive model to enhance capacity is outlined as a framework for organizations. The objective of enhancing capacity in the voluntary sector addresses the need to add to existing strengths and to remove barriers and hindrances that impede progress. This generic framework was established to address the necessary components to be considered from a capacity perspective. The framework addresses four areas essential for strengthening the infrastructure of the organization to enhance capacity: financial resources, human resources, knowledge and structural capacity.

Financial resources

An examination of the financial resources available is a key determinant in capacity. An environment that is capable of mobilizing resources from a variety of sources will increase flexibility. Sufficient, consistent funding should be made available to voluntary organizations to allow for strategic planning and broadening of service delivery. As well, financial management capabilities for raising and managing money should be examined.

Human resources

To develop human resources capacity, the areas of leadership, people resourcing and volunteer management are foundational to an organization's ability to provide and contribute to the sector. Operations management, skill development and maintenance have an impact on recruitment and retention of qualified staff and volunteers.

Knowledge

The development of knowledge in the sector greatly affects the level and type of capacity available. Research, information, data collection and policy capacity are essential for strong collaborative partnerships with other organizations and government. Communication mechanisms will enhance the capacity of knowledge in the voluntary sector.

Structural capacity

An organization's structural capacity consists of the following elements: physical assets, technology, administrative and legal. "Strengthening structural capacity contributes to more and better networking and collaboration at the sector level, between and within organizations"(Report of the Joint Tables, 1999, p. 33).

3.4 Including Children and Youth in Community Partnerships

Partnerships with children and youth are required under the CFCSA. The United Nations (UN) Convention on the Rights of the Child also mandates a child's or youth's participation in matters that affect them. When creating an opportunity for collaboration with children and youth, it is important that the opportunity is connected to an issue that is relevant to the child or youth involved. The objectives and boundaries of the partnership and the roles of the participants should be clear from the beginning. As well, indicators or goals for effective participation should be developed. Marginalized children should also be included and encouraged to participate (UNCF, 2001).

The benefits of partnership for children and youth

The benefits of partnership for children and youth include gaining an awareness of how systems that affect their lives operate, and having a chance to meet with children from different environments, ethnicity, ages and experience. In addition, the experience of partnership will increase skills and qualities such as self-esteem and confidence, and these in turn will improve their chances of a healthy transition into adulthood (UNCF, 2001).

Approaches to partnership

Including children and youth in community partnerships can be approached in several ways:

- A consultative process allows adult professionals to gather information from children and youth regarding their experiences in order to improve legislation, policies and services that affect them. The adults lead and manage this process and the children and youth have no control over the ultimate outcome; however, they are given an opportunity to contribute toward influencing the outcome. The key component is that adults in positions of power recognize the validity of children's and youth's experience, in that their experiences differ from the experiences of adults, and that these experiences are used to inform decision-making processes (UNCF, 2001).

- Participative initiatives actively involve children in the development of services and policies that affect them. These partnerships are initiated by adults, but necessitate some sharing of power between adults and children and youth by allowing direct input from them to shape and inform decisions. The partnerships involve the creation of a means through which children and youth can challenge or influence outcomes. This usually involves the child or youth taking self-directed action once the project is underway (UNCF, 2001). Projects that begin as consultative exercises often move on to become participative as the adults and children and youth develop new ways of working together. Participative projects often address areas of a child's or youth's life (where they want to achieve change and may focus on the improvement or development of new services).

- A project also may include research involving children and youth as researchers, which enables them to define the research agenda and investigate the lives of children and youth.

Examples of partnerships with children and youth

Since the ratification of the UN Convention on the Rights of the Child, there have been many programs, positions and projects developed with the goal of increasing children's participation. The UK has been especially active in this area.

UK examples include:

- creation of the Office of the Children's Commissioner
- Article 12—a Scottish Web connection for children and youth focused on rights
- British Youth Council
- Local authorities multimedia consultation with disabled children regarding service delivery.

Other international examples include (UNCF, 2001):

- Youth Councils, France
- Child to Child Project, Nicaragua
- Voices of Filipino Children
- Justice for Children, Bangladesh
- Listening to the Voice of Young People, Lao People's Democratic Republic.

There is a lack of available outcome measures to gauge how efficient these programs are at effective participation. Including an outcome-focused, organized partnership with children and youth in community governance would make B.C. a forerunner in this area.

Suggestions

- Organize youth boards at the community level, which would inform local service providers of local issues and needs of children and youth. The board could organize child- and youth-focused group projects of their choice. From these community youth boards, an elected member would represent the local youth board on a regional youth board, which would serve as an advisory board to the regional authorities. The goal of the boards would be to help children and youth gain an understanding of how systems that affect their lives operate, and allow them to contribute and influence outcomes for children and youth.
- Use a children's rights–focused Web site/chat room to educate and inform, as well as allow children and youth to connect with others across the province.

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Appendix A: Article 12, Convention on the Rights of the Child

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

3.5 Strategies to Promote Inter-Ministry Collaboration

In an effort to support families and communities in providing the best possible future for children and youth, a number of provinces and territories have established inter-ministerial committees, councils, secretariats or coalitions. Although the structure and membership of the committees varies, the goal of the committees is to encourage collaborative efforts between communities and government to address the needs of children and youth. The existence of an effective inter-ministerial committee is an indication that collaboration and integration of policies and services for the healthy development of children and youth is a high-ranking government priority.

Within government there are often many departments or ministries that are involved in providing services or determining policies that affect children, youth and families. There is a growing recognition that an integrated and co-ordinated government-wide (Municipal, Provincial and Federal) effort is essential for the effective and efficient development and delivery of programs, services and policies. Without this integration one ministry or level of government may develop policies that may have unforeseen consequences for programs and services provided by another ministry.

The focus of inter-ministerial committees is to promote collaboration among governments, ministries, departments and authorities together with communities and families. The overall goal is to improve the well-being of children and youth. Through the joint efforts of all partners, issues can be effectively addressed and direction can be provided for the development of long-term policies, strategies and initiatives.

Scope

This paper describes strategies that promote inter-ministry collaboration at the highest organizational level. There are many other equally important strategies that promote collaboration among ministries at the regional and community level. However, efforts to collaborate among ministries and departments at these levels will be undermined without strong and ongoing collaboration at the most senior organizational level. That level is the focus of this paper. A discussion of strategies to promote collaboration among ministries and agencies at the community level can be found in the papers "Strategies for Building Capacity in Service Delivery" (3.2) and "Strategic Service Delivery Considerations" (4.2).

Characteristics and conditions of effective inter-ministry committees

According to the literature there are various *characteristics* of effective inter-ministry committees. Such committees:

- require leaders who have the skills, relationships and vision to transform individual interests into a dynamic collective force that is able to achieve targeted outcomes

- must ensure the participation of community organizations and citizens, including youth

- need formalized processes and procedures that clarify staff and member roles and responsibilities and provide clear guidelines for all of the processes involved in the collaborative work

- must have a well-developed internal communication system that promotes information sharing and problem discussion and resolution

- must have or acquire the human and financial resources to perform collaborative work
- are flexible and responsive—they must be able to address emergent issues, respond to feedback and evaluation data, dialogue about problems and seek external information and expertise
- need the capacity to design and implement innovative programs and policies that will have a meaningful impact within communities.

Additionally, there are at least four *conditions* that must be in place for provincial inter-ministerial committees to be effective:

- There must be a clear vision and agreed-upon expectations and outcomes for the committee from the outset.

- There must be a high level of commitment and support for the committee from within government. Ministers and senior-level executives of involved ministries must participate directly. Potential strategies for ensuring this include legislating such committees, as proposed in the UK; including them in the performance agreements of ministers, deputy ministers and assistant deputy ministers; or offering incentives to those who participate.

- Those serving on the committee must have the capacity and authority to make the necessary decisions to implement the agenda of the committee (e.g., policy direction, resource allocation, etc.).

- The committee must have an adequate consolidated budget to resource necessary initiatives.

Inter-ministry committees in British Columbia

In 1979, Inter-Ministry Children's Committees (IMCCs) were established in B.C. in an effort to provide vehicles for co-ordinated responses to case management issues at the local, regional and provincial levels. Over time, formal IMCCs ceased to function in a number of areas.

In 1991, a Child and Youth Secretariat was created in government to focus responsibility for co-ordination, integration and implementation of inter-ministry policies and programs for children and youth. This body consisted of assistant deputy ministers and senior staff from the ministries of Attorney General, Education, Health and Social Services. One of the Child and Youth Secretariat's major initiatives was the creation and support of local and regional Child and Youth Committees (CYCs) throughout the province, which still exist in some communities. Local membership on the CYCs included municipal officials, non-government agencies, youth, parents and other stakeholders. The Child and Youth Secretariat was disbanded in 1995 shortly before the present ministry was created. The rationale was that amalgamating the child-serving programs of various provincial ministries into a single children's ministry (MCFD) would make the secretariat redundant.

There is a significant difference between the secretariat in B.C. and successful inter-ministerial committees in other provinces as described in this paper. The membership of the secretariat was at the assistant deputy minister and senior management level, whereas committees in other jurisdictions are led by ministers or deputy ministers from the participating ministries.

Currently in B.C. an inter-ministerial committee or council does not exist. Ad hoc committees generally are formed around specific issues and are usually short-term in nature. Issues are normally discussed at the deputy minister level. A "leading ministry" may be assigned to co-

ordinate and collect information on a particular topic from other ministries. This information is then given to deputy ministers for discussion.

Elements of committees

(See Appendix A for a detailed overview.)

Goals

The goals of the committees are usually broad-based, and use early intervention and population health models. Typical goals include ensuring that children and youth will be emotionally and physically healthy, safe and secure, socially engaged and responsible, culturally connected, and successful at learning to their fullest potential.

Membership

For committees to be effective, their agenda must address issues identified by the community and reflect the involvement and participation of the community, including youth. One means of addressing this issue is to establish regional sub-committees. The subcommittees may include representatives from regions, service providers, citizens, parents and youth. Another is to have the committee composed of ministers from government ministries and departments that have involvement with children and youth issues. Ministry staff typically support the committee's administration and research.

Here are two examples of committee memberships (see Appendix A for additional examples):

- In Saskatchewan, the Council on Children was established under the Action Plan for Children. The Action Plan is an interdepartmental initiative involving nine ministries. Members of the council are appointed and usually are from non-government agencies. Each department or ministry is allotted a specific number of nominations. In addition, two members from the Interdepartmental Steering Committee are on the council. The role of the Interdepartmental Steering Committee is to support the council. The interdepartmental committee meets monthly and creates more focused working groups as needed. The council provides a forum for discussion and direction to government in the areas of health, justice, education, recreation, housing and other issues related to the well-being of children. The council gives advice to the six ministers responsible for the Action Plan.

- Likewise, in Manitoba, the Healthy Child Committee of Cabinet includes the ministers from seven ministries and is chaired by the Minister of Family Services and Housing. The deputy ministers of the seven partner departments are also involved in a committee called the Healthy Child Deputy Ministers' Committee. This deputy minister's committee is responsible for implementing the policies and initiatives within and across departments.

Objectives

Although the various committees are charged with a variety of responsibilities, typically the committees are involved in developing and evaluating approaches and long-term strategies to improve the supports and resources for children, youth and families. The initiatives emphasize community-based early intervention and prevention programs and services. Co-ordinating and integrating policies, programs and services across government and at a community level are other areas of concern for the committees. Annual reports are produced, and include the objectives and achievements of the committees.

Examples of initiatives arising from inter-ministerial committees

Alberta

The Children's Mental Health Initiative (CMHI) is one of the co-ordinated activities implemented as part of the Alberta Children and Youth Initiative (ACYI). Working collaboratively, the Alberta Mental Health Board, government ministries and their agencies, regional health authorities, and contracted service providers developed a provincial integrated policy framework for a comprehensive system of mental health services for children and youth.

Manitoba

Healthy Child Manitoba works with community agencies, service providers and health professionals to offer strategies and interventions that reduce risk factors for youth, including reducing the likelihood that they will become teen parents. In 2001/02 an interdepartmental working group, co-chaired by Healthy Child Manitoba and Manitoba Education, Training and Youth, was established to develop a provincial approach to Healthy Adolescent Development, as part of the broad youth strategy being developed by Manitoba Education, Training and Youth. A focus of the committee's work was working with community partners on the development of a strategic plan for a teen pregnancy prevention media campaign.

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Appendix A: Survey of Inter-ministerial Committees or Councils

Province	Name of Committee	Partners	Purpose
Alberta	Alberta Children and Youth Initiative (ACYI)	• Alberta Children's Services • Alberta Learning • Alberta Health and Wellness • Alberta Alcohol & Drug Abuse • Commission • Alberta Mental Health Board • Alberta Aboriginal Affairs and Northern Development • Alberta Community Development • Alberta Human Resources and Employment • Alberta Solicitor General	Introduced in 1998, ACYI is a collaborative partnership of government ministries working together on issues affecting children and youth. Child and youth issues cross many government ministries. There is recognition that a co-ordinated government-wide effort is critical for the effective and efficient support of children, youth and their families.
Saskatchewan	Council on Children	• Saskatchewan Education • Saskatchewan Post-Secondary • Education and Skills Training • Saskatchewan Health • Saskatchewan Intergovernmental and Aboriginal Affairs • Saskatchewan Justice • Saskatchewan Municipal Affairs and Housing • Saskatchewan Social Services • Saskatchewan Women's Secretariat • Saskatchewan Northern Affairs	The council was established under the Action Plan for Children, which is an interdepartmental initiative involving nine ministries. Members usually are from non-government agencies, and are appointed. Each department is allotted a specific number of nominations. Two members are from the Interdepartmental Steering Committee. Provides a forum for discussion and direction to government in the areas of health, justice, education, recreation, housing and other issues related to the well-being of children. Advice is provided to the six ministers responsible for the Action Plan, as to what the council considers to be priorities for action. This plays a role in the development of a children's agenda in Saskatchewan.
Manitoba	Healthy Child Committee of Cabinet	• Ministry of Family Services and Housing • Ministry of Health • Ministry of Justice and Attorney General	Bridges departments and governments and together with the community, works to improve the well-being of Manitoba's children and youth. Co-ordinates and integrates policy, programs and services

		• Ministry of Aboriginal and Northern Affairs • Ministry Responsible for the Status of Women • Ministry of Education, Training and Youth • Ministry of Culture, Heritage and Tourism	across government for children, youth and families using early intervention and population health models.
Northwest Territories	Leadership Council	• Minister of Health and Social Services • Deputy Minister of Health and Social Services • Chairs of the Authorities	The council has been tasked with the stewardship and direction setting of the health system. The leadership council sets priorities for health and social services system and brings issues from the communities to the table.
Prince Edward Island	Children's Secretariat	• Ministry of Health and Social Services • Ministry of Education • Ministry of Development and Technology • Ministry of the Office of the Attorney General • Ministry of Community and Cultural Affairs	To improve outcomes for children in health, behavioral and emotional development and readiness to learn. To work together to promote healthy public policy for children and meet the collective responsibility for children's health and well-being.

3.6 Review: *Community Work Approaches to Child Welfare*

To prevent or not to prevent? That is not the question. Rather, it seems that most people in the social services field, despite their political orientation, are quite united in accepting the case for prevention and early intervention. This is common to many fields: education, mental health, corrections, child welfare, and so on. *Community Work Approaches to Child Welfare*, edited by Brian Wharf, explores the experiences of a few modest attempts in doing preventive community social work.

In the traditional approach to child welfare, clients are inspected and assessed by risk assessment instruments. This is tantamount to being treated as objects. Social workers are prevented from assisting families by massive caseloads and the emphasis on increasing surveillance and control of staff in the organization of the work. Community social work is a neglected but potentially powerful strategy to improve child welfare. However, the contribution of community social work can only be realized if it is "nested in a set of progressive social policies."

Invariably, across jurisdictions, there has been a gradual shift over the last 15 years or so from a more supportive child welfare practice to unsupportive child protection. The book in essence argues that the risk paradigm may no longer be sustainable; it is a flawed paradigm and lacks effectiveness. That is, there have been few appreciable improvements in outcomes.

Lessons learned

The failure of the risk paradigm

Risk has become institutionalized and dominates policy makers, managers and front-line workers. This has resulted in a preoccupation with high-risk cases and adversarial relations with clients who are scrutinized through risk assessments. There has also been a distorted distribution of resources: time and money. For example, many referrals or reports are filtered out in the intake process. This is costly.

The risk paradigm has the advantage of protecting policy makers and, seemingly, of protecting children. As well, it allows for investigation when things go wrong, leading to someone being held accountable. This accountability has led to increased regulation, controls and inspection. This gives the impression to the media and public that protection will be adequately supervised. However, the resulting uniformity and standardization has been shown to inhibit grassroots, community-based organizations.

The result of the risk paradigm is a pathological view of families. Risk reinforces an individualistic (anti-community) approach to practice. There is a focus on personal deficits and weaknesses of parents, such as addiction, unstable relationships, and immaturity. Personal problems dominate other key issues as most live in poverty, inadequate housing and unsafe neighbourhoods. Personal issues predominate when public issues are mostly overlooked. Front-line workers normalize poverty. Risk assessments largely ignore influences of gender, race and culture.

Advantages of a community approach

The community approach is not a threat to mainstream policy and practice. Moreover, it could help transform investigations from being intrusive to being an offer for help and support by integrating the support and investigative functions—it engages people in a collaborative way. This may sound simplistic, and certainly not all parents will respond to this approach, particularly in cases of extreme abuse and neglect or when issues such as alcohol and drugs and mental illness are the central features of the parents' life.

Some common themes arise in the various chapters of the book, such as citizen involvement, which builds community capacity in responding to abuse and neglect. Day care, family places, recreation and other formal resources can be planned, developed, located and tuned to community needs by the users. A sense of community can be established or rediscovered. There are also many benefits for parents and individual families; for example, improved problem-solving capacities and relationships. Assistance for isolated mothers and families having difficulties is seen as quite normal and not a pathological case of maternal failure. The services recognize the hard work that mothers do and focus on support, mutual aid and citizen involvement in decision making and service delivery. There is a need to move beyond a mere client-service model.

Increasing citizen involvement has been shown to strengthen social provisions or resources. Citizens can be involved in the development and management of programs and concrete resources in community. The development of formal resources such as day care, family places, mutual aid, recreation and so on are connected to increased community capacity. These programs, in turn, are tools for the prevention and response to abuse and neglect. Citizens should be involved in locating programs and tuning them to community needs. In general there is the possibility of rediscovering or establishing a sense of community.

Types of neighbourhoods

Community, particularly the notion of neighbourhood, is important in the lives of families, as it conveys a sense of belonging. People tend to have shared values and interests, and some common goals can be identified. Typically, geographical boundaries describe a neighbourhood, but often people share common demographic characteristics (e.g., class, race, etc.). In a secure neighbourhood, there is sometimes a sense of shared history.

It is very important to understand that there are different types of neighbourhoods. For example, they range from those where individuals are in close contact with each other but participate in activities outside the neighbourhood to neighbourhoods with little social cohesion or interaction. Other neighbourhoods include those that have a strong ethnic and homogenous character with little interest in happenings outside neighbourhood; those where individuals share many interests but these commonalties don't lead to action; those where people engage in activities primarily for advancing their careers; and those that are characterized by constant change.

Some of these neighbourhoods will have many difficulties in organizing to respond to child abuse and neglect. However, it must be noted that the requirements needed for community organizing in the various types of neighbourhoods is lacking in the literature.

Neo-conservative governments see community as a place to off-load human service responsibilities, but this is a double-edged sword: (1) off-loading may weaken community capacity, but (2) community may assume increased importance for ordinary citizens and be an antidote for alienation. Neo-conservative politicians are championing a return to community care,

but the idea of neighbours helping neighbours in a spirit of kindness and generosity belies the reality that some families and communities can be places of intolerance and cruelty.

Potential strategies

Best practices
If a community work approach is to have any success, there is a need to clarify the role and functions of community organizers, especially vis-á-vis the agency as a whole. In addition, the agency must have a mission statement and program goals supportive of community work approach. Other needs include ongoing support from within agencies, especially a manager dedicated to the community organizing unit; commitment to social change and responses to social injustice; and recognition of the need for time to develop trust and build relationships. The mission of the community work unit must be a mission of the overall agency.

Staff characteristics
The personal characteristics and values of staff are seen as more important than skills and knowledge. Staff can provide a support and protection function if they operate with respect and include families in problem definition and planning. They need to be frank and open and provide information. They must be comfortable with people, have maturity and experience and like to spend time in the community. They must be able to accept some uncertainty and ambivalence. And they need to have supervision that provides leadership by modeling the approach, and to be able to deflect contradictory demands from the organization.

Mutual aid organizations and natural helping networks
There is scant research done on the effects of various community-based strategies in child welfare. Two are cited here. In Ontario, members of mutual aid organizations "used care about one-half to one-third as frequently as the comparison sample." That is, parent mutual aid organizations may help with isolation and loneliness, which are typically experienced by a family using child welfare services. Winnipeg produced similar results to Ontario's experience by increasing formal and informal social supports.

Both studies achieved similar results to those from numerous studies in various countries. Surprisingly, child welfare agencies have given limited attention to mutual aid and natural helping networks, concentrating instead on individual approaches such as risk assessments.

Community resource centres, family resource programs and neighbourhood houses
The literature describes agencies providing user-friendly services, which includes involving users of services in the development of programs and policies. This results in strengthening the confidence and self-image of residents. The organizations are firmly rooted in the community development framework; they provide practical responses to locally defined needs and focus on open access, self-referral and user participation. The Canadian Association of Family Resource Programs is engaged in a project to find common ground between child welfare agencies and family support programs. The following table describes the current differences between the two approaches to child welfare (which should not be seen as mutually exclusive).

Family Resource Programs	Child Welfare Agencies
• Informal and user-friendly, trust-based	• Formal
• Family and community strength-based	• Authoritative
• Defined by their approach to working with families	
• Focus on prevention/early intervention	• Focus on intervention and risk analysis
• Engaged in community building, social planning and advocacy	
• Work to ameliorate effects of poverty, history of poor parenting and isolation	• Work to address risk factors
• See FRPs as a voluntary service	• See FRPs as an involuntary intervention strategy • Unreasonable expectations of FRP services
• Accountable to board, community and funders	• Accountable to courts, legislative mandate and government
• Bottom-up, egalitarian, supportive environments	• Top-down, large, bureaucratic, team-based organizations • See staff as more qualified than FRP staff
• Like to work and consult with parents to self-report child protection concerns	• Concern that consultation with parents will contaminate the investigative process
• Concern that CP reports will jeopardize relationship with the parent	• Concern that CP reports be made regardless of relationship between parents and FRP staff
• Work focused on a general population – families with young children	• Work focused on specific target – families where children are "at risk"
• Typically have a good understanding of child development and attachment	• General lack of understanding of child development and attachment
• Tendency to work collaboratively	• Tendency to be dictatorial

Bridging the gap between child welfare agencies and family resource programs is very important—whether they already exist or are being planned. There must be increased understanding of each other's work and a concerted effort at building personal relationships. Conflicts must be addressed in a positive manner. Other important features are consultation about specific concerns of at-risk children and supporting families in the family resource programs that are also clients of a child welfare agency.

Challenges

There are many barriers to adopting a community-based approach to child welfare. For example, there is a lack of community social work education and a lack of commitment to prevention. Indeed, what is missing is an understanding about what prevention means. Community work is seen as a conflict-oriented methodology

Not to be minimized is the prevalent conservative political view of community work. In this view there is a tendency to see voluntary community activity as an antidote to state-supported services, which are seen to undermine people's willingness to collectively solve problems. However, this can lead to an unrealistic John McKnight–type solution. McKnight decries community development workers who have usurped the natural helping capacity of communities: he feels this capacity only needs to be nurtured. However, McKnight's work is liked by neo-conservatives who want to dismantle social programs, and by social democrats who want to enhance citizen involvement. Funding is problematic when community work is seen as antithetical to government's policies.

Conclusion

"In view of its attraction to senior policy-makers, we do not see the risk paradigm as being in imminent danger of collapse. But we are of the view that risk is basically a flawed paradigm. It treats line staff as technicians and those being served as objects and will ultimately fail and be replaced. At that point, some policy specialists will be required to make the case for a community paradigm that protects children by involving parents and 'eyes on the street.' A consortium of those being served, line workers, staff of First Nations agencies, and community-oriented academics would be an ideal group to lead the way."

References

Wharf, B. (2002). *Community work approaches to child welfare.* Peterborough, Ontario: Broadview Press.

THEME 4: SERVICE DELIVERY

Service delivery to children, youth and families in need will be the fundamental activity and responsibility of the regional authorities. As such, it is important to identify the key elements that will be used to inform the planning, assessment and evaluation of all aspects of this new community-based service delivery system.

Five papers on service delivery were written for and presented to the steering committee:

- 4.1 Core Service Requirements for Regional Child and Family Development Authorities and Aboriginal Authorities
- 4.2 Strategic Service Delivery Considerations
- 4.3 Results: An Approach to Outcomes and Organizational Objectives
- 4.4 Assessment Tools to Promote Collaborative Practice and Service Delivery
- 4.5 Approaches to Community-Based Service Delivery.

A number of accountability and quality improvement papers that were not written exclusively for the committee were also presented; however, they have not been included here.

4.1 Core Service Requirements for Regional Child and Family Development Authorities and Aboriginal Authorities

Establishing regional authorities will provide new opportunities for community-driven decision-making and flexibility in responding to the unique circumstances of communities. At the same time, services in communities should be consistent with legislation, government priority, and principles that support the best possible practices of service delivery.

As part of the ongoing planning for regional governance each authority will create a service plan outlining the core services available to children, youth and families in each community. These service plans will be negotiated with the ministry and approved by the minister.

The purpose of this paper is to support the work of interim authorities in planning for regional governance and preparing the service plans by describing the core service requirements. Some core service requirements are specified in legislation or by government priority. Others are key principles consistent with the ministry's six strategic shifts. The core service requirements support high-quality services according to current available research and emerging practices that show promise. Further targeted service areas will be delineated as part of these negotiated service plans.

Instead of specifying each core service, the paper looks at core service requirements. Defining core service *requirements* establishes the parameters or conditions against which service plans can be measured while still allowing flexibility in *what* services are provided and *how* they are provided. This paper describes a framework of core service requirements. It should be used in both the development of service plans and their evaluation. The framework of core service requirements is a "living document." Over time it will need to be adapted and updated in keeping with changes in legislation, new research protocols, and shifts in the priorities of government and regional authorities. This framework is consistent with the strategic shift of enabling communities to develop and deliver services within a consolidated community-based service delivery system.

This paper is intended to cover the child, youth and family services that are considered the responsibility of regional child and family development authorities and Aboriginal authorities. It does not cover services provided by the community living services authority. Some services will continue to be provided by the provincial authority and be accessible to the regional authorities. Provincial practice protocols outline procedures for the delivery of specific services provided by more than one ministry or agency. They will need to be developed collaboratively and care must be taken to ensure they remain consistent with service plans. Services that will continue to be provided by the provincial authority include:

- youth custody centres
- Youth Forensic Psychiatric Services
- Maples Adolescent Treatment Centre
- provincial services for children and youth who are deaf and hard of hearing.

A detailed description of these services is included in the Provincial Services discussion paper, which is included in Appendix A.)

This paper outlines core service requirements in five general areas. It begins by listing a number of service principles that describe the attributes of high-quality service delivery. These principles will help to guide authorities in their planning. The paper then outlines relevant legislation, international agreements and federal-provincial protocols with which authorities will be required to comply. The government priority section identifies a number of core service areas that are not necessarily legislated, but relate to the ministry's core goals and objectives. Cost-sharing programs then provide information on programs that must be delivered in order to receive federal funding. The paper also includes other information sources related to core service planning.

Principles to support quality services

The following are service principles that support best practice while building on existing community capacities. These principles are supported by current research on services to children, youth and families. They are consistent with certain policies, protocols and legislation in B.C.'s child-serving system. Their purpose is not to restrict creativity in the planning for flexible and community-based services, but to guide and promote the development of high-quality services.

Outcomes-oriented and evidence-based

Services should be oriented toward outcomes to ensure that the focus is not simply on program design and delivery, but also on what needs to be achieved and the results of services.

Accessible

Services are to be accessible to children, youth and families with demonstrated need.

Community-based and flexible

Services should address the vulnerabilities and needs as well as the strengths of children, youth, families and communities. Services should be designed to build capacity in communities. Community involvement and ownership facilitates greater choice and innovation in designing and delivering services.

Citizen involvement

Community members, including children and youth, are to be given opportunities to have meaningful involvement in the policy and program planning, design, delivery, monitoring and evaluation of services.

Staff professional development

The greatest resource for services is the people who provide them. Service providers should demonstrate a commitment to the professional growth of their staff members, encourage their involvement in decisions that affect their work, and hold them accountable for results.

Culturally, gender-, and religion-sensitive and appropriate

Families and communities need services that are relevant and sensitive to issues affecting their parenting, family and community. Services must be sensitive and appropriate to the culture, gender, sexual orientation and religion of those receiving the services.

Collaboration and integration
Wherever practical, services are integrated with those provided by other ministries and agencies, and with other informal supports that exist within communities.

Preventive
Services are geared to preventing problems rather than reacting to them. The focus is on wellness and prevention rather than on targeting problems and deficits.

Holistic and comprehensive
Services are to be child and family focused, not one or the other. They address the needs of children and youth in the context of their families and communities.

Assessment driven
Proper assessment and planning are key to an effective system of supports and services for children, youth and families.

Legal requirements, protocols and memoranda of understanding
Service plans must comply with relevant laws at the provincial, federal and international levels.

Domestic legislation
Services must be delivered in accordance with relevant enabling legislation. Provincial and federal statues that enable the many services provided for in B.C. include:

- Community Services Interim Authorities Act
- Office for Children and Youth Act
- Child, Family and Community Service Act
- Adoption Act
- Mental Health Act
- Young Offenders (British Columbia) Act
- Correction Act
- Family Relations Act
- Community Care Facility Act
- Society Act
- Freedom of Information and Protection of Privacy Act
- Infants Act
- Youth Criminal Justice Act (federal – not yet in force).

International conventions
Service plans must also be consistent with Canada's international legal obligations, specifically our commitments under the United Nations Convention on the Rights of the Child and the Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption.

The United Nations Convention on the Rights of the Child has four guiding principles that require services:

- be non-discriminatory in nature (article 2)
- be consistent with the best interests of children and youth (article 3)
- promote and safeguard the survival and development of children and youth (article 6)
- recognize the potential of children to enrich decision-making processes, to share perspectives and to participate as citizens and actors of change (article 12).

With respect to adoption services, the Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption outlines three key objectives:

- to establish safeguards to ensure that intercountry adoptions take place in the best interests of the child and with respect for his or her fundamental rights as recognized in international law
- to establish a system of co-operation among Contracting States to ensure that those safeguards are respected and thereby prevent the abduction, the sale of, or traffic in children
- to secure the recognition in Contracting States of adoptions made in accordance with the convention.

Federal and provincial protocols and MOUs

Federal and provincial protocols and memorandums of understanding (MOU) must also be considered in the establishment of core services, as many have a direct impact on service delivery.

Service delivery to Aboriginal children and families is the subject of an MOU among the Union of B.C. Indian Chiefs, The First Nations Summit, the Métis Provincial Council of B.C., the United Native Nations and the Province of British Columbia. The purpose of the MOU is to establish a joint dialogue and decision-making process regarding general and systematic issues relating to the safety and well-being of Aboriginal children and families that:

- is on a government-to-government basis
- recognizes that First Nations, the Métis Nation, Inuit and other Aboriginal Peoples assert jurisdiction over their children and families, regardless of residency
- recognizes the importance of transferring the delivery of services to Aboriginal communities
- draws on the expertise of Aboriginal service delivery agencies and research institutions
- reflects the historic and new relationship established at Tsawwassen on June 11, 2002.

Protocols and MOUs that iterate separate and distinct funding arrangements include:

- Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories
- Protocol between the Ministry of Children and Family Development and the B.C. College of Physicians and Surgeons
- Protocol for Investigating Allegations of Abuse and Neglect in Foster Homes
- Protocol: Child, Family, and Community Services and Police
- MOU: Ministry of Children and Family Development, Youth Custody Services, and Youth Forensic Psychiatric Services regarding assessment and treatment services for young offenders

- MOU: Ministry of Children and Family Development, Ministry of Public Safety, and Solicitor General providing for the effective administration of court orders involving both young and adult offenders
- MOU: Ministry of Children and Family Development and the Ministry of Education regarding the provision of school programs and services for young offenders
- MOU: Ministry of Children and Family Development and B.C. Board of Parole with respect to the administration and enforcement of youth court orders
- MOU: Ministry of Children and Family Development and the Ministry of Attorney General regarding the administration and operation of shared information systems involving young offenders and the transportation of young persons in custody
- MOU: Ministry of Children and Family Development and the Solicitor General of Canada pertaining to the effective administration of adult sentences where the offender is placed in a youth custody centre
- MOU: Province of British Columbia and the Government of Canada regarding cost sharing of services provided in relation to the Youth Criminal Justice Act.

The *B.C. Handbook for Action on Child Abuse and Neglect* is a guide for child, youth and family development services. Several other protocols have been established by agencies including the Insurance Corporation of British Columbia, Ministry of Health Services, Medical Services Plan Operations, and the Office of the Chief Coroner, to address the issues of reporting and information sharing. Local protocols may exist between health authorities, education, First Nations and community agencies. These should be considered in the context of service delivery from a regional perspective.

Government priority

The Ministry of Children and Family Development is required to develop service plans. Typically plans will serve the people of British Columbia for two to three years. Each plan will outline the direction of the ministry in addressing its commitments and other identified priorities of government. Service plans developed by the regional authorities must be consistent with the ministry service plan and with the priorities established by the ministry and government. (See the ministry Web site: http://icw.mcf.gov.bc.ca/)

Services required under federal cost-sharing agreements

The delivery of some services requires addressing key objectives as specified in the applicable federal agreements to fulfil cost-sharing commitments. These services include early childhood development (ECD) and youth justice.

Early childhood development

The Early Childhood Development Agreement was announced by the First Ministers in September 2000. This agreement establishes requirements for ECD and proposes a nationwide vision that serves to enhance programs and services. The intention is to build on existing provincial investments that are core and should be maintained. This vision emphasizes a cross-government strategy for children from preconception to six years of age. The four key areas are:

- promoting healthy pregnancy, birth and infancy, including outreach, support and education

- parental and family supports
- early childhood development, learning and care
- strengthening community supports to plan for comprehensive, integrated ECD systems.

Youth justice

There is a federal/provincial agreement for the cost sharing of young offender programs and services. Under the current agreement the province has received increased funding for "high-priority" programs and services. The funding increase is subject to the province maintaining historic levels of spending on these programs and services. A substantial portion of the new funding has been allocated to new services required under the Youth Criminal Justice Act (to be proclaimed 2003). These include Intensive Support and Supervision Program and conferencing.

Other information sources related to core service planning

Other related documents that will assist with service planning include:

- System of Care Discussion Paper and Companion Document
- Draft Framework for Children and Youth with Special Needs
- B.C. Early Childhood Development Action Plan
- Service for Young Children with Sensory Impairments in British Columbia.

Authorities will also be guided and supported by the corporate accountability and performance framework, performance agreements with the authorities, accreditation standards, and service standards.

The requirements defined in this document are consistent with the above-mentioned mechanisms of accountability. Furthermore, protocols will need to be developed between regional authorities and the provincial authority with respect to provincial services.

Appendix A: Provincial Services Discussion Paper

Background

The Ministry of Children and Family Development (MCFD) is moving toward regional governance of children and family development services involving five regional CFD authorities and five Aboriginal CFD authorities. The MCFD regional authorities will be organized along the same geographical boundaries as the five Ministry of Health Services (MOHS) regional authorities. MOHS is not, however, composed of only five authorities but also has a sixth "provincial services" authority responsible for programs that provide specialized services to the entire province – including, for example, Women and Children's Hospital, B.C. Cancer Agency, Riverview Hospital, (adult) Forensic Psychiatric Services, etc.

MCFD will similarly have separately administered provincial services. The difference from the organizational structure of MOHS, however, is that MCFD Provincial Services will continue to be directly delivered by the ministry and, where there are relevant contracted services, those contracts will be directly managed by the ministry. (Most provincial services are directly – FTE – delivered; contracted services, unlike the regional CFD authorities, are a relatively small component of most provincial services).

The reason MCFD provincial services will continue to be directly delivered by the ministry is that there is not a demonstrably clear benefit to establishing another authority to govern these services. The regional CFD authorities exclusively involve community-based programs providing services to local/regional populations. Accordingly, there is a clear benefit to establishing local/regional governance of these programs in the interest of tailoring the delivery of these programs to accord with identified local/regional needs and circumstances. In contrast, Provincial Services will principally (but not exclusively) involve specialized institutional and residential programs (e.g., youth custody, Maples) that provide services for clients from the entire province.

Criteria for provincial services

The criteria for determining whether programs should be administered by Provincial Services are that they:

- provide services to the entire province
- are specialized either in terms of type of services (e.g., youth custody, forensic psychiatric) or population served (e.g., the deaf)
- cannot be devolved to regional governance because to do so would compromise effectiveness or efficiency, or it would be unfeasible to do so (e.g., insufficient critical mass).

Current provincial services

At present, provincial services include:

- **Youth Custody Centres:** There are six youth custody centres located in Burnaby (2), Victoria, Campbell River, the Kamloops area and Prince George. There are three legal types of custody: remand custody for those awaiting trial or sentencing, secure (sentenced) custody,

and open (sentenced) custody. Legally, open and secure sentenced youth must be separated. There are 269 beds in total operating capacity. Due to a declining population, the Boulder Bay and Centre Creek youth custody centres have recently been closed and the operating capacities of the remaining centres have been reduced. B.C. has, by far, the lowest per capita rate of use of youth custody in the country. Current budget is $37.6 M. and 460 FTEs.

- **Youth Forensic Psychiatric Services (YFPS):** YFPS provide specialized inpatient and outpatient court-ordered and court-related assessment and treatment services for young offenders under youth justice community supervision and in custody. Specialized program services include treatment programs for sexual offenders and violent offenders. There is an eight-bed inpatient assessment unit in Burnaby; directly delivered outpatient clinics in Burnaby, Langley, Victoria, Nanaimo, Kamloops, Kelowna and Prince George; and contracted services in smaller communities throughout the province, along with travelling clinics. Current budget is $12.07 M. and 106 FTEs.

- **Maples Adolescent Treatment Centre:** The Maples is a designated provincial mental health facility that provides residential care and treatment for the most seriously mentally disordered youth admitted under the Mental Health Act or found unfit or not criminally responsible by the youth courts, and develops community care plans and provides outreach support and respite services. Current capacity is 38 beds. An eight-bed residential program (Orinco) will be re-deployed to a community-based service on a two-year pilot basis in 2003/04. Current budget is $9.7 M. and 157 FTEs.

- **Provincial Services for the Deaf and Hard of Hearing (PSDHH):** Provincial Services for the Deaf and Hard of Hearing include the Victory Hill Residential Program, which enables access to deaf educational services; the Family and Community Development Program, which provides outreach family and community support services; the Deaf Access Office; and contracted services that provide mental health, early childhood development and social support services to deaf and hard-of-hearing persons and families. The Victory Hill residence in Burnaby has a 30-bed capacity and provides school-week and school-year residence for children and youth from the Northern and Interior regions, and the Vancouver Island region (outside of Victoria). Current budget is 4.9 M. and 28 FTE's.

- **Willow Clinic:** Willow Clinic is a 25-bed tertiary care facility for developmentally disabled adults who are dually diagnosed as having significant psychiatric or mental health problems. Current budget is $6.05 M. and 73 FTEs.

- **Migrant Services:** The Migrant Services program provides specialized community services for refugee children, including foster home placement, independent living arrangements, and linkages and co-ordination with child protection, federal immigration, and multicultural/refugee services. Current budget is $0.6 M. and 2 FTEs.

Program review

A program review is currently underway to determine whether all of the services listed above will remain with Provincial Services.

Note: Willow Clinic will be transferred to the Community Living Services Authority. In all likelihood, Migrant Services will be transferred to the Vancouver/Coastal CFD authority due to a declining service demand and a more localized principal destination of clients (i.e., Vancouver airport).

Services currently under consideration for administration by Provincial Services include:

- After Hours
- specialized nursing support services
- At Home Benefits Program
- some adoption services
- some specialized provincial contracts.

Note: Safe Care, to be implemented in 2005, will likely be administered by the regional authorities.

Administration

Presently, provincial services are administered by the Child and Youth Mental Health and Youth Justice Division, which is also responsible for child and youth mental health, youth justice and (non-protection) youth services policy, planning and leadership.

The current organizational arrangement is arguably problematic and inconsistent with the future organizational structure of the ministry. In this regard, community child and youth mental health, community youth justice, and community youth services – along with early childhood development, child protection and family development services – will all be administered by the CFD regional authorities, but the policy and planning functions for these services are currently separated at headquarters. Arguably, these policy and planning functions could and should be integrated, thereby reflecting and supporting the integrated CFD regional authorities. As well, under the current ADM structure, the ADM is, in effect, a CEO of Provincial Services operations and also responsible for headquarters policy, planning and leadership in specified areas. Arguably, policy/planning and service delivery functions should be separated.

To address this, consideration is being given to establishing a CEO for Provincial Services and folding community child and youth mental health, youth justice and youth services into an integrated CFD policy and planning headquarters unit.

Organizational relationships

As noted at the outset, Provincial Services is, in effect, a "sixth region" that provides specialized services to clients who originate from, will return to, and/or will continue to or concurrently receive services from the CFD regional authorities. In the interest of ensuring as seamless a service delivery system as possible, there is a need to establish effective organizational and working relationships between the CFD authorities and Provincial Services. This could be accomplished by:

- the CEO of Provincial Services participating in an Executive Council along with the CEOs of the CFD regional authorities
- establishing protocols between Provincial Services and the CFD regional authorities defining roles and responsibilities, and working relationships, especially in relation to referral, admission, information sharing, transition planning and discharge
- establishing an Advisory Board for Provincial Services, potentially composed, among others, of representatives of the boards from each of the CFD regions

- possibly establishing financial relationships wherein each of the CFD regional authorities would be assigned a "fair share" of specific Provincial Services and be financially responsible for utilization in excess of that fair share.

4.2 Strategic Service Delivery Considerations

The purpose of this paper is to promote discussion and develop key strategies to address service delivery issues to ensure the effectiveness of services for at-risk children, youth and families during and after the transition to community governance by regional authorities. This paper is a work in progress, and will be altered as people or organizations interested in working together make suggestions to resolve the issues and develop creative solutions.

Other jurisdictions have found that moving to a community governance model in and of itself will not necessarily achieve all the positive outcomes for children, youth and their families envisioned by more community involvement. Much will depend on how well the service delivery model supports the development of the capacity of families and communities to protect vulnerable children and youth, to provide stability and permanence for children and to decrease the numbers of children in care. A number of issues related to the current service delivery model need to be discussed thoughtfully with concerned children, youth, families, citizens, academics and the helping professions involved. Strategies should be developed to assist new governance bodies in developing and supporting a more coherent, more comprehensive and responsive system of services for children, youth and their families. Strategies should be based on emerging evidence about promising programs and service approaches, reasonable and achievable expectations for outcomes, and appropriate community organizational involvement in planning and oversight mechanisms.

Issues

There is a growing recognition across the country that the way we deal with children, youth and families in the child welfare system does not provide the most desirable outcomes. In spite of progressive legislation, strong standards and efforts to provide more safety through risk assessment approaches, we have seen more children in care, lengthier stays in care and few resources specifically allocated to ensure an early permanency plan that provides children and youth with continuity of nurturing relationships.

The stories in the press are generally critical of an over-stressed and under-resourced child welfare system. Currently many jurisdictions across North America and internationally are re-examining the way services are delivered to children, youth and families. Most have come to the conclusion that child protection services can no longer bear the sole responsibility for protecting children and youth—that it requires a broader array of parents, public and private agencies, organizations and individuals within and outside government to carry out this fundamental public responsibility (Farrow, 1997).

The government of B.C. expects the Ministry for Children and Family Development (MCFD) to develop a very different service delivery system within a reduced budget. What is envisioned is a community-based system of family services that advances the safety and well-being of vulnerable children and youth. This can only be done with the agreement and partnership of people and organizations within the community and the willingness of the public system to change. Experience in other jurisdictions suggests that this takes time, patience and perseverance. There are some common stages through which most communities progress as they attempt to move towards a partnership model. The first step is coming to some general agreement to begin to work together to develop a system with better outcomes for vulnerable children, youth and families.

In order to make the dramatic changes required, people involved need to have a shared vision about the long-term outcomes they want for children, youth and families. Ideally, community members, organizations and workers in the public system should have the time to discuss the impediments and opportunities and arrive at agreement on the process for change, and on the major short- and long-term directions to be taken to achieve the vision. The vision should not simply be decentralizing what exists today, but looking at what is possible for the future, based on what we know is best for children, youth and families. Ideally this would be a culturally sensitive, integrated service delivery model with a range of community-based services from preventive services through early intervention and family support to crisis response, child protection, permanency planning, mental health treatment and youth services—all easily accessible in community settings.

The impact of this kind of profound organizational change on professionals and service providers in the current system should not be underestimated. Morrison (1998) notes that similar changes in the United Kingdom created anxiety and temporary loss of confidence among even the most experienced professionals and agencies about two things:

- whether with the new emphasis on partnership with parents, children will go unprotected
- whether there will be the resources to fulfil the preventive ethos that underpins the desired reforms (Morrison, 1998).

This paper outlines a few key issues or considerations and potential strategies for the beginning dialogue. The list is not exhaustive, but starts with the premise that we need to make major changes to the way we work with families and communities, and in order to do that we may have to change the way we think and act. We will need new skills. We will likely have to change internal procedures and policies to provide incentives for more flexible approaches. This is not an easy task, and may mean a change in the way people are hired, trained and supported.

Moving to a community social work model of practice

Our current system has focused on a deficit or risk model of child protection. This approach has come into question as the Canadian Incidence Study of Reported Child Abuse and Neglect (2001) and other incidence studies indicate that a very small number of children and youth in care have suffered severe harm and as the numbers of children and youth in care have soared. The vast majority of children in care have been neglected. The risk assessment models have diverted attention from the stressful environment within which these children and families live, and do not factor in the strengths in the community or family resiliency and willingness to change when given sufficient support.

There is evidence that risk assessment tools may not have predictive accuracy. In one review, Marks and McDonald found that only 50% of the 88 variables commonly relied upon as factors predictive of maltreatment had actually been empirically validated (as cited in Lyons, Doueck, & Wodarski, p. 144). Two other reviews note similar concerns that the use of standardized risk assessment instruments may be supplanting rather than complementing the social worker's clinical judgment (Michalski, Alaggia & Trocmé, 1996 p. 18; MacMillan, Steinhauer, & Chappel, 2002).

Moving from a deficit or risk model requires the immediate development of strategies to move away from the current legalistic and procedural approach focused on investigation and risk

assessment in child protection work to the strengths or welfare model followed in many western European countries. These systems prefer the broader welfare model where government authorities' efforts to assist families are aimed at strengthening, rather than diminishing, parental rights and responsibilities (Pires, 1993).

Recent Canadian researchers support similar directions. Cameron (1995) cites the gains made by child protection families participating in a parent mutual aid organization compared to others receiving traditional child welfare services, while Fuchs (1995) describes a demonstration project that reduced child abuse by strengthening social networks in a poor neighbourhood. Prilleltensky (2002) describes national and international approaches to family wellness with an emphasis on models that can be implemented. Wharf (2002) offers case studies of community social work practice that take into account the environment within which neglecting families live. The studies demonstrate that it is possible to treat those being served respectfully, involve them in making plans and assist them in building their capacity to overcome the "enormous difficulty of raising children in poverty." The experience of partnering with local neighbourhood houses has particular relevance for a more responsive approach, involving both users of services and community helpers in the early planning stages.

The broader welfare and community social work systems also limit the more intrusive, legalistic approach and organize child welfare structures around assessment, parental involvement in decisions, voluntary participation and relationship-building with the family. In some countries barriers are set up to discourage the use of the legal system; Belgium and Scotland have specific organizations within their administrative structures to deflect cases from the courts. Instead of legal processing, the key strategy for minimizing risk to children and youth is the negotiation of appropriate supports to strengthen families (Hetherington, Cooper, Smith, & Wilford, 1997).

Other jurisdictions have worked with the judicial systems to develop a more consensual style, where the negotiations involving judges are informal and occur outside the formalized legal proceedings with the intent to facilitate the desired goals within a shorter timeframe. In France, judges are trained in child development and encourage parents and social workers to come together to negotiate agreements. There is limited use of legal representation and judges try to get consent of the family to the measures ordered by the court (King & Piper, 1995). Appointed members of the Scottish Children's Panels and Italy's guardianship judges provide a similar function. Belgium provides an alternative to judicial involvement through mediation procedures aimed at assisting the parties to a dispute to arrive at a mutually acceptable settlement.

Across Canada, when a referral for a child protection concern is received, the usual response is a risk assessment approach and a child protection investigation There are child protection services that are more inclusive of family and community involvement than the traditional child protection investigation. These include family conferencing, differential response approaches and mediation. Alberta has begun to implement a differential response model, and a few other jurisdictions are experimenting with the model.

Family conferencing is a service that brings stronger family and community involvement to developing a plan to ensure safety for children and to attempt to keep them closer to their families while addressing concerns about child abuse or neglect. Demonstration projects have been undertaken in Newfoundland, in B.C. and more recently in Nova Scotia, where an Aboriginal model is being evaluated in collaboration with the Centre for Excellence in Child Welfare.

Differential response models being tested in the United States also show promising early evaluations and merit serious consideration for testing in B.C. At the front end of child protection services, reports of alleged abuse or neglect are screened to determine whether the case is appropriate for investigation. The assumption is that traditional, court-driven child protection services are not appropriate for all families. In differential response systems (also described as alternative, dual or multiple response systems) there are at least two categories of response to reports of abuse and neglect. The first category includes reports that present serious safety issues for children and youth and may result in potential criminal charges. The reports go to the "investigation track" and work is done in conjunction with law enforcement.

The second category involves low- to moderate-risk families being referred to voluntary community-based services that would stabilize the family and enable them to better care for their children. The primary emphasis of differential response is the establishing of partnerships with community-based services in order to provide a greater number of families with these services and promote community involvement in child welfare. The safety of children and youth is paramount in either approach.

Initial evaluations indicate that differential response systems have been effective in leading to positive changes in child safety, family satisfaction, lower rates of re-referral and increased community involvement in child protection. (Hernandez & Barrett, 1996; Siegel et al., 1998, cited in Gordon, 2000). *However, to ensure safety, any differential response strategy has to be able to provide timely, adequate and appropriate services in all cases of abuse and neglect.* One of the lessons being learned in those jurisdictions practising this approach is that effective tools for comprehensive, family-centred assessments have to be in place (Schene, 2002).

The Minnesota Alternative Response Evaluation (2002) cites four exemplary program elements:

- Where counties integrated this program element broadly into the existing inter-agency collaborative, it has facilitated community understanding and acceptance of the new approach.

- Screening teams in some counties involved broad representation from within the child protection system and, at least periodically, representatives from key community agencies and organizations. This inclusive approach to screening ensures that the policies, practices, goals and philosophy of the alternative response are understood by a broader set of key players inside and outside the child protection system.

- One particularly strong model integrates tribal representatives directly into the child protection process from the start, and follows the lead and judgment of the tribal social worker with the support of county officials, showing respect for the culture of the Aboriginal community.

- Quarterly meetings of social workers facilitate an exchange of experiences and practices from participating communities.

Issues regarding the sharing of information will need to be addressed to ensure that full information from all community sources is available and shared to provide for the safety of children and youth.

Mediation is another service that has been used in various parts of Canada, but it appears to be an under-utilized option (Maresca, 1995; Savoury, Beals & Parks, 1995). In one Ontario jurisdiction, a court-directed case management process has produced good results in expediting child welfare cases (Hatton & James, 1994). In B.C., the Surrey Court Project pilot was developed to shorten the timeframe required to make effective decisions for children and youth in protection cases. The

interim report (2002) indicates some promising outcomes for the facilitated meeting process, including resolving all issues in 79% of the cases, resolving 93% of the cases in one planning meeting and resolving 77% of the cases in less than 40 days from referral. The process was used in 31% of the removals during the evaluation period.

Potential strategies

Train and support workers in the community social work approach

Working in partnership with community organizations and involving families and youth in a meaningful way requires a new way of thinking and acting. It requires relinquishing control and sharing decision-making and the responsibility for the outcomes of joint decisions. This does not mean that the responsibility for quality assurance or accountability is abdicated, but it does broaden the accountability to include the community.

⇒ Provide training in community development and community mobilization approaches for workers and managers.

⇒ Develop specific outreach strategies to involve those with fewer resources or less time to participate, or who may be uncomfortable participating in the development of community-based services and support networks (e.g., shift workers, parents with child care needs, homeless youth, ethnic minorities, etc.)

⇒ Implement a change in training emphasis to teach a teamwork approach in the work with families, "working with" rather than "doing to."

⇒ Ensure that supervisors and team leaders have access to clinical supervisory and team-building training.

⇒ Design and implement a strong clinical mentoring or supervision system with senior workers/mentors to support front-line workers in new ways of working with families and communities. Supervisors/mentors should have experience in community development or working in communities.

⇒ Review administrative requirements, policies and procedures to remove tasks that could be undertaken by administrative staff or case aides to allow front-line workers and supervisors more time to build working relationships with children, youth and families.

Strengthen community access, intake and referral processes

Currently access is through a maze of entry points for families who do not require a child protection service. Families asking for help can end up at the child protection door by default because of a lack of local support services or funding arrangements that require contact with a ministry social worker to access services. A more responsive reception and intake system for families is required at the local level to provide information and voluntary referral to informal supports when required and to provide multidisciplinary assessments and linkage to the more specialized services when this is indicated. (See *Working with Community to Support Children, Youth and Families: A System of Care—Discussion Paper*, January 2002, pp. 12–13.) *Two critical factors for a responsive service identified by youth and other people using services are an informal, welcoming atmosphere in the office, and the qualities of the staff, particularly the level of empathy and respect shown to people requesting assistance.*

Some local efforts are underway. A few MCFD offices use multidisciplinary screeners. A number of agencies involved in the Western Communities project are experimenting with a responsive, shared intake system (personal communication from Jennifer Charlesworth, project facilitator).

⇒ Ensure that members of the first-line intake team at the community level are trained jointly and have ongoing support and supervision to ensure that they acquire and maintain the requisite skills, knowledge and clinical experience to make the critical early decisions about referral to voluntary community services or for more specialized services. The intake teams, currently composed primarily of social workers, family support workers and child and youth care workers may require augmentation by other clinical practitioners such as public health nurses, nurse practitioners, early childhood development specialists, mental health specialists, addictions experts, special education practitioners and community service providers, etc.

⇒ Provide guidelines and training for broader information sharing across sectors, between professionals in different disciplines and with relevant caregivers and service providers.

⇒ Identify locations in communities for developing a responsive information, referral and general intake service that screens for appropriate response and provides general information and assistance to families or referral to community-based services where appropriate. (**Note:** This process would not prevent families from accessing known available services directly. Vulnerable children, youth and families requiring specialized assessments would be referred to intake teams that provide multidisciplinary assessment services, including child protection, mental health and substance misuse.)

⇒ Pilot test a *differential response* approach to reports of child abuse and neglect. The early evaluations are promising, but this approach is relatively new and is not a panacea. The ability to keep children and youth safe is still being tested. The planning for implementation needs to take into account the adequacy of support services in the community and any adaptations to fit the context in B.C.

⇒ Review clinical literature and provide information and training on useful clinical tools to assist practitioners in the multidisciplinary assessment processes. Tools should focus not only on the child's or youth's needs or conditions, but also on the capacity of family and community to address them.

⇒ Re-assess, revise and streamline the current risk assessment tool to ensure that it includes a strengths approach and is used with full knowledge of its limitations and with appropriate clinical supervision.

Strengthen parental, child and youth involvement

The current legislation and policy encourages parental, child and youth involvement, but many practitioners acknowledge that the practice does not live up to the expectations.

Strong, supportive relationships have long been known to be at the heart of helping people in distress. This is true within families, neighbourhoods and communities and in the helping professions. "Relationship" is hard to develop when few preventive or early support services are offered and the child protection workers are reduced to what is seen as a policing rather than a helping function. Youth and even very young children can participate effectively in policy development and problem identification if their participation is taken seriously and planned with thought for their developing capabilities and unique strengths (Hart, 1977). Sharing in decision

making helps children, youth and their parents regain some control over their lives. To make improvements in this area requires work on a number of fronts:

⇒ Ensure involvement of families and youth in designing helping services by requiring regional authorities and any designated agencies to include youth and parent advisory committees to their boards, either through the accreditation process or through a legislated approach similar to the Quebec model, which has been highly successful in some agencies. In one agency, parents and youth now run their own conference annually and take part in discussions about policy and program development (personal communication from B. Kemp, Community Relations, Batshaw Youth and Family Centres, 2002).

⇒ Provide modest seed funding and technical support to self-help, mutual aid groups in the community to develop their capacity to support their members.

⇒ Develop linkages with local, regional and national endeavours to develop youth leadership and participation in community service planning (e.g., Centre of Excellence for Youth Engagement, Society for Children and Youth's Child and Youth Friendly Communities initiative).

⇒ Consider piloting a Parent Mutual Aid Organization project similar to the successful ones cited by Cameron above.

Limit the legalistic approach

Limiting the intrusive, legalistic approach may require legislative changes as well as considerable discussion with the judicial system to encourage the procedural changes required. The recommendations from several judges involved in the Ontario case management system is to allow only the most contentious cases to go to trial, and to resolve all others with alternative dispute resolution mechanisms. Family conferences and mediation appear to be promising service approaches that should be encouraged to deflect a far greater number of families from the more intrusive adversarial court process to a voluntary dispute resolution process.

⇒ Increase and strengthen the implementation of family conferencing and mediation programs by providing ongoing training and support. Experience in other jurisdictions indicates that implementation can be difficult if workers and supervisors are not well trained and clear about the parameters of these programs. Family conferencing can become overly procedural and costly if workers are not clear about who the key contacts are, and do not utilize teleconferencing and other approaches to reduce travel costs in jurisdictions with large geographic catchment areas. (Personal communication from Marilyn McCormick, Director of Child Welfare, Newfoundland, 2002).

⇒ It may be worthwhile to further review and analyze the potential for tribunal-like mechanisms as an option to the court process.

⇒ The ministry should continue working with the judicial system to address other reforms to manage cases more expeditiously once they reach the courts.

⇒ Legislative changes and judicial collaboration will provide a new framework for services, but *equally important are the information sessions and training required for social workers and those in key positions in the judicial system* as new initiatives are developed and implemented.

Strengthening permanency planning to improve outcomes for children and youth

Research indicates consistently that adopted children and youth fare better socially and educationally than those left in the child welfare system (Erich & Leung, 1998; Groze, 1996; Tatara, 1993; Westhues & Cohen, 1990). The use of guardianship as another permanency option is relatively recent, and appears to be promising through anecdotal reports, but there is scant research regarding long-term outcomes as yet.

There is no shared vision regarding permanency planning across the child welfare system. There is an urgent need to develop and implement a coherent provincial permanency planning framework for children and youth in care or vulnerable to separation from their parents. This requires the early involvement and investment of the entire child welfare system, not simply the adoption and guardianship workers who are aware of the value of early permanency strategies. Social workers who have early contact with children and youth entering care can facilitate planning for permanence by collecting crucial information and pictures to ensure that the child or youth maintains a connection to their family and culture. Some work has been done in B.C. in this area. The permanency planning framework should include incentives for regional coordination and collaboration.

Permanency planning should begin when a child or youth is at risk for out-of-home placement. It should include a strong emphasis on concurrent planning. This is a practice that is designed to speed permanence for those children and youth least likely to be reunited with their families. The service works intensively towards reunification of the family while simultaneously developing an alternative permanency plan for the child or youth (Katz, Robinson & Spoonemore, 1994). In the more traditional sequential approach to planning, a worker exhausts all possibilities for family reunification before exploring other permanency options. This latter approach can lead to lengthy delays and unplanned moves before there is concerted action toward planning for a permanent family.

In concurrent planning, the main components are:

- early assessment of the conditions that led to out-of-home placement and the likelihood of early reunification
- a thorough assessment of the child's or youth's needs
- an initial placement with a resource family or kin that if necessary is willing to become a permanent family for the child or youth
- firm timelines for permanency decision making
- development of a "Plan A" and "Plan B."

The birth parents are fully advised of both the concurrent planning process and the nature of the child's or youth's placement (Katz, 1999).

Evidence from research in the UK supports the advantages of using the concurrent planning approach to placement. While not seen as a perfect solution to the problems around placement of children and youth in care, the process puts the child's or youth's needs at the centre of social work decision making, and in doing so, ensures permanent placements for the children and youth in timescales significantly shorter than average (Monck, Reynolds & Wigfall, 2003). However,

the researchers conclude that it may require a shift in the attitudes of many of the professionals involved in determining permanent care if it is to contribute to optimizing the life chances of children and youth in care. In particular this will require a major change in focus for intake, family service and child protection workers who have the earliest contacts with at-risk children and youth and their families. It also requires joint training and preparation of potential foster and adoptive parents to support them in this new role.

The ministry has recently undertaken a joint training initiative to support this model and streamline the process for children and youth living with foster parents who want to adopt them. There is a compelling reason for the urgency of making these changes in practice. The number of children in care increased from 8,232 in 1997 to 10,187 in 2001. The numbers of all children and youth in care decreased by June 2002 to 9,340, while the number of children and youth in permanent care (with continuing custody orders) rose from 3, 947 in 1997 to 5,234 by June 2002. This rise in the numbers of children and youth in care is mirrored in several other jurisdictions. Although no thorough policy analysis has been done, assumptions are made that the increase is due at least in part to the emphasis on a few well-publicized child deaths and inquests in several provinces, including the Matthew Vaudreuil case in B.C. The result has been an emphasis on investigation, risk assessment and child protection, with scant attention paid until recently to permanency options.

The number of special needs children placed for adoption by the Ministry in 1996/97 was 126 and dropped to 118 in 1999. Only 22 of these children were over six years of age. The numbers rose to 163 in 2000/01, including 69 children over the age of six, largely due to the effect of the provincial recruitment campaigns in the fall of 2000 and 2001 and the increased emphasis on adoption within the ministry. Placements rose again in 2001/02 to 235, with 82 over the age of six. The numbers are expected to double by the end of the 2002 fiscal year. These numbers are a great improvement, but are still below the percentage of permanent wards placed in other jurisdictions across Canada and in the United States. Ontario places approximately 11% and Newfoundland 23% of all permanent wards, compared to 4% in B.C. The national average is 7%.

Illinois, which has addressed permanency issues in a much more comprehensive manner than any jurisdiction in Canada, has reduced its substitute care population from more than 51,000 children and youth in 1997 to fewer than 26,000 today. Illinois increased the number of permanent placements from 2,229 in 1997 to 5,422 in 1998, including 4,293 adoptions and 1,129 subsidized guardianships. The number of permanent placements rose to 9,513 in 1999, a remarkable increase of 294%.

The ministry has taken several steps in the right direction. It has developed one of the most progressive post-adoption assistance policies in Canada, a positive recruitment campaign, and an attractive photo-listing bulletin, and has recently utilized some regional and local "adoption matching events" (resource exchanges). It has supported adoptive parent groups in providing preparation and support. It is one of the first jurisdictions in Canada to encourage open adoption. Most recently, the ministry has developed a guardianship option with the potential for financial assistance. It has not, however, utilized the full range of child-specific recruitment strategies that have been so successful in other jurisdictions.

Successful strategies used elsewhere include provincial adoption resource exchanges to bring prospective parents, workers and pictures, profiles or videos of children together on a regular, predictable basis; broad dissemination of photo-listing bulletins (B.C.'s bulletin has not been widely disseminated and has been unavailable to families until after they have had their home studies completed); use of photos in newspapers, such as Ontario's Today's Child and Alberta's

Wednesday's Child; photos on adoption resource Internet sites, such as the Canada's Waiting Children program run by the Adoption Council of Canada; adoption parties; and so on.

The reason for the ministry's reluctance to pursue more aggressive strategies is related to legislative barriers and the lack of consensus about the usefulness and ethics of using child-specific recruitment, with some professionals and parents seeing it as commodification of children and an abuse of the child's privacy, and others seeing it as a successful strategy to find homes for waiting children who might otherwise not find a permanent family.

There are other practice issues:

- Difficulties in the procedures to "free" or refer children for adoption—A number of theories are given as reasons for this. The reluctance of some workers to refer, even when the policy is clear, may be related to the belief of the workers that long-term foster care is safer, that older or disabled children and youth are "unadoptable," or that adoption could sever family ties. Family service workers do not always consider alternatives such as custom adoption, open adoption or guardianship with access as potential options. Some workers have cited "adoption breakdown rates" as the reason. Front-line workers may not know that the research indicates that roughly half of long-term foster care placements of older children and youth disrupt (Barth & Berry, 1988) as compared to 12 to 15% of adoption placements of older children and youth (Goerge, Howard & Yu, 1996; Berrick et al. 1998).

- Permanency options for Aboriginal children and youth require more attention—Continuity of relationships with family and community is a particularly critical issue for Aboriginal children and youth, who constitute a large percentage of the children and youth in care, with many in non-Aboriginal foster homes. This has been a contentious issue to deal with because of the sensitivities in Aboriginal communities regarding past adoption practices that moved children and youth away from their communities and culture and the lack of understanding about how to work with Aboriginal communities and authorities on the issue. There is general agreement that the practice must change. The legislation and policy are clear that Aboriginal placements should be sought; however, the full range of permanency options have not been explored and pursued. For example, there is a mechanism in the legislation to confirm a custom adoption, but the process is not straightforward and does not appear to have been encouraged or used by the ministry. Recently the ministry took steps to address the complexities in the process, which may increase the use of custom adoptions as an option.

  There are Aboriginal groups actively pursuing the return of children and youth to their communities for adoption into their band or tribe. The Yellowhead Tribal Services in Alberta has developed a system of open custom adoption and has brought home and placed close to 30 children and youth within their tribe within the past two years. In co-operation with Alberta child welfare authorities, they have developed a video to further the awareness of their program. Native American groups have developed aggressive recruitment for Native American families for foster and adoption placements of their children and youth and have been successful in keeping children and youth in their communities.

  The numbers of children and youth in non-Aboriginal foster homes may decline as Aboriginal agencies assume responsibility for child welfare services; however, the issue needs to be discussed and strategies developed to address the current situation.

- There are delays after referral—Adoption workers cite situations in which a number of approved families are rejected by children's and youth's workers and foster parents based on personal bias rather than an understanding of best practice evidence of what works. "Non-traditional" families, who may be the most appropriate choice for the child or youth, are sometimes not seriously considered. Prospective families get discouraged and apply for international adoption.

- There is no consistent provincial review related to permanency plans—Ministry practice standards require that the child's or youth's plan for permanence be reviewed at the time of the review of the comprehensive plan of care. Although the comprehensive plans of care are monitored, there has not been a strong focus on permanency planning. The jurisdictions most successful in pursuing permanency options for children and youth have a regular review with clear timelines for action. These review processes can be internal, judicial or external with citizen involvement. This type of review could address long waits for permanent placements, delays in case planning, and lack of involvement of children and youth in their case plans, and could help address the need for greater education and awareness throughout the child welfare system of the effect of delay on children's development and general well-being.

- Collaboration with private licensed agencies has been limited—There are limited opportunities for collaboration with private licensed agencies in the recruitment, preparation and placement of special needs children, yet some families who apply to these agencies may become interested in special needs children if given the information and opportunity. In the United States, specialized agencies have often developed flexible and creative adoption approaches and have been successful in working in partnership with the public sector to place very high needs children and youth and to provide support to their families as long after placement as required.

There are encouraging signs of interest in permanency issues provincially and nationally. Within the past two years, the provincial advocates council took their concerns about the increase in children and youth in care across the country to the directors of child welfare. The directors in the Western provinces are developing an issues paper to be discussed by all Directors at a future meeting. The Sparrow Lake Alliance published the report *Permanency Planning in the Child Welfare System* in January 2002 which sets out a number of issues, primarily using Ontario data, but which have implications for other jurisdictions. The North American Council for Adoptable Children (NACAC) in partnership with the Adoption Council of Canada (ACC) has established a Task Force on Canadian Issues in Adoption that should provide further impetus for action. The government of New Brunswick set up an arms-length foundation to raise money to provide a stronger adoption recruitment and placement program, modeled on the B.C. recruitment program.

Most recently, the Child, Family and Community Service Act (CFCSA) has been amended to transfer custody to a person who is not a parent and there are funds available post-transfer for families who require financial assistance to support the child or youth. This provides a new permanency option for children and youth who might not be placed for adoption because the guardianship option does not sever the legal ties to birth family.

The ministry has indicated clearly that one of the desired outcomes is to reduce the number of children and youth in care and to increase the number of adoptions. This change in focus requires not just adoption workers, but all ministry workers, supervisors and managers to be working from the same values, philosophy and knowledge based on the latest research and outcome information regarding permanency options. These options include preventive support to families where

children and youth are at risk for placement, re-unification, placement with kin, open adoption, guardianship, pre- and post-adoption and guardianship supports including post-adoption, kinship and guardianship assistance where required and a responsive approach to prospective adoptive families and specifically Aboriginal families and those from minority populations. It also means adopting the much more aggressive child-specific recruitment approach that has proven so successful in many other jurisdictions.

Potential strategies

⇒ Develop a broad permanency planning framework, including a concurrent planning strategy and a full range of permanency options that is endorsed by senior management.

⇒ Develop an information strategy and training sessions, with information about the positive outcomes of permanency for children and youth, that include all relevant workers, supervisors, managers, foster and kin caregivers, private licensed adoption agencies and others affected by this core service.

⇒ Develop guidelines and timeframes and/or a conferencing system for adoption placement decisions to reduce the potential for bias and delay.

⇒ Enhance the pre- and post-adoption training and support services to include kin caregivers and children and youth in guardianship situations when required in the best interests of the child or youth.

⇒ Develop a full range of child-specific recruitment strategies and ethical guidelines for the various approaches.

⇒ Revise the legislation that has been a barrier to broad photo-listing of children.

⇒ Work collaboratively with and support Aboriginal authorities, agencies and other relevant groups to develop culturally appropriate approaches to recruitment and custom adoption strategies to increase the number of Aboriginal placements for Aboriginal children and youth.

⇒ Develop and implement as a first step a regular, constructive review of all children and youth with continuing care orders, preferably within their first six months in care and with citizen involvement. New Zealand's legislated annual review of children in permanent care could also be considered as an option. A second step would be to broaden the review to all children and youth in care.

Foster care as a service to support to children, youth and their families

Foster care was originally conceptualized as the provision of an alternative home for children and youth when their families were in crisis. Foster parents were considered as temporary caregivers who were expected to provide a warm and nurturing environment for the children and youth in their care. Children and youth were placed and removed from foster parents' care with little regard to the caregivers' rights or feelings about them. Foster parents were not generally considered as potential adoptive parents for the children or youth for whom they were caring, even when the children and youth were deeply attached to them (Dougherty, 2001).

Despite the "temporary" nature of foster care, many children and youth spend long periods of time in care and by default end up in unplanned long-term care. A disturbing trend in some jurisdictions has been the increase in case plans that designate long-term foster care as the

permanency plan. While long-term foster care may be the alternative of choice for some children and youth, it is designated for too many whose interests would be better served by adoption or guardianship. Though many agree that *stable,* long-term foster care placements can produce positive outcomes for children and youth, studies show that roughly half of long-term placements, particularly for older children and youth, disrupt (Barth & Berry, 1988).

In many instances, long-term foster care placements do not serve the best interest of the state or the child or youth. Adoption and guardianship, even when subsidized, are far more cost-effective than continued foster care. Of more concern is that long-term foster care can be damaging to children's and youth's lives. Most studies report poor outcomes for youth who age out of foster care without a permanent family. They perform below average academically and do not obtain a high school diploma, have no job experience, have higher number of teen pregnancies, more marriages to spouses who fail to provide emotional support and greater social isolation than the general population (McDonald et al., 1993).

Given these difficulties, child welfare authorities should develop policies specifically outlining conditions when the use of long-term foster care as a plan of care goal is appropriate and when it is not. All staff then need to be trained to understand the implications for practice.

The approach to foster care changed in the 1980s and 1990s as child welfare researchers and practitioners began to recognize the importance of family connections to children and youth placed in out-of-home care. Studies indicated that the majority of youth who aged out of foster care (over 60%) either returned to live with their birth or extended families, or to rebuild connections with them (DeWoody, Ceja & Sylvester, 1993). Expectations for foster parents increased as the foster parents were viewed as more integral to the planning for the children and youth they were fostering. They are still expected to nurture and provide developmentally appropriate care. The Looking After Children project adopted by the ministry provides a tool to assist foster parents in that role. But they are also expected to take on the new roles of supporting the relationship between birth families and children, mentoring or sharing the parenting role with birth families over extended periods of time in an attempt to return children and youth home, or at least to keep them more closely connected with their families, kin, culture and communities. Foster parents are also expected to advocate in schools and to assist in the training of new foster parents. Workers are more frequently asking foster parents to consider adopting their long-term foster children. As these expectations have increased, the need for more training and support for foster caregivers has become apparent.

In short, an appropriate and useful role for foster parents is to become a part of the child welfare team, working with child welfare workers, schools and other community agencies to support families to keep children and youth safely at home, with kin, or close to their community if that is assessed as possible. If that is not in the best interests of the child or youth, then the foster caregiver can assist in the concurrent planning for an alternative permanent family for the child or youth. This could include subsidized adoption or guardianship by the foster caregiver. For more information on the proposed role of foster caregivers and principles for a community-based foster care system, see *Working with Community to Support Children, Youth and Families: A System of Care—Companion Document,* (April 2002), pages 234–238.

Potential strategies

⇒ Develop clear policy about when the use of long-term foster care is appropriate and train all staff regarding the implications for practice.

⇒ Work with foster caregivers to clarify their various roles and ensure their training reflects any new approaches.

⇒ Strengthen and expand the outcome-oriented Looking After Children program to ensure the appropriate involvement of family, foster family, schools and other community people and activities important to the well-being of the child or youth.

⇒ Provide foster caregivers with training and support in their specific role as part of the concurrent planning team.

Access to specialized services

Strategies and processes need to be developed to ensure fair and equitable access to specialized services for children, youth and families who are assessed as needing them and to provide continuity of services if children, youth and families move from one region to another or require services from more than one system of services (e.g., community living services, child protection services, addiction services, special educational services, etc.)

There is a limited range of specialized services across the province, particularly mental health, addiction and alternative and/or special educational services. Some parents and youth have had difficulty gaining access to these services in what they see as a fair and equitable manner. Some of the problems have been related to gate-keeping and protecting services and others have been due to lack of information or protocols about referrals. Experience in other jurisdictions indicates that these issues will be exacerbated in a regional governance system unless there are clear agreements about roles and responsibilities across and between regions and service systems and agreed-upon processes for access to scarce regional, centralized or other costly services.

Potential strategies

⇒ Develop or build on current inter-regional agreements or protocols about transfer of cases and processes for reciprocal access to scarce regional resources based on assessment of need.

⇒ Develop a provincial intake/triage system, *chaired by a clinician*, for the very high needs children and youth referred to provincial programs (the IMPAC model in Ontario is an example of an existing approach). This will help to ensure the most appropriate services are offered to children and youth who can benefit from them.

Deciding who gets scarce specialized services

There will likely never be sufficient specialized services to meet all the needs and expectations of parents and caregivers with highly vulnerable children and youth. The following studies provide evidence to support the need to target services.

As long ago as 1983, the Ontario Child Health Study (OCHS) indicated that about 18% of Ontario children had an identified mental health disorder. Subsequent analysis of the data outlined that it would not be possible to provide services to the 18%, nor would that necessarily be helpful, as some disorders do not necessarily impair the individual, rates of impairment are not the same across disorders, and some services do not ameliorate some of the conditions. Some

disorders tend to diminish spontaneously with age, while others, such as conduct disorder and the behaviours of those with fetal alcohol syndrome, tend to be persistent into adulthood. This leads to the conclusion that services should be targeted to those who most need and can benefit from the services. These are difficult decisions and will require policy work based on what is known about what works for what children and families. Then services could be better targeted based on reasonable expectations for positive outcomes.

Other studies have shown a very high incidence (up to or over 70%) of mental health conditions in children and youth in care and youth justice populations (Thompson, 1995). Thompson notes that these children are on a trajectory to adult crime. He suggests intervening early with those most at risk of going down this path—for example, very young children showing early signs of bullying or conduct disorder.

Targeting services to those who are impaired by their problems or who are at risk of impairment may make the most sense. This may mean providing different types of services than are currently provided for vulnerable children and youth in the child welfare system and may require working with different service providers for children and youth at different ages and developmental stages. It may also require a clearer understanding about who are the most vulnerable populations that should be placed at high priority for services.

Potential strategies

⇒ Develop a process to make a determination of the groups of children and youth that should be targeted to receive scarce mental health services—for example, the youngest identifiable disturbed or impaired children (pre-school children who bully and are at risk to become conduct disordered) should receive early intervention services, while seriously and chronically disturbed populations (psychotic, suicidal, autistic) should receive appropriate treatment services.

⇒ Ensure that policy and program work is done to look at the different focus of child welfare services for the most vulnerable populations. For example, the 0–6 population is most at risk at home and in foster care regarding safety issues because of the limited public oversight; therefore the connections should be with public health, nurse practitioners and workers in child care settings who have non-stigmatizing access to families. For the 6–12-year-old population, there may be some safety concerns, but the work should be much more connected to the school and community. recreation systems. The focus for youth should not be so much on safety and removal, but on outreach and active negotiation with youth and their families to agree on voluntary services and if necessary temporary, safe out-of-home living arrangements and alternative education strategies without a court-ordered process. (See the System of Care Companion Document, p. 135).

⇒ Ensure that the latest information from research, Centres of Excellence and other research and public policy organizations is disseminated to relevant professionals.

⇒ Review high-cost residential services for conduct-disordered children and youth based on the evidence that indicates serving them in large groups does not work, and provide incentives for the development of services identified in the literature as promising (e.g., multi-systemic therapy, Earlscourt program, therapeutic respite and foster care, etc.)

Ministry services alone cannot successfully protect children and youth

A first step to moving towards a community-based system to support children, youth and families is to have the senior administrators in government, other relevant agencies and local communities recognize that ministry services alone cannot successfully protect children and youth. We need a collaborative, integrated, systemic approach to promote the resiliency and capacity of children, youth and families.

Protecting children and youth while promoting resiliency requires the involvement of all the people and organizations in a community that are required to keep children and youth safe. The most important of these are parents. This requires the collaboration of schools, child care centres, public health workers, the police, domestic violence service providers, substance abuse prevention and treatment providers, welfare and public housing services, recreation services and a myriad of other community-based service providers, informal helpers and traditional and non-traditional helping systems.

Protecting children and youth also requires a broader government strategy involving other key ministries and governments that fund or provide children, youth and families with services (e.g., the provincial ministries of health, education, human resources, community, Aboriginal and women's services, attorney general and solicitor general) and municipal services, such as recreation. Federal/provincial/territorial initiatives, such as the early childhood development initiative, Headstart and others, should also be factored into the coordination efforts at the local level.

Children and youth do not fit nicely into the structures of government. They often have needs that are served by several departments within several ministries. Historically, many of the services have lacked overall coordination. There is an opportunity with the regionalization of services to ensure that there is forethought about how these services might be structured or linked and funded differently to provide incentives for coordinated access and service delivery. The agreements and coordination efforts need to take place at all levels, including the most senior levels of the ministries, regionally and locally.

There is a range of corporate, philanthropic and private organizations that could be approached as part of a multilevel collaboration at the local level to provide safer and friendlier environments for children, youth and families at risk of involvement in the child protection system because of personal or environmental stresses. They need to be identified for and sensitized about the role that they could play to support children, youth and families. Foundations could be set up to provide funds for educational scholarships, evaluations of new services, and services that are not being funded by government but would assist children and youth.

Potential strategies

⇒ Add to all key ministry senior management's performance objectives the expectation to demonstrate positive outcomes from collaborative ventures/funding to support vulnerable children, youth and families. Consider offering performance bonuses to those who exceed their targets.

⇒ Develop and evaluate inter-ministry shared funding envelopes for high-priority provincial children's issues that cross ministry responsibilities.

⇒ Build on the work done by other ministries and groups that endorse similar goals for a comprehensive partnership between governments, service providers and communities in

the delivery of services, such as the work of the Addictions Task Group, which recommended a similar systems approach to substance abuse issues in its report *Weaving Threads Together: A New Approach to Address Addictions in B.C.* (March 2001).

⇒ Develop block funding mechanisms setting out clear expectations for required core services, but allowing sufficient flexibility as to how the services are to be delivered, i.e. block funding or the ability to retain surplus funds for use in preventive, early intervention services.

⇒ Work with other sectors, including schools, health and the police, to develop cross-sectoral training on working as teams at the community level.

⇒ Consider developing a youth strategy with pooled intersectoral funding to develop innovative services to assist youth in transition to adulthood.

⇒ Build on the lessons learned from successful intersectoral services in other jurisdictions, such as the Integrated Services for Northern Children in Ontario that provides mental health services in northern and remote communities.

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4.3 Results: An Approach to Outcomes and Organizational Objectives

Note: This paper was prepared for discussion at the Child and Family Development Transition Steering Committee and does not apply to Community Living Services. A separate process around Aboriginal authorities will need to be undertaken.

Results, specifically outcomes and organizational objectives, are a critical component of the Ministry of Children and Family Development's (MCFD) Corporate Performance and Accountability Framework. This paper proposes an approach to outcomes and organizational objectives within the ministry under new governance approaches. Specifically, it:

- defines outcomes and organizational objectives
- provides a rationale for a focus on results
- explores the relationship between outcomes specified at various levels
- discusses the accountabilities of the ministry and authorities for results.

This paper is intended to facilitate discussion and agreement at the planning level on an approach to results. It is also intended to provide the necessary direction to the staff within the ministry and authorities regarding the specification and use of outcomes and organizational objectives. An agreed-upon approach to results will facilitate both the authorities and the ministry in meeting the standards required to earn accreditation.

Outcomes are a relatively new area, and we are all constantly learning how to better identify, measure and use outcomes for accountability and service delivery purposes. As such, the purpose of this paper is:

- to specify the desired and intentional person-referenced outcomes that we hope to achieve with the dollars allocated to MCFD from the legislature—it is these outcomes that provide the rationale for service delivery and the expenditure of public funds; they refer to meaningful results in people's lives
- to specify the organizational objectives that we believe support the achievement of person-referenced outcomes—these organizational objectives should reflect an evidence-based theory or logic of intervention (e.g., by increasing the number of children and youth protected through alternatives to coming into care of the Director [organizational objective], it is believed that family capacity will be increased [outcome] and ultimately children and youth will be able to stay safely with their families [outcome])
- to identify the indicators that will be used to assess performance related to organizational objectives and person-referenced outcomes.

Fundamentals of outcomes and organizational objectives

What is an outcome?

An **outcome** refers to a result for a person or group of people. In the broadest sense, outcomes are all possible consequences that arise from actions we undertake. Thus, outcomes can be intentional or unintentional, desirable or undesirable.

Outcomes are not concerned with effort (e.g., expenditures, clients served). Nor are they concerned with processes (e.g., how services are provided). While there are experiential outcomes that reflect the experiences of people as they interact with our service delivery system (e.g., whether or not clients feel that their rights were upheld), these are not the outcomes that we wish to focus on. We wish to focus on person-referenced outcomes—that is, the results for people in terms of their attitudes/values, knowledge, skills, functioning, behaviour, circumstance or status. The outcomes that we will focus on are at least partially the intended consequence of a service or product provided. Outcomes are concerned with what happens to people following service delivery (short term, intermediate and longer term).

MCFD seeks to achieve person-referenced outcomes for children, youth and their families (and others involved in the care of children and youth).

For example: Infants are healthy at birth
Youth are attending school
Community participation of children with special needs

What are organizational objectives?

Organizational objectives refer to the desired changes for the service delivery system or in relation to a broader community and are typically specified in terms of structures, processes or outputs. Organizational objectives should support the achievement of person-referenced outcomes.

Organizational objectives fall into three general categories: objectives around structure, objectives around process and objectives around outputs. Following is an explanation and an example of each type of organizational objective.

Objectives in the area of **structure** typically refer to results in terms of changes to the "inputs" or the "what" and "who" are required to deliver a program or service.

For example: An increased ratio of Aboriginal staff to the Aboriginal population
The emergence and composition of multidisciplinary teams
Increased number of public-private partnerships

Objectives in the area of **process** refer to results in relation to the operations or the daily tasks performed in an organization or in the delivery of a program or service.

For example: Increased community participation
Change in the level of involvement of youth in the design and delivery of services

Community has established a multi-interest planning committee for targeting and identifying ECD priorities

Objectives in the area of **outputs** refer to results in terms of the actual amount or the distribution of services delivered.

For example: Reduced number of children in care
An increase in the percentage of children protected through alternatives to coming into the care of the Director.

Organizational objectives should be restricted in number to those that are associated with key decisions

Why do we want to focus on results?

- It will provide a collective focus for the work we do by providing clarity for the ministry, authorities, service providers and the public on what we are trying to achieve.

- Increasingly, the tax-paying public has called for demonstration that the dollars allocated for publicly funded services are making a positive difference in the lives of people who the services are intended to benefit. A focus on results will help illustrate these accomplishments to our various stakeholders.

- For clients, it will provide clarity on what results they can hope for from services they receive. As well, a results focus helps service providers make adjustments to services as required to achieve better results.

- A focus on outcomes and results is best-practice from an accountability perspective and is part of a world-wide trend involving public services. In B.C., the Budget Transparency and Accountability Act requires ministries and government agencies to publicly report on annual performance.

- Through the articulation of indicators, outcomes and objectives will provide clarity within the ministry and authorities on how their accountability for results will be assessed.

How do outcomes and organizational objectives relate to the ministry's strategic shifts?

The development and implementation of an outcomes approach for the ministry and authorities is both consistent with and supportive of the following strategic shifts:

- To open, accountable and transparent relationships

- To a community-based service delivery system that promotes choice, innovation and shared responsibility

- To making strategic investments in capacity and resiliency building, and providing funding for programs and services known to work.

The use of outcomes and organizational objectives

Outcomes and organizational objectives can be used for many purposes (including planning, accountability and quality improvement). The same outcomes are used, but they may be presented, organized or reported in different manners depending on use. For example, the presentation of outcomes for public accountability may be different from that used for internal purposes in order to accommodate a variety of needs and knowledge levels.

The use of outcomes in planning versus accountability

In planning, outcomes should be presented in a manner that encourages the most effective use of resources and service delivery. Planning uses a range of outcomes from the population level (e.g., for environmental scanning) through to the program and client level (e.g., to ensure that services delivered contribute to the overall outcome). In short, outcomes for planning should be grouped in a manner that helps organizations focus their resources on what services are a priority.

For accountability, outcomes should be presented in a manner that clearly lays out distinct accountabilities (so people know who is accountable) and expectations (so people know what they are accountable for). These groupings/clusterings may not be the same as those used for planning, *but the outcomes used will be the same.* For accountability purposes, it is common for outcomes to be specified by service stream, since specific individuals or work areas are usually responsible for the delivery or programs and services that address a common need.

What level of outcome do we want specified?

Outcomes can be described at different levels of specification, depending upon the audience, level of aggregation, population and timeframe in which the outcome is intended to be seen or achieved. Our challenge has been to decide what level of specification we want. Identified below are different levels of outcomes and how they can be used by the ministry.

Strategic/societal or population outcomes

Strategic/societal or population outcomes refer to the results for all people within a target group (including service recipients) expressed at an aggregate or population level (e.g., all youth aged 12–17). Outcomes at this level tend to be split by age group due to variations in the developmental milestones and challenges faced by children and youth of different ages.

In our case, such outcomes reflect the Province's vision for children, youth and families. MCFD contributes to outcomes at the societal level through all of its activities. These activities work together to improve societal outcomes by promoting or maintaining positive results (such as cognitive development among special needs children) or to prevent or minimize negative results (such as child abuse and neglect). However, MCFD is by no means the sole contributor to societal outcomes. Other ministries and a myriad of socio-economic factors play a significant role in influencing these outcomes.

Examples of population outcomes are infants born with healthy birth weights and kindergarten-aged children ready to learn.

Use of strategic/societal or population outcomes

Societal-level outcomes can and should be used by the ministry and authorities as part of an environmental scan for strategic planning. As the societal outcomes reflect our vision for children, youth and families, they should be monitored over time at the regional and provincial level.

Indicators expressed at a societal level are most suitably linked to assessing the collective results of a community, region or the province's efforts. Benchmarking, or comparing outcome indicators to other jurisdictions, should be used to identify areas in need of improvement and open doors to working jointly with other non-MCFD services and sectors. The ministry currently

tracks many population level outcomes through *Measuring Success: A Report on Child and Family Outcomes in B.C.*

Service stream/client group outcomes

Service stream/client group outcomes refer to results for all people served by a grouping of programs or services that work together to address a generally shared set of needs. Outcomes at this level also tend to be split by age group due to variations in the developmental milestones and challenges faced by children and youth of different ages (e.g., youth in conflict with the law).

MCFD exists to serve vulnerable children, youth and adults. The general target population is those who are already experiencing a poor outcome in a domain identified at the population level and/or those who are at increased likelihood of experiencing a poor outcome due to the presence of risk factors or a lack of protective factors.

Early Childhood Development is the only MCFD program that focuses on the general population (children 0–6 years).

When the ministry provides services, we are trying to improve identified outcomes for our clients so that the results achieved are closer to or meet that of the general population (as identified through population or societal level outcomes). Generally, outcomes at the service stream level remain constant over time.

Use of service stream/client group outcomes

It is recommended that the accountability of ministry, authorities and provincial programs focus on service stream outcomes, as this offers authorities and provincial programs the greatest flexibility in terms of service planning and delivery in how to achieve these outcomes. Furthermore, this focus should not handicap the parties through the data collection processes.

The ministry is responsible for identifying service stream outcomes. Authorities (and the ministry when delivering direct services) are responsible for planning their services to meet service stream outcomes and for using information on current performance (both societal and service stream) in service planning and quality improvement processes. It is also the responsibility of authorities to use evidence-based strategies (see the System of Care Companion Document) in achieving service stream/client group outcomes.

Both the ministry and authorities need to be responsible for measuring and reporting on service stream outcomes – the ministry at the provincial level and an authority for its geographic area of responsibility. Both parties also need to explain their performance in relation to those outcomes – examining why their performance is as it is (either good or poor) and identifying, when warranted, corrective action (e.g., identifying or employing alternative strategies in an attempt to improve performance).

Service stream outcomes should be compared to societal outcomes, as these reflect the vision we have for children, youth and families. Essentially, we want the clients we serve to do as well as the overall population (i.e., it is the same outcomes we are after). However, in terms of comparing service stream outcomes to the outcomes achieved at a societal level, there is a reality that often MCFD clients have more needs and challenges than the general population. Therefore, while we may have helped our clients by working with them, they may never function as well or achieve the same outcomes as the average person in the overall population.

We should strive to have our clients perform as close to the benchmark as possible. The benchmark is usually the relevant societal level outcome(s) or the performance of another jurisdiction (e.g., another authority or province). We expect that the gap between the actual client results and the benchmark will be narrowed through incremental improvements.

There is also an *attribution issue* inherent in the use of service stream outcomes. Neither positive nor negative results can be fully attributed to the interventions employed by the ministry or authorities due to the many factors that may influence the outcomes of interest. To address the question of attribution would require effectiveness studies in which some do not receive the interventions or alternative interventions are employed.

Program/service outcomes

Program/service outcomes refer to the results for people served by a particular program or service. Program/service outcomes are more specific than service steam outcomes. Usually they precede in time the outcomes specified at the service stream level (i.e., they tend to be initial or intermediate outcomes that lead to the service stream outcome). Program/service outcomes can be specified at various levels (e.g., outcomes can be specified for early intervention services overall and for physiotherapy services specifically).

Use of program/service outcomes

Since in many cases, the authorities will be determining which specific programs to offer under a given service stream, authorities are responsible for specifying outcomes at this level and may choose to adopt existing program outcomes or develop new ones. It is also the responsibility of authorities to undertake outcome evaluations of their respective programs and services.

Client outcomes

Client outcomes refer to the results for a specific individual based on his or her needs. Client outcomes must be articulated at an individualized level (i.e., specifically set for one person given his or her unique needs) and often reflect steps towards a higher level outcome(s) and tend to be accomplishable in the shorter term. Generally, client outcomes build logically upon one another with a series of them intending to result in an outcome at the program level or service stream level (e.g., child is able to wash self with supervision, child is able to wash self independently).

Use of client outcomes

The specification, measurement and use of client-specific outcomes is not new. It is important that direct service providers continue to specify client outcomes and measure them in order to make adjustments to the individual's service plan so that a client's achievement of his or her desired outcomes is more likely and to increase the likelihood of meaningful outcomes.

How outcome levels relate to each other

As indicated in the preceding descriptions, there is a sequential or temporal relationship between the outcomes specified at the various levels.

Individual client outcomes fall within the more generally stated program outcomes. Program/service outcomes are intended to lead cumulatively to the desired service stream

outcomes. The service stream outcomes are intended to contribute to the societal outcomes reflecting our vision for children, youth and families.

Performance measures and indicators

The terms "indicator" and "performance measure" will be used interchangeably. Essentially, an indicator is that which will be used to assess the extent to which an outcome or organizational objective is achieved.

An indicator must:

- be logically related to the outcome or objective
- be measurable through specification
- be comparable, usually through the identification of a denominator
- distinguish between performance as good/better or bad/worse.

It is common for more than one indicator to be required to fully assess performance.

The ministry in conjunction with the planning tables and interim authorities will identify indicators at the service stream level for both outcomes and organizational objectives. Consistent reporting across authorities and the ministry will be expected on the identified indicators. Authorities will negotiate with the ministry a target level of performance that they are trying to achieve on selected indicators of organizational objectives and outcomes. Such targets will appear in both service plans and performance agreements. It is recommended that authorities and the ministry only be held financially accountable (through payments or financial rewards or sanctions) for those organizational objectives and outcomes where they have considerable control over the factors that affect the results/performance. While this will need to be negotiated, it should be restricted to key organizational objectives and selected person-referenced outcomes (e.g., safety of children while in care).

Appendix A: Categories of Outcomes

The following table shows the domains or categories of outcomes used by a range of different bodies that monitor and report on outcomes for children, youth and families. It demonstrates that outcomes can and will be presented in different manners for different purposes and different audiences. The approach proposed within this paper (i.e., identification of outcomes, organizational objectives and indicators at the service stream level) builds on the work of these bodies and will provide us with the flexibility to meet these varied reporting requirements over time.

Report/Source	Domains/Categories				
1. Child Welfare Outcomes (federal)	Well-being	Safety	Permanence	Family & community support	
2. F/P/T Indicators of Young Children's Well-Being (federal)	Physical health	Safety and security	Early development	Family-related indicators	Community-related indicators
3. Measuring Success (BC)	Promote the healthy development of children, youth and families	Protect children and youth from abuse, neglect and harm	Support adults with developmental or multiple disabilities to live successfully and participate in the community	Protect public safety	
4. Inter-Ministerial ADMs Committee on Child and Family Indicators (BC)	Healthy – physically & emotionally	Safe & secure	Successful at learning	Socially engaged & responsible	
5. Child, Youth & Family Framework (MCFD)	Healthy children	Healthy families	Caring, inclusive, responsive communities		

Appendix B: High-Level Categories of Outcomes by Client Groups/Service Streams

Client Groups/ Service Streams	Safety and Security	Healthy – Physical, Emotional, Mental	Learning	Responsible/ Socially Engaged	Responsible Families/ Family Environment	
All children & youth	Safety & security	Physically & emotionally healthy	Successful at learning	Socially engaged & responsible	Family capacity	
Family Development – At-risk children & youth	Safety & security				Family capacity	
Child Protection – Temporary custody	Safety & security				Family capacity	
Child Protection – Continuing custody	Safety & security	Healthy – physically & emotionally	Successful at learning	Socially engaged	Alternative family/ permanence	
Youth at risk	Safe environment – free from exploitation			Attend school/ work	Appropriate contact with family	
Child & Youth Mental Health	Safety & security – self-harm and safety of those around youth	Functional level			Family capacity	
Youth Justice	Safety – others and safe while in custody			Do not re-offend		
Children & Youth with Special Needs		Improved functioning – physical & developmental	Learn new skills	Participate in appropriate activities	Family capacity	
Early Childhood Development		Healthy pregnancy and infancy	Ready to learn		Stimulating environment Family capacity knowledge	

Appendix 3: Draft Outcome by Client Groups/Service Streams

Client Groups/ Service Streams	Safety and Security	Healthy – Physical, Emotional, Mental	Learning	Responsible/ Socially Engaged	Responsible Families/ Family Environment	
All children & youth *Definition:* All children and youth 0–19 years of age within British Columbia	Children & youth are protected from abuse, neglect, exploitation & dangerous environments	Children & youth are as physically & emotionally healthy as they can be	Children & youth achieve physical, emotional & social development Children & youth are ready for learning throughout their lives	Children & youth can form stable attachments to nurturing adults when they are young & develop supportive relationships within & outside their families Children & youth respect themselves & others through being respected & understand the personal & social consequences of their choices	Families have the capacity and resiliency to care for their children (non–child-referenced) Children and youth stay with their family (child-referenced)	
Indicators	Rate of substantiated reports of abuse & neglect Rate of CICs (number)	Low birth weight rate Health status (self-rated) Newborn health status (mother-rated)	% of Kindergarten aged children who are "ready to learn" Grade transition rate High school graduation rate	Youth crime rate Youth custody rate		
Family Development – At-risk children & youth *Definition:* Vulnerable children and youth aged 0–19 years and their families	Children and youth at risk of abuse and neglect are protected, preferably in the family environment, with the intention of eliminating the (re)occurrence of maltreatment				Families have the capacity and resiliency to care for their children. (non–child-referenced) Children and youth stay with their family (child-referenced)	

Client Groups/ Service Streams	Safety and Security	Healthy – Physical, Emotional, Mental	Learning	Responsible/ Socially Engaged	Responsible Families/ Family Environment	
Indicators	Rate of substantiated reports of abuse & neglect Percentage of children 7 Youth in FD programs who subsequently come into care Rate of reoccurrence of maltreatment # of CICs				Percentage of at risk children & youth that remain with their families	
Child Protection – Temporary custody *Definition:* Children and youth aged 0–19 who are in the care of the ministry on a temporary basis (e.g., not in continuing custody)	Children and youth are protected from abuse and neglect with the intention of reuniting them with their family				Families have the capacity and resiliency to care for their children (non–child-referenced) Children and youth return to their family as soon as possible (child-referenced)	
Indicators	Average length of time for a temporary CIC to return to family Rate of reoccurrence of maltreatment # of CICs				Length of time for CIC to return to family	

Client Groups/ Service Streams	Safety and Security	Healthy – Physical, Emotional, Mental	Learning	Responsible/ Socially Engaged	Responsible Families/ Family Environment	
Child Protection – Continuing custody *Definition:* Children and youth aged 0–19 who are in the permanent care of the ministry (e.g., continuing custody orders)	Children and youth are protected from abuse and neglect within an appropriate alternative family setting	Children and youth in continuing custody have acceptable physical and emotional health	Children & youth in continuing custody have improved behavioural functioning Children & youth in continuing custody attend school and achieve age-appropriate grade levels, including high school graduation (if applicable)	Children & youth in continuing custody are not involved in youth crime	Children and youth in the permanent care of the ministry have permanency and stability in an alternative family environment (child-referenced)	
Indicators	Rate of reoccurrence of maltreatment Rate of abuse & neglect among CICs in permanent custody		Grade transition rate for CCOs High school completion for CCOs		Moves in care Adoption rate for CICs	

Client Groups/ Service Streams	Safety and Security	Healthy – Physical, Emotional, Mental	Learning	Responsible/ Socially Engaged	Responsible Families/ Family Environment	
Youth at risk *Definition:* Adolescents aged 13–18 who are experiencing difficulty with family, in school, and/or the community, and those involved in high risk behaviour	At-risk youth have a safe environment that is free from exploitation			Youth are attending school and/or have stable employment	Youth at risk have appropriate contact with their family (youth-referenced)	
Indicators	Number of youth in voluntary and involuntary care		Graduation rate for at risk youth	Percentage of youth who are receiving Youth Services and who are in school or work full time Connectedness to school	Connectednes s to family	
Child & youth mental health *Definition:* Children & youth 0–19 with a diagnosed mental health concern who are receiving MCFD-funded services	Children & youth with mental health issues are safe from self-harm Those around children & youth with mental health issues are safe	Children & youth with mental health issues function at an appropriate level			Families have the capacity and resiliency to care for their children (non–child-referenced)	
Indicators						
Youth Justice *Definition:* Youth 0–18 involved in the youth justice system	People are protected from violent youth in the justice system Youth in custody are safe			Youth involved in the youth justice system do not commit further offences that require youth justice intervention		

Client Groups/ Service Streams	Safety and Security	Healthy – Physical, Emotional, Mental	Learning	Responsible/ Socially Engaged	Responsible Families/ Family Environment	
Indicators	Rate of serious injury & death among youth in custody Youth custody rate Youth crime rate			% of youth who successfully complete sentence, bail, probation order		
Children & youth with special needs *Definition:* Children & youth 0–19 who … and are receiving MCFD funded services.		Children & youth with special needs have improved functioning, both physical and developmental	Children & youth with special needs learn new skills and/or attend school as appropriate	Children & youth with special needs participate in developmentally appropriate activities	Families have the capacity and resiliency to care for their children (non–child-referenced)	
Indicators						

Client Groups/ Service Streams	Safety and Security	Healthy – Physical, Emotional, Mental	Learning	Responsible/ Socially Engaged	Responsible Families/ Family Environment	
Early Childhood Development *Definition:* Children 0–6 and their families	Safety & security outcomes are covered under all children	Children are born healthy Expectant mothers have the knowledge and take actions that promote a healthy pregnancy in order to support the development of their child	Children entering kindergarten are ready to learn		Children have an environment that promotes their development and connection to their family (child-referenced) Families have the capacity and resiliency to care for their children (non–child-referenced) Families have the knowledge and awareness of available resources to best support the development of their child 0–6 (non–child-referenced)	
Indicators		Newborn health status (mother-rated) Low birth weight rate	Proportion of kindergarten-aged children who are ready to learn			

4.4 Assessment Tools to Promote Collaborative Practice and Service Delivery

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Important note

The appendices to this paper, which include the identified assessment tools and the tool construction evaluation standards, are not included in this document. Consultation and development continue on the content of the appendices, and a final version will be available from the Child and Family Development Division at a later date.

Introduction

Issue

This paper addresses the need to identify an "assessment tool box" that promotes flexibility and collaboration among those delivering service while promoting consistent outcomes.

Purpose and scope

This paper proposes a framework within which to evaluate, select and organize both existing and potential assessment tools for child and family services. The framework is designed to aid regional authorities in the utilization of assessment tools, in meeting the ministry's goals and objectives, and in meeting accreditation standards. In proposing a standardized "assessment tool box," this paper identifies which tools require specialized expertise, training or qualifications.

The framework is intended to support the authorities by promoting consistent use of assessment tools. The framework does not specify by whom and how the tools will be administered. Operational decisions are left to the regional authorities.

Tools that have been included are useful for ongoing social work, whether provided by the ministry, regional authorities or community agencies. The intent of the tool box is to cover the full spectrum, from intake to comprehensive assessment tools. These tools provide vital information for planning and delivering services to protect children and support families.

Despite the wide range of tools in the tool box, many tools used in the ministry are not listed. Tools that are highly specialized professional tools requiring specific qualification or professional affiliations to administer (e.g., intelligence scales or the Sexual Offender Risk Assessment) are not listed in the tool box. It also does not include tools that have special applications, such as the Early Development Inventory tool used for community mapping, or tools that are used by other ministries, such as the Foundation Skills Assessment, which is used by the Ministry of Education.

The assessment tools framework presented in this paper and in the tool box itself is developmental. Over time it will need to be adapted and updated in keeping with new research, emerging practice and shifts in the priorities of both government and the regional authorities. To benefit from emerging research, a process needs to be identified for evaluating existing and

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emerging assessment tools. However, it is outside the scope of this paper to make specific recommendations about this process.

Policy discussion

The supports and services envisioned for the system of care need to be utilized in a manner that ensures the appropriate fit between the needs of the family or individual and the appropriate level of intervention. This approach to service delivery requires clearly defined assessment and planning mechanisms. Ensuring that these are in place not only is best for encouraging wellness of children, youth and families, but also achieves a responsive and cost-effective system of care.

Proper assessment using carefully selected assessment tools is essential to ensure an effective, cost-efficient system of supports and services for children, youth and families. In addition, using assessment tools properly ensures a better fit between the child, youth or family and the services provided, thereby resulting in better outcomes. Assessment tools contribute to planning, decision-making and outcome monitoring at the level of children, youth, families and communities. The aggregate information obtained through their systematic use also allows for well-informed planning, decision-making and monitoring of services at all levels of the system.

Tools can inform and strengthen the relationships with care providers, which are central to a helping positive relationship. However, like any tools, they have limitations. Firstly, no tool can replace the human relationship between a helping service provider and the person receiving services. Secondly, tools cannot replace the need for a solid background in child and family development, and good-quality clinical supervision and training. Lastly, assessment tools form only part of the whole assessment process. Analytical skills and the ability to formulate an intervention approach based on the information available are important components of assessment, decision making and planning.

This paper proposes that all assessment tools considered for use in B.C. be evaluated to ensure their suitability. The framework evaluation requires each tool be consistent with the ministry's purpose and vision as supported by the strategic shifts, and with a set of principles endorsed by the ministry. These tools also need to meet COA standards and be evaluated against review criteria related to tool construction and research. The framework on which assessment tools will be evaluated is divided into the following three headings:

- Relationship to MCFD strategic shifts
- Principles
- Criteria and standards.

The proposed framework enables the development of an assessment tool box to be used consistently across the regional authorities. A common box of assessment tools will promote consistent quality of service across the province.

Appendix A identifies specific assessment tools that are either presently in use or have recently been proposed and evaluates these tools against the criteria established in this framework. The list of assessment tools provided in this document is not exhaustive; however, those identified address all of the domains relevant to child and family development authorities.

Relationship to MCFD strategic shifts

The ministry's stated vision is: "The Ministry of Children and Family Development envisions a province of healthy children and responsible families living in safe, caring and inclusive communities." This vision is supported by the strategic shifts, which form the basis of the ministry's approach to child and family services.

Developing a framework for assessment tools that promotes collaboration is consistent with several of the ministry's six strategic shifts, including:

- *To open, accountable and transparent relationships*—The assessment tools chosen will promote openness in two ways: first, by openly evaluating the tools we use, including their strengths and limitations, and second, by directly involving children, youth and families in completing and understanding the results and outcomes of assessments.

- *To promoting family and community capacity to protect children and support child and family development*—Assessment tools can be used to identify child and family strengths and weaknesses so that the appropriate supports can be put in place.

- *To making strategic investments in capacity and resiliency building and providing funding for programs and services known to work*—Effective, research-based assessment tools provide a means of measuring capacity, resiliency and vulnerability in children, youth, families and communities. This information is the foundation upon which evidenced-based services can be planned and delivered.

The ministry has adopted these strategic shifts with the view of working towards clear outcomes for children, youth and families, as described in the paper "Results: An Approach to Outcomes and Organizational Objectives" (4.3). These outcomes are consistent with those identified in Canadian National Outcomes Study:

- *Safety and security*—Safety refers to the need of children and youth to be protected from harm by others or by themselves as a result of family violence, substance misuse, mental illness, aggression or other factors. In the community context this domain refers to factors associated with a community's vulnerability and resilience. Security refers to the need for permanency, continuity and stability in caregivers, relationships and placements.

- *Health and sense of well-being*—Health refers to both physical and mental health and functioning. Well-being refers to a child's or youth's mental health and development, including cognitive, behavioural, social and emotional vulnerability and resilience. Levels of stress and functioning at home, in school and the community are among the indicators of health and well-being.

- *Resilient and capable families and communities*—Resiliency refers to individual or environmental (i.e., home, community, social groups, etc.) characteristics that lessen the likelihood of problems. These factors fall into three categories: individual factors, parent-family factors and community level factors. Research shows that factors such as effective problem-solving skills, humour, positive caring relationships and safe neighbourhoods all enhance the resiliency of children and youth. In the individual context, capacity is the ability of an individual, group or community to cope with stress and/or resolve problems. Resiliency and capacity speak to the ability of families and communities to care for and support children and youth.

- *Secure, engaged and responsible youth*—This domain refers to the need for youth to develop the life skills, social relationships and behaviour necessary to ensure their successful transition to independent and responsible adults.

Assessment tools need to play an instrumental role in helping the ministry achieve its vision, by supporting the strategic shifts and helping achieve the desired outcomes.

Principles

The following service principles are consistent with those used in the "Core Service Requirements" paper and support best practice in child and family services. These principles are also useful in the context of evaluating assessment tools. They are consistent with policies, protocols and legislation in B.C.'s child service system. Their inclusion in the evaluation framework is not meant to restrict creativity in the choice of assessment tools, but rather to guide and promote the development of high-quality assessment measures.

Principles to consider include:
- evidence-based
- strength-based
- culturally, gender-, and religion-sensitive and appropriate
- preventive
- holistic and comprehensive
- developmental
- outcomes-oriented.

Criteria and standards

Three types of criteria need to be applied to prospective assessment tools. The first set of standards to be considered is the Council of Accreditation (COA) standards. The second set of criteria is generally applied to the construction of tools used within child welfare, education, psychology and health jurisdictions. The third set of criteria is applied to the evidence of a tool's usefulness.

Accreditation standards

Background

The minister has decided that accreditation will be used to ensure that best practice standards are implemented and maintained by the:
- Provincial Services/ministry
- regional/provincial authorities
- larger contracted service providers.

Accreditation is a formal process of organizational review. It identifies whether an agency has met standards of practice developed by impartial consumers, stakeholders and professionals, as well as provincial and national organizations. Accreditation focuses on quality, accountability and administrative competence.

While many standards of practice in B.C. surpass the accreditation standards, in other areas the standards will serve as a significant impetus for the clarification of methods of service delivery. Assessment tools are likely to play a stronger role with organizations that are accredited, as the importance of assessment is clearly identified within the guidelines.

The Council on Accreditation of Children and Family Services (COA) has been recommended as the accreditation body for the new child and family services regional authorities and as the accrediting body for services that will continue to be provided by the ministry. There are two types of COA standards:

- generic organizational standards with which all organizations seeking accreditation must comply, called the "G" standards
- program/service-specific standards, which apply to the specific services provided by the organization, called the "S" standards.

COA has a number of standards. Standard G8, entitled "Intake, Assessment and Service Planning," refers to the assessment process in the following way:

> All persons and families served receive an intake assessment, a basic assessment, or comprehensive psychosocial assessment according to their needs and the services provided.

Furthermore, standard G8.2.02 states that:

> Assessments are tailored to individual needs and service objectives and the organization collects only such information as is necessary to provide the requested services.

In addition to the "G" standards that are applicable to all services provided, the "S" standards apply to specific service areas such as day treatment or foster care. These S standards determine the level of assessment necessary within a service: intake, basic or comprehensive.

The Rehabilitation Accreditation Commission, commonly referred to as CARF, has already accredited some agencies in B.C. Though this framework identifies the level of assessment according to the COA definitions, the tools evaluated in this paper are also consistent with CARF standards. CARF takes a different, more specific, approach to assessment tools, reviewing the manner in which they are administered, the personnel administering the tests, the characteristics discussed in the tools, and how they relate to program decisions.

Tool construction evaluation standards
Tools used in the fields of medicine, psychology, education and social work are developed and evaluated according to standard sets of criteria. These criteria include examining the reliability and validity of a tool and its suitability for the task for which it was designed.

Quality of evidence to support tools
Tools are evaluated according to the general quality of the research that has gone into examining their usefulness. Some tools are the result of consensus opinion and have never been formally evaluated, while other tools have been extensively evaluated in multiple research studies.

When individual tools are reviewed in the appendix, general comments will offer information about the manner in which each tool was developed and the research information that reflects upon the tool.

Other considerations

Electronic delivery

Tools that are available for completion over the Internet or Intranet lead to quick scoring and more efficient data storage and distribution, compared to paper-and-pencil tools that require time for scoring and interpretation and subsequent data entry.

Cost

Many tools are available free of charge, such as those developed by the Casey Foundation, while others are available for nominal fees. Still others require significant investments in software prior to their use.

Training and support

Tools selected should allow for easy training and support for staff.

References

Council on Accreditation. (2001). *Public sector self-study guide* (7th ed., version 1.0). New York: Author.

Katzev, A., et al. (1998). *Building results 111: Measuring outcomes for Oregon's children, youth and families.* Prepared for the Oregon Commission on Children and Families, January 1998.

Kayser, J. A., & Lyon, M. A. (2000). Teaching social workers to use psychological assessment data. *Child Welfare 79*, 197–222.

Rehabilitation Accreditation Commission. (2003). Behavioral health standards manual 2003. Retrieved March 21, 2003, from http://www.mcf.gov.bc.ca/carf/bh/03_BH_SM.pdf

In addition, a number of Ministry of Children and Family Development papers were used in the preparation of this paper, including:

- *System of Care Companion Document*
- Core Service Requirements
- Results: An Approach to Outcomes and Organizational Objectives
- Vulnerable Children and Youth.

4.5 Approaches to Community-Based Service Delivery

Introduction

In March 2002, the Minister of Children and Family Development appointed the Child and Family Steering Committee on Community Governance to provide advice for the government to consider regarding the changes to be made over the next three years as the ministry services devolve to five regional authorities.[1] The committee is composed of members with a broad range of community involvement, including parents and youth.

The committee has had the opportunity over the past year to engage in rich discussions about the implications of the transformation required by the shift to community governance. Although the committee was set up to provide advice on community governance, committee members are clear that community governance alone will not result in the changes that are required to implement the vision implied in the ministry's strategic shifts. The issue of service delivery at the community level kept coming up in discussions and appears to be inextricably entwined in the issues around governance.

The committee has also been concerned from the outset about the magnitude of the transformation required at a time when the ministry is facing a significant reduction in the funding available to achieve the ministry's mandate. One of the many challenges will be to ensure that the costs of infrastructure and administration are kept to a minimum and a clear focus is maintained on providing the bulk of the resources to provide services that make sense to families and communities. In essence, this means working toward more service and resources and fewer cases. The benefits to children, youth and families should outweigh the costs of making the changes.

Although the committee sees the reduction in funding as a constraint, reduced funding also provides an incentive to develop new partnerships, building on the good work already showing promise in communities. It gives us the opportunity to support and strengthen the many voluntary organizations and their networks of informal helpers that know and work closely with their communities. It also means increasing the use of strategies that have strengthened families and given them some control over their situation. These include mutual aid programs in which families educate and help other families in similar situations, family conferencing and mediation. For other services with evidence of beneficial outcomes, see *Working with Communities to Support Children, Youth and Families: A System of Care (2002)* and *Companion Document.*

As the Child and Family Steering Committee on Community Governance winds down its work, committee members recognize that the regional planning committees are currently discussing and developing their service plans and would like to offer as much help as possible, given the pressing timelines and amount of work required. Committee members have assisted in the development of a number of background papers and hope that they will offer some assistance to regional authorities as they chart a new course at the community level. In particular, the committee has considered the difficulty in finding a balance between providing consistency of access and quality, and availability and continuity of services for children, youth and families,

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[1] The Steering Committee's mandate does not include advice about the governance of services to Aboriginal children and families. A separate consultation process is underway with Aboriginal communities.

while at the same time respecting the need for flexibility in service delivery approaches developed at the regional and community levels. As part of these deliberations, a sub-committee developed a service delivery model for consideration. After further discussion, the steering committee felt it might be more useful to the regional planning committees and interim authorities to have a framework that would guide the transformation in service delivery and against which local and regional participants could assess their service delivery plan as it is being developed.

The framework takes into account the ministry's explicit direction that a community governance structure should *not* create a service delivery system that simply re-establishes existing bureaucratic structures. Families have made it clear in many community consultations that they do not want to deal with bureaucratic systems and simply want to know where to go to get the help they need. Approaches need to build on existing community capacity and work towards involving more community members in the provision of support and services to children, youth and families.

The committee recognizes that the timelines for making decisions about budget cuts do not always align with the development of the creative service delivery systems envisioned in the strategic shifts. As the regions begin to make cost-saving decisions in order to meet the timelines for implementing ministry funding reduction targets, it is crucial that they have an agreed-upon framework for the development of new service delivery approaches. It is in the spirit of helping the regional planning committees and interim authorities as they work towards developing a "coherent community-based service delivery system" that the following framework has been created.

This paper proposes an approach to developing a service delivery framework that:

- helps each authority define a coherent community-based service delivery system that reflects the intent of the changes desired
- allows for incorporation of ideas obtained through community consultation
- builds on existing community services, supports and approaches
- encourages service delivery as close to the community as possible
- ensures a planned approach to accessing services and service delivery for children, youth and families throughout the province.

This framework assumes a developmental approach to service delivery. It recognizes that each community is at a different stage of service development and will need to build and adapt its service delivery plan according to available resources. It may take several years before a truly comprehensive service delivery system is in place across the province.

Framework for a Community-Based Service Delivery System

The principles
The principles are taken from the paper "Core Service Requirements for Regional Child and Family Service Authorities and Aboriginal Authorities," January 2003 (4.1).

Outcomes-oriented and evidence-based

Services should be oriented toward outcomes to ensure that the focus is not simply on program design and delivery, but on what needs to be achieved and the results of services.

Accessible

Services are to be accessible to children, youth and families with demonstrated need.

Community-based and flexible

Services should address the vulnerabilities and needs as well as the strengths of children, youth, families, and communities. Services should be designed to build capacity in communities. Community involvement and ownership facilitates greater choice and innovation in designing and delivering services.

Citizen involvement

Community members, including children and youth, are to be given opportunities to have meaningful involvement in the policy and program planning, design, delivery, monitoring and evaluation of services.

Staff professional development

The greatest resource for services is the people who provide them. Service providers should demonstrate a commitment to the professional growth of their staff members, encourage their involvement in decisions that affect their work and hold them accountable for results.

Culturally, gender and religion sensitive, and appropriate

Families and communities need services that are relevant and sensitive to issues affecting their parenting, family, and community. Services must be sensitive and appropriate to the culture, gender, sexual orientation and religion of those receiving the services.

Collaboration and integration

Wherever practical services are integrated with those provided by other ministries, agencies and with other informal supports that exist within communities.

Preventive

Services are geared to preventing problems rather than reacting to them. The focus is on wellness and prevention rather than targeting problems and deficits.

Holistic and comprehensive

Services are to be child and family focused not one or the other. They address the needs of children and youth in the context of their families and communities.

Assessment driven

Proper assessment and planning are key to an effective system of supports and services for children, youth and families.

The basic components

There are some basic components or characteristics that should be present regardless of the structure selected in each community. These are the elements that will ensure continuity of help to children, youth and families. They are based on best practices and experience in jurisdictions that have achieved better outcomes for children, youth and families.

Additional characteristics can be expanded based on community involvement and the need to address services for particular groups, such as multicultural groups or street youth. The service delivery framework needs to be relevant and acceptable to the community it serves. This approach allows for the integration of services that make sense in each community and for developing local service arrangements and partnerships.

Those developing their service delivery plan should aim to include the following basic components as the community builds a fully comprehensive, integrated system:

Information and referral

- There is a defined, welcoming point of entry for information and referral in each community to respond to *all* children, youth and families seeking help, and to refer more vulnerable children and youth for the appropriate in-depth assessment and services.
- The access point is ideally a single location in each community; however, in communities where more than one location is necessary in order to meet community needs (e.g., multicultural communities, information and referral are accessible through any of these locations).
- The access point is conveniently located, is communicated to the public and is as readily identifiable as other community services (e.g., acute care facilities, community schools, libraries, recreation or friendship centres, municipal buildings).
- The information and referral team includes people with knowledge of informal community services as well as early child development, mental health, child welfare, addictions, youth justice and is linked with the service delivery system.
- Hours of operation are flexible in order to serve the needs of children, youth and families, rather than those of the organization.
- Some form of outreach capacity or assistance for transportation is available for those who are not mobile or have limited funds for transportation (e.g., volunteer drivers, bus tickets).

Service delivery

Components include:

- an assessment service or additional specialized referral process to provide a range of clinical assessments and interventions
- a wraparound process or case management system to ensure integrated case planning and management, to assist help families weave informal and formal services together as required and to provide for continuity when children, youth and families move
- the integration or clustering of the majority of social support services in one location, ideally alongside the information and referral service, or where that is not possible, the development of identified referral processes or partnerships, linkages, or protocols for utilization of services located separately.

Service quality

Components include:

- qualified people and a strong volunteer base through direct citizen involvement to undertake the preventive, early intervention services and informal community supports, as well as the core services required by legislation and policy

- a mechanism for meaningful involvement of community members in the planning and evaluation of services, including children, youth and their families (e.g., youth and parent advisory committees, existing child and youth committees (CYCs), service planning committees
- commitment to quality services through the use of credible mechanisms, including accreditation, professional regulation or strategic partnerships with educational or other research institutions.

The configuration

The configuration of new service delivery approaches will vary across regions and communities and will be dependent on current community resources and community input. Any new approach for community-based service delivery should be based on a commitment to quality, should provide for the development of measurable outcomes, and be accessible to all community members. It should also be flexible enough to be adapted by each region and community to address its particular geographical, cultural and service needs.

Service delivery approaches for consideration

Any of the following approaches could take the existing ministry- and community agency–delivered services and consolidate them into a more planned, integrated community-based continuum of services. The configuration of services in these approaches makes it easier for children, youth and families to access and use the services.

There will be differences in approaches, depending upon whether the location is urban, rural or remote; however, in all instances the people developing the service delivery system need to be cognizant of the networks naturally occurring in the community and build on their strengths with their involvement. In rural and remote areas, the issues of access are often related to distance and lack of availability of services, so the approaches may focus on breaking down those barriers and developing outreach strategies, possibly using new technology. In some rural areas, people have developed co-operative local transportation schemes to get people to the help they need in other locations. The importance of a helping relationship at the community level in direct contact with families cannot be underestimated in the development of a service delivery approach.

The community-based child, youth and family centre approach

The community-based child, youth and family centre approach is consistent with the framework described in this paper. Where this type of organization does not exist, it could be developed under the auspices of a non-profit multi-service community agency or a coalition of agencies and community organizations. The "child, youth and family centre":

- is conveniently located and is as readily identifiable as other community services

- has a single location in each community or could ensure that intake and services are accessible through other locations

- provides a defined point of access that is easily identifiable

- could offer a comprehensive continuum of fully accredited, integrated, client-centred services—sensitive and attentive to, and easily accessible and understood by, recipients, community members, ministry staff, regional health authorities, school systems, municipal staff and other community organizations

- ensures fully integrated case-management, planning and service delivery for MCFD statutory and directed services.

This approach could take the existing fragmented and uncoordinated system of direct ministry-delivered and community agency delivered services and consolidate it into a fully integrated, seamless continuum of services (Service Delivery Subcommittee report, December 2002).

The "hub" approach

The "hub" approach clusters complementary services in and around an existing community-based organization, such as a community or recreation centre, friendship centre, child and family service agency or resource centre, municipal offices or other community organization. This is not a multi-service centre, but offers ease of access and coordination. It is particularly suited to urban settings. The components include:

- an enabling or "anchor" agency or organization that provides the infrastructure for access, information and coordination functions
- an enabling agency that is usually a large agency or public organization such as a health clinic
- access by public transit
- a diverse number of smaller agencies or services close to the enabling organization that offer a range of services desired by the local community
- a users' committee to guide planning and evaluation of services.

This approach allows a range of relatively small-scale agencies to function as if they were an integrated organization, and allows for smaller, specialized services to develop capacity and work with the larger, more generic public services.

The community schools approach

The community schools approach is a variant on the hub approach and uses the community school as the primary location for information, support, service delivery and coordination. This approach typically focuses on improving the social and educational needs of all children while targeting the most vulnerable children and youth. Components include:

- outreach workers
- service coordination
- family-strengthening activities
- a range of community-based services offered from the school or in partnership with nearby service organizations
- enhanced partnerships with governments, human service agencies, local businesses
- information dissemination regarding community services.

The patch approach

Patch or neighbourhood-based social services and a community-oriented approach to practice – community social work – developed in the 1970s and gained broad support in the 1980s in the UK. They were a response to widespread dissatisfaction with the unresponsiveness and ineffectiveness of the social services and social work practice.

Teams of human service workers were deployed in small, neighbourhood-based offices and served populations of about 10,000 residents. By localizing workers with different levels and types of skill in neighbourhood offices, patch teams are able to offer accessible, flexible and holistic services based on their knowledge of the local cultural and physical environment and on the formal and informal partnerships they develop in their neighbourhood or patch.

Patch teams in Britain, usually employees of public social services departments and sometimes of housing or health authorities, support and build on the resources of informal networks of kin and neighbours, and join with voluntary and statutory agencies, churches, schools, and neighbourhood organizations to solve both individual and community problems.

An evaluation of a patch approach project in Britain identified the following:

- Integrated services were effectively delivered through a neighbourhood-based, co-located interagency team of human service workers, representing both public and private non-profit agencies, without a large input of new resources.

- Shifting to a community-centred practice that is holistic, proactive and preventive requires changes in both attitudes (of workers and managers) and organizational systems.

- This approach mitigates problems of fragmentation, deficit and crisis response orientation, bureaucratic rigidity, turfism, and the substitution of formal for informal systems. It promotes an interweaving of formal and informal supports, innovative resource mixes, consumer and citizen involvement, prevention and early intervention, accessibility, and collaboration. It does this not as an adjunct to existing services, but as a process of changing relations among agencies and between them and the communities they serve.

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Appendix A: Child, Youth and Family Centres: A Community-Based Model for Service Delivery

(Service Delivery Subcommittee, December 19, 2002)

Acknowledgments

This paper was originally written by service providers from all five regions of the province, including:

- Dennis Dandeneau, Executive Director, Okanagan Families Society (Interior)
- Bruce Hardy, Executive Director, OPTIONS: Services For Communities Society (Fraser)
- Brian Harper, Executive Director, Deltassist Family and Community Services Society (Fraser)
- Martin Harris, Executive Director, Peace Arch Community Services Society (Fraser)
- Ralph Hembruff, Executive Director, Boys and Girls Club Services of Greater Victoria (Vancouver Island)
- Doug Sabourin, Executive Director, North Shore Family Services Society (Vancouver)
- Pat Stuart-Clarke, Executive Director, Prince George Receiving Home Society (North).

The paper was presented on December 11, 2002 to the Service Delivery Subcommittee of the Child and Family Steering Committee on Governance, by three of the authors who are members of the subcommittee (Martin Harris, Dennis Dandeneau and Ralph Hembruff). The paper was then revised and endorsed by the other members of the subcommittee:

- D'Anne Epp, Program Head, Early Child and youth Care Department, University College of the Fraser Valley, Abbotsford Campus
- Carol Matusicky, Executive Director, B.C. Council for Families
- Victoria Wadsworth, Youth.

Other participants at the subcommittee meeting who contributed to the revisions were:

- John Greschner, Deputy Child and Youth Officer
- Sandra Scarth, Consultant
- Ron Duffell, Manager, Strategic Planning and Policy Development, MCFD.

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1. Introduction

Important note: The Provincial Steering Committee's mandate does not include providing advice about the governance of services to Aboriginal children and families. A separate consultation process is underway with Aboriginal communities. Recommendations and other

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material developed by the committee are available for use in discussions with Aboriginal communities.

In the fall of 2001, the ministry of Children and Family Development introduced a vision and direction that prescribed dramatic shifts in ministry philosophy, the perception of its mandate and its relationships with clients and communities, and the existing service delivery system. Accompanying these changes is a dramatic reduction in the funding available to achieve the ministry's mandate.

A key focus of the "strategic shifts" is the movement of responsibility and decision-making authority from the existing "large standardized bureaucratic" approach to a "coherent, community-based service delivery system." This is based on the belief that "social programs that are delivered locally, wherever possible, in ways that best reflect the community's needs and strengths, are more likely to achieve positive, effective results."

The ministry recognized from the outset that a truly community-based service delivery system would require a community-based governance authority. It also made it clear that this should *not* result in the creation of several "mini-ministries" that simply re-establish existing bureaucratic structures.

The ministry has invested significant time and resources over the last year in attempting to determine the best way to accomplish this shift successfully. However, implementation of funding reductions is now imminent, and while considerable progress has been made towards the creation of a regional governance model, there has been no evidence of a service delivery model that will meet the stated requirements.

As the regions begin to make cost-saving decisions in order to meet the timelines for implementing ministry funding reduction targets, it is crucial that they have an agreed-upon definition of a "coherent community-based service delivery system." Without it, they risk cutting the core elements of that system before they have begun to create it.

This paper proposes a service delivery model that will help define for each region a coherent community-based service delivery system. The model builds not only on substantial work done in British Columbia by the Provincial Steering Committee, but also on what is already being done in various forms in different parts of the province. The primary outcome is the integration of the majority of social support programs in one area. The model provides for measurable outcomes, is based on accreditation standards, and is accessible by all community members. Principle-based, and not prescriptive, it can be adapted by each region to address its particular geographical, cultural and service needs.

2. The community-based child, youth and family centre

"…solutions to social problems are best found in the communities where the problems occur."
—MCFD Core Services Document

2.1 Service delivery

How do we achieve the goal of creating a "coherent community-based service delivery system" with governance regions that cover hundreds of square miles, encompassing numerous large urban cities and/or a multitude of towns and villages, and extensive rural areas?

The model we are proposing to achieve this goal is a community-based child, youth and family centre under the auspices of an accredited or soon-to-be-accredited, non-profit multi-service community agency or coalition of agencies. The child, youth and family centre:

- is conveniently located and is as readily identifiable as other community services (e.g., acute care facilities, libraries, recreation centres, and municipal buildings)

- is ideally a single location in each community; however, in communities where more than one location is necessary, in order to meet community needs, intake and services are accessible through any of the locations

- provides a defined point of entry, or "intake," which is easily identifiable and communicated to all community members

- offers a comprehensive continuum of fully accredited, integrated, client-centred services— sensitive and attentive to, and easily accessible and understood by, recipients, community members, ministry staff, regional health authorities, school systems, municipal staff and other community organizations

- ensures fully integrated case-management, planning and service delivery for MCFD statutory and directed services.

The proposed model takes the existing fragmented and inefficient maze of direct ministry-delivered and community agency–delivered services and consolidates it into a fully integrated, seamless continuum of services. The continuum includes:

- services required by legislation according to specific enabling acts—including but not limited to the:
    - Child, Family and Community Service Act
    - Adoption Act
    - Mental Health Act
    - Youth Criminal Justice Act
    - Young Offenders Act
    - Family Relations Act

- ministry-directed services—including but not limited to:
    - prevention services
    - outreach services
    - intake services
    - information and referral services
    - early intervention services
    - infant development programs
    - individual and family counselling services
    - volunteer services
    - family reunification services
    - family support services

- support to foster families
- residential services
- youth programs

- non-MCFD services—including but not limited to:
  - addiction services
  - employment services
  - treatment-specific support groups
  - housing programs
  - emergency food, clothing and housing support
  - emergency financial support
  - food bank services
  - adult mental health services
  - transition house services
  - alternatives to violence services
  - transportation services
  - volunteer programs.

(Some centres might need to subcontract some specific services, such as youth justice, and Child Development Centre services.)

The continuum of services provides "wrap-around" support for children, youth and families. It supplements and/or complements, as necessary, the continuum of responsibility and support/service for children and youth that begins with the family and includes extended family, friends, neighbours and the community. Inherent in this concept is the inclusion of protection services within the continuum of available services. Protection is both a "responsibility" and a "support/service."

All services offered by the centres are accredited, ensuring:
- the highest standards
- establishment of outcome and consumer satisfaction measures, and
- community and consumer involvement in service planning and evaluation.

2.2 Governance
In the proposed model, regional authorities could contract with accredited or soon-to-be-accredited non-profit multi-service community agencies or coalitions of agencies to operate the child, youth and family centres in each community. These agencies or coalitions, which might already exist, or might be created for the purpose (through partnerships, collaboration or other joint arrangements), offer a wide range of services that complement and extend MCFD-mandated services, in response to identified community needs.

Using non-profit multi-service community agencies or coalitions of agencies in the formation of child, youth and family centres offers a number of advantages:

- Non-profit multi-service community agencies already provide integrated "sub-sets" of MCFD services.

- They are key components of the existing network of community services.

- They have an established history with and procedures for engaging community involvement with the services they provide.

- Cost-reductions can be achieved through shared resources and economies of scale.

- They bring additional, existing resources in support of services (e.g., volunteers, donations, the corporate and business communities, service clubs, community groups, etc.) and provide access to the "social capital" associated with their high visibility and positive reputations.

The regional authority is responsible for contract management, monitoring and evaluation of services provided by the centres. The regional authority works collaboratively with the agencies in assessing changing community needs and adapting or establishing services to meet those needs within the system.

Ideally, a formal relationship would be established between the regional authority board and the community agency board to facilitate the responsibilities of each. This could be accomplished in a variety of ways, including community board representation on the regional authority board, and regularly scheduled joint board consultation.

2.3 Cost efficiency

The proposed model is fiscally responsible. Increased cost-efficiency will result from:

- the elimination of duplication and redundancy, in both services and support structures, inherent in the existing system

- significant reductions in the number of community-based agencies receiving ministry funding

- meeting ministry target numbers for the elimination of specific staff positions.

Increased cost-efficiency will enable regional authorities to meet and exceed budget targets, which could in turn result in the development or enhancement of new community and/or regionally based programs.

A hypothetical example: South Fraser

The current "South Fraser" sub-region could be served effectively by establishing child, youth and family centres in:

- Delta

- White Rock/South Surrey/ Cloverdale

- Surrey-Newton

- Surrey-North

- Langley/Aldergrove.

Regional authorities would contract with these centres on the basis of a continuous service agreement model. Regional authorities and the centres would:

- establish desirable activities and outcomes

- negotiate multiyear operational budgets
- plan and ensure provision of core services
- ensure the implementation and monitoring of statutory services, government-directed services and additional "pilot" and/or "regionally specific" services.

3. Moving forward

The proposed model is not a new idea.

In 1996, Judge Thomas Gove recommended the creation of "children's centres." Recommendation 97, under "Designing a New Child Welfare System," recommends that core child welfare service providers be commonly employed and commonly funded, working together out of multidisciplinary, community-based children's centres, which should deliver a wide and comprehensive range of services.

Also in 1996, with respect to the CPR process, ministry representatives and service providers (certainly in South Fraser) agreed on the need for "focal service sites" in all communities, where intake, assessment, information and referral services and many existing services would be delivered directly to community members, rather than delivery from multiple locations.

Versions of this model are already in place or are in development in various parts of the province, including:
- Westside Integrated Services—(located in Westbank, just outside of Kelowna) MCFD, School District #23, and non-profit community agency staff have been successfully co-located since the mid 1990s
- South Fraser—MCFD and Peace Arch Community Services have successfully co-located since June 2002
- the Western Communities (in the Capital Regional District/Victoria)—MCFD, the Vancouver Island Health Authority and numerous community agencies are partnering and co-locating in three sites to provide a continuum of child, youth and family services.

While it isn't brand new, and it reflects a groundswell in the field, the proposed model will have a major impact on service delivery in British Columbia. Change isn't easy. However, the subcommittee believes that the proposed model represents a significantly positive change, and one that will ultimately move the system forward to benefit all children and youth and their families in B.C.

Glossary

client-centred services:
- are family- and child-centred
- identify and maximise child and family strengths
- recognise the needs of others
- identify barriers to be overcome

- are communication-based
- make the rights of the family and child priorities
- are culturally sensitive and appropriate
- accommodate the family lifestyle/situation
- utilise extended family and informal community helpers as key proponents of family survival.

comprehensive continuum: Each family and child has access to an integrated system of services that includes primary, acute and chronic care as described in the System of Care document produced through the Advisory Committee on Residential Care and UM (2001).

integrated: Each family and child receives services from an integrated, cohesive system of providers who maintain communication with each other, the child/family, and community. Central to this service structure is case management responsibility, in collaboration with the family, to identify strengths, needs and supports that can assist families to identify and utilize family and community supports sufficient to meet their needs.