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FEATURES

- **Message from the Executive Director**
  By Jeanette Lewis
- **Book Review: Managing Change & Transition**
  By Raymond Lemay
- **Permanency Planning: Choosing Between Long-Term Foster Care and Adoption**
  By Ross Plunkett and Margaret Osmond
- **Quality Assurance Framework: The House of Bricks**
  By Deborah Goodman, Terry Leblanc and Ann Lumsden
- **Joint Recruitment Poster is a Big Hit**
  By Rachel Threlkeld
- **Beyond Protocol: Putting Children First**
  By Jerry Muldoon
- **Learning from Inquests: The Kasandra Shepherd Case**
  By Silvia Wynter
- **Study Tour of Children's Services in Cuba: "The Value of the Child"**
  By Mary Beth Lisk

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Nyla Agnes Moshenko, new granddaughter of Sandy Moshenko, Director of Client Services at Family and Children's Services of the Waterloo Region.

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Message from the Executive Director

By Jeanette Lewis

The Minister of Children and Youth Services, the Honourable Marie Bountrogianni, recently said in reference to the child welfare system: "To build sustainability, we need to start from a stable financial system." At OACAS, we couldn't agree more. In fact, we have been advocating to the government for some time that financial stability is an essential component for effective child welfare service delivery.

Additional funding of $64 million, plus another $20.7 million to pay down the remaining deficits from 2002/03, has been announced by the Ministry. This is welcome news and represents a significant funding increase for our sector. We know that this funding announcement will ease some of the strain on Children's Aid Societies. There are troubling signs that it may not be enough, though: London and Middlesex CAS recently reported an 88% increase in child abuse cases serious enough to be reported to the local police. The continuing growth in volume of reports, investigations, and admissions points to the necessity of addressing broader social issues such as poverty, parenting skills, family violence, substance abuse and mental illness – all of which influence the safety of children.

Dr. Bountrogianni also asked Children's Aid Societies to commit to completing more adoptions, placing more children in their home communities and reviewing legal and infrastructure costs. These are positive goals. Certainly we recognize the value of permanent families for children and the benefits of maintaining them in their own community when they come into CAS care. However, achieving these goals is not always easy. For example, in some communities there are not enough foster families for all the children who need temporary care. In other communities, the raw numbers of foster homes look good, but there may not be a good match with the children needing placement. Some potential foster parents will not take adolescent children; others may not be willing to take infants. This may result in children being placed outside their home community even though, on the surface, there seem to be enough foster homes.

The recent announcement that the Ministry of Children and Youth Services is establishing a Child Welfare Secretariat to provide overall leadership and direction with respect to the approved recommendations of the 2003 Child Welfare Program Evaluation is an encouraging signal. The Ministry's strong intention to implement the recommendations is clear and we salute the secondment of Bruce Rivers, Executive Director of the Children's Aid Society of Toronto, to lead the Secretariat.

We appreciate the steps the Ministry is taking to provide a stable financial base for the child welfare system and to implement the recommendations of the Child Welfare Program Evaluation Review. The vision of an integrated service system that supports the well-being of children, families and communities may yet be achieved.

Book Review: Managing Change and Transition

Luecke, R. (2003). Harvard Business Essentials. Harvard Business School Publishing, Boston.

Reviewed by Raymond Lemay

This is a very good, no-nonsense guide to managing change and transitions in large organizations. This 140-page book is very readable and is based on a number of *Harvard Business Review* articles that have been published over the past few years. It is written from the vantage point of for-profit industry and commercial organizations, however, it is eminently usable and its ideas are quite adaptable to change, innovation, and transition in public sector human service organizations.

Chapter 1 - The dimensions of change

This brief chapter reviews different types of change within organizations. The types of change that are probably the most relevant to the situation of human service organizations are *process change,* which addresses issues of practice and particularly standardized service processes and *cultural change,* which focuses on the human side of organizations. This chapter also describes two approaches to change, one of which is particularly relevant to the situation in human services. This is the organizational capabilities approach where change is designed "… to develop an organizational culture that supports learning and a high performance employee base" (p. 11). In this chapter, we find references to well-known principles of organizational management and change. For instance, "an organization that banks on its culture and people to drive financial success is potentially incompatible with concentrated power and direction from the top" (p. 11).

Chapter 2 – Are you change-ready? Preparing for organizational change.

In this chapter, the author proposes a number of very important ingredients for change. These include finding respected and effective leaders, employees who are personally motivated to change and, finally, an organization that is non-hierarchical and where people are accustomed to collaborative work.

One of the most interesting parts in this chapter concerns motivating people to want to change. The author tells us that we need to challenge complacency and some of the suggested strategies, though written for the competitive

marketplace, are quite adaptable in human service organizations.

a) Using information about the organization's competitive situation means taking the time to compare one's organization to the performance of others. In other words, it starts from the premise that organizations should seek to be the best and this can only be done if there is a fair amount of inter-organizational comparisons. This suggests that there needs to be the concept of a "model" organization against which one can benchmark.
b) Creating opportunities for employees to educate management about the dissatisfaction and problems they experience with hierarchical structure and two-way communication.
c) Create a dialogue on the data: managers need to create a culture that treats data seriously and spends time with individuals talking up the data and its implications. We spend a fair amount of time on counting this and that; however, we don't spend an appropriate amount of time discussing what the numbers might mean. If one believes that there is always a better way of doing things and that improvement is always possible, then the numbers can help us determine what needs to be done and whether or not we are achieving the improvements that we have defined.
d) Set high standards and expect people to meet them. The author points out that it is dissatisfaction that creates the impetus for change and thus organizations must continuously review performance with a view of finding ways to improve.
e) Other important ingredients to motivating staff are rewards and performance-based incentives, the establishment of a nonhierarchical organization, which requires a more participative approach to how everyday business is handled. This means giving people a voice and empowering frontline workers and frontline managers with the capacity to do things as they must. This, of course, is in keeping with the Buckingham and Coffman book *First Break All the Rules* that establishes quite clearly that *intra*-organizational variability is considerably higher than *inter*-organizational variability, suggesting that quality and effectiveness are frontline issues and are not very permeable to standardized procedures or organizational policy manuals. Human services are particularly prone to standardized processes and best practice philosophies that are focused more on how people do things than on the results they get. Innovation, however, occurs at the front line when staff and their supervisors determine that there are better ways of doing things to achieve better results.

Chapter 3 – Seven steps to change: A systematic approach

The author suggests a seven-step approach to managing change.

Step 1 – Mobilize energy and commitment through joint identification of business problems and their solutions.

Step 2 – Develop a shared vision of how to organize and manage for competitiveness (in this section we should read improve effectiveness against an ideal or against a set benchmark).

One of the most interesting parts in this chapter concerns motivating people to want to change. The author tells us that we need to challenge complacency...

Step 3 – Identify the leadership.

Step 4 – Focus on results, not on activities (this, of course, is very liberating because it allows a fair degree of discretion on the part of leaders and implementers to do what needs to be done to get the results).

Step 5 – Start change at the periphery, then let it spread to other units without pushing it from the top (which suggests an incremental approach to change making it much more likely to be successful).

Step 6 – Institutionalize success through formal policies, systems, and structures.

Step 7 – Monitor and adjust strategies in response to problems in the change process.

The author concludes with a certain number of mistakes to avoid:

a) don't try to impose a canned solution developed somewhere else,
b) don't place your bets on a companywide solution driven from the top,
c) don't put the Human Resources dept. in charge,
d) don't bank on a technical fix alone, and
e) don't attempt to change everything at once.

To be done, change needs to be doable but it especially needs to seen as doable by the people who will have to implement it. Huge, overplanned, organization-wide reforms and solutions, driven from the top rarely make sense to the people who have to implement things at the front line. Rather it seems that the vision for change, inspired as it is from a certain deep-set dissatisfaction, can only be implemented if it is confronted with frontline realities and owned by the people who will have to live with it in the day-to-day.

...there are three types of people who should not be on a change or implementation team. These include people with big egos, snakes and, finally, reluctant players.

Chapter 4 - Implementation: Putting your plan in motion

In this chapter, the author quotes an interesting survey that identifies seven implementation problems "that occurred in at least 60 percent of the ninety-three firms polled:

1) Implementation took more time than originally allocated (76 percent).
2) Major problems surfaced during implementation that had not been identified beforehand (74 percent).
3) Coordination of implementation activities (for example, task forces or committees) was not effective enough (66 percent).
4) Competing activities and crises distracted attention from implementing this strategic decision (64 percent).
5) Capabilities (skill and abilities) of employees involved with the implementation were not sufficient (63 percent).
6) Training and instruction given to lower-level
7) Employees were not adequate (62 percent).
8) Uncontrollable factors in the external environment had an adverse impact on implementation (60 percent)" (p.p. 52-53).

In order to ensure that implementation is a success, the author provides the following suggestions.

a) Enlist the support and involvement of key people. It means people with power, expertise, credibility, proven leadership skills, and people with a fair amount of common interests on the team to manage the change.
b) Craft an implementation plan. It needs to be a simple plan created by people affected at all levels and it needs to be structured in achievable chunks. It needs to specify roles and responsibilities and, finally, it needs to be flexible. This last point is important because, as we all know, "what can go wrong, will go wrong!"

In this section, the author suggests that there are three types of people who *should not be* on a change or implementation team. These include people with *big egos*, *snakes* and, finally, *reluctant* players. Thus, only people who are really committed to change should be on a change team.

a) Support the plan with consistent behaviors and messages.
b) Develop enabling structures to include pilot programs, training, and reward systems.

c) Celebrate milestones in the change process. Thus, it's important to symbolize change and success.
d) And, communicate relentlessly. Here are some of the specifics that are really important.
   1) Specify the nature of change
   2) Explain why
   3) Explain the scope of the change, even if it contains bad news
   4) Develop a graphic representation of the change project that people can understand and hold in their heads
   5) Predict negative aspects of implementation
   6) Explain the criteria for success and how it will be measured
   7) Explain how people will be rewarded for success
   8) Repeat, repeat, and repeat the purpose of change and action plan
   9) Use a diverse set of communication styles that is appropriate for the audience
   10) Make communication a two-way proposition
   11) Be a poster-boy or a poster-girl for the change program.

Finally, in this chapter, the author suggests that using consultants is only good at the beginning of a process when an organization is diagnosing the need for change. Implementation on the other hand is something that belongs to the organization with little input from experts and consultants.

Chapter 5 – Social and human factors: Reactions to change

Change is painful particularly because it means that people will stop doing what they know well and are comfortable with to take on things that they know a lot less about; change is thus first and foremost uncomfortable. People who resist change are often seen as adversaries. However, resistance to change is only one of the normal phases that one goes through in the change process. The author of this book tells us that people who resist change should be seen as going through a normal stage but just as importantly as people who have important information to tell us about what might go wrong with change once it's implemented. The nay-sayers speak to get us to stop change, however their criticisms will point out difficulties that can improve an implementation plan.

This chapter also describes the need for *change agents* who will fulfill a critical role. They will "articulate the need for change; are accepted by others as trustworthy and competent; see and diagnose problems from the perspective of their audience; motivate people to change; work through others in translating intent into action; stabilize the adoption of innovation; and, foster self-renewing behavior in others so that they can "go out of business" as change agents" (p. 77).

Chapter 6 - Helping people adapt: Strategies to help reduce stress and anxiety

This chapter describes the stages and reactions to change which include shock, defensive retreat, acknowledgment, and acceptance and adaptation.

...people who resist change should be seen as going through a normal stage but just as importantly as people who have important information to tell us about what might go wrong with change once it's implemented.

This chapter also contains strategies to deal with individuals at each of these stages of adaptation to change and a fair amount of useful advice. Thus, we are told how managers can help employees cope with change. It's actually in this section where the resistors get their due. "Resistance is a part of a natural process of adaptation to change – a normal response of those who have a strong interest in maintaining the current state and guarding themselves against loss" (p. 97).

Chapter 7 - Toward continuous change: Staying competitive through change

There are two basic strategies to change because change is ultimately unavoidable. Many organizations stabilize

through long periods of time and then go through torturous and tumultuous change. These changes are large, discontinuous, and very problematic. Thus, change is viewed as *reform*, radical, and usually brings out the worst in people. The author of this book, as many others, suggests a far different strategy of *continuous incremental change* in organizations. Thus, organizations should seek to foster a culture of innovation and change towards improvement. What the author doesn't say, but which makes a lot of sense, is that in any event organizations change either for the better or for the worse. Left to itself, an organization tends to run down, which is the second law of thermodynamics. Program evaluation and other schemes for measuring quality in organizations show that excellence is rare and most organizations function in the mediocre range (Lemay, 2001). Proactively working towards a culture of continuous change means that an organization should attempt to counter the natural order of things by continuously moving towards improved practice and results.

In this section, the author suggests that it's always important to appeal to people's better motives in trying to engender change. Even the profit industry can have lofty goals that are to the benefit of the community rather than to just shareholders. Thus, we are told on page 110 that *3M* has as its purpose to "solve unsolved problems innovatively," *Cargill* has as a mission "to improve the standard of living around the world," *Hewlett-Packard* wants "to make technical contributions for the advancement and welfare of humanity," and *McKinsey & Company* seeks "to help leading corporations and governments to be more successful." The cynic might want to scoff at such lofty ideals and yet it is these that make the business world turn and human services should certainly attempt to motivate their staff and stakeholders by appealing through important values and broad goals.

CONCLUSION

This is a very good book that briefly sets out what change and innovation are all about and how managers can foster it and help it happen. This book, as well as others, points to an important gap between human service-public sector management theory and what one finds increasingly in the management literature of the private for profit sector. Simply put, human services are hierarchical with a premium put on supervision and chain of command authority, and with accountability dependent on monitoring conformity to standardized processes. The private sector is moving to horizontal structures with significant authority invested in front line managers and accountability tied to results.

A worthwhile read.

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Lemay, R. (2001). *Good Intentions and Hard Work Are Not Enough:* Review of: Levy, P. F., (2001). The Nut Island Effect: When Good Teams Go Wrong. *SRV-VRS: The International Social Role Valorization Journal, 4* (1&2), 94-97.

About the reviewer:

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Permanency Planning:
Choosing Between Long-Term Foster Care and Adoption

By Ross Plunkett and Margaret Osmond

Introduction

Determining whether it is in a child's best interest to be placed in long-term foster care or adoption is a challenging and complex process. The individual child's presentation and needs must be considered against research-based knowledge of the relative outcomes of both forms of care. The child's history of attachment relationships will inform his or her capacity for developing new relationships, which must be considered alongside the merits of continuing to support an ongoing relationship with the family of origin. Finally, the availability of adoptive homes able and willing to make the commitment to meet a particular child's needs enters into the equation.

Weighing the relative importance of all of these issues requires knowledge of typical long-term placement outcomes, the way in which children's particular attachment histories might interact with various placement options, and the relative benefits of access relationships. This knowledge base must then be applied on a case-by-case basis. The balancing of these factors in each and every case is what is inherent in assessing a child's "adoptability".

This article is intended to provide information useful to the serious deliberations required of such significant decisions.

Child Related Factors for Consideration

The primary decision point for any consideration of permanency is the profile and needs of the child for whom permanency is being considered. Children permanently entering the care system have increasingly complex needs[1]. Because of their dependency, they have been highly vulnerable to the conditions in the immediate social surroundings leading to permanent separation, with attendant developmental repercussions. They are more likely to exhibit the symptoms of inadequate or

[1] Trocme, N., McPhee, D., Kwok Kwan, T., & Hay, T. (1994). *Ontario Incidence Study of Reported Child Abuse and Neglect: Final report*. Toronto: The Institute for the Prevention of Child Abuse, pp. 81-99.

ambivalent attachment relationships, will have experienced trauma and neglect, and have histories of failure in their educational systems and communities. These children typically require something well beyond "normal parenting," something more closely akin to therapeutic care at least in the early stages[2].

The more sensitive the child's care environment is to the child's needs, the more likely the child will be able to make good use of the healing and resiliency-promoting aspects of good foster or adoptive care. Some children will require a well-functioning team approach with a plan for management input, frequent respite, opportunities for ongoing skills development, and regular access to problem-solving and debriefing to achieve this level of remedial care. Other children require less intensive service in order to make use of family-based care. Yet another group might have intense needs at the outset of a placement, but might be expected to make gains relatively quickly. The higher the level of support needed to provide a child with a responsive environment, the more likely a child is to be in need of a fostering environment with its attendant support system. However, adoptive homes can be remarkably adept at garnering a supportive network, particularly when the needs of the child to be placed are well understood in advance.

The factors which will likely impact on the child's individual needs include:

1) The quality and style of early attachment relationships, and their contribution to the child's current relational style
2) The degree to which past trauma is a factor in the child's current adjustment
3) The child's inherent temperament
4) Factors of resiliency, including such issues as cognitive capacity, social style, history of protective relationships, skills and capacities, and history of achievement outside of the family home
5) The history of placement, the child's response to placement and the results of efforts to preserve the child's capacity to enter into further attachment relationships
6) The degree to which effective "closure" about the early history of both child and parents has been achieved (the greater the degree of acceptance and understanding of life events that has been achieved on the part of both parents and child, the greater the opportunity for secure and satisfying relationships in the future whether that child continues to have contact with the family of origin or not.[3])

These factors are important predictors of eventual adjustment, and should act as the basis on which to balance other the mitigating factors that follow.

Research Findings on Relative Long Term Outcomes

Comparative research examining the outcomes for children raised in adoptive and foster homes have found that "those growing up adopted, even if placed when older, appear in adulthood to have a stronger sense of self and to function more adequately at the personal, social, and economic level compared with those who were formerly fostered"… "adoption, as a substitute form of care, has a greater potential for reversing earlier adverse experiences, than foster and residential care." "While long-term foster care provides considerable satisfactions, its ambiguous status gives rise to an element of insecurity not found in adoption."[4]

The primary decision point for any consideration of permanency is the profile and needs of the child for whom permanency is being considered.

Ontario research data tends to support this contention. The Ontario Ministry of Children and Youth Services collects long-term outcome data on children in care. The

[2] Osmond, M., Gamble, P. (2003) The Ontario PRIDE Experience: Evaluative Results of a Pilot Project. Toronto: OACAS

[3] Osmond, M., Durham, D., and S. Palmer (2002) Clinically Managed Access: The Final Piece in the Permanency Planning Puzzle. *Ontario Association of Children's Aid Societies Journal,* V.45, no.3, July 2002.

[4] Triseliotis, J., Hall, M. (1980). Contrasting Adoption, Foster Care, and Residential Rearing, The Psychology of Adoption, Brodzinsky and Schuster, Oxford Press U.P.

Ministry has reported an adoptive success rate of 90 to 95%.[5] Success rates for long-term foster care are not as clearly positive.

Outcome data regarding foster care placements is gathered as part of the provision under Section 66 of the CFSA. This provision requires the Ontario Ministry of Children and Youth Services to annually review the status of every Crown Ward in Ontario to ensure adequacy of planning and service delivery. The results of these reviews are available for both the local and provincial levels.

Provincially, Crown Wards in foster care experienced a placement disruption on average once every 23.4 months (once every 29.1 months in York Region Children's Aid).[6] Provincial Crown Wards experience a change of social workers once every 22.3 months (24.6 months at York CAS)[7] a factor identified as impacting on continuity of planning and relationships. Long-term foster care also leaves open the possibility of future Status Reviews, creating the potential for interference with the child's long-term stability and contributing to a child's sense of insecurity about parenting authority and future planning, the essential components of "limbo."[8] By its very nature, long-term fostering has inherent problems that can interfere with providing a child with a reliable long-term placement.

Attachment-Related Issues

The child welfare system is becoming increasingly concerned with planning for, promoting, and remediating attachment relationships for its children in care. Making decisions in this complex area requires a good understanding of the dynamics of attachment relationships in children.

Attachment can be defined as "a bond between a child and his caretaker that becomes the foundation for his future psychological, physical, cognitive development and his future relationships with others." [9] A child's interactive style, cognitive profile, and behaviours are very much influenced by the quality of his or her earliest attachment relationships. Problematic early relationships tend to inform subsequent attachment relationships, often leading to the re-enactment of earlier problematic relationships; skillful and sensitive caregivers capable of providing a secure and predictable environment over a long period are needed to mediate attachment history related issues.[10]

Attachment-compromised children who do not receive remedial care are likely to exhibit behaviours that precipitate caregiver rejection; in the most severe cases this might cause the child to experience numerous losses of primary caregivers. [11] The more changes of primary care givers a child experiences, the less energy is available for investing in forming close attachments. If a child experiences enough losses, he or she may become permanently resistant to attachment, losing the capacity to form satisfying emotional relationships and setting the stage for significant mental health problems in adulthood.[12] [13]

Adults who acquired attachment resistance during childhood often display such problems as a lack of empathy, or of a socially acceptable moral code. They have a higher risk of developing anti-social behaviors, resulting in increased risks for criminal behavior and problems with maintaining employment. Their inability to form satisfactory intimate relationships results in severe impairment in parenting skills due to their inability to

[5] MCYS's Ontario Child Protection Training Program summarizes adoption outcomes in New Worker Session 9, Attachment Separation and Placement, pages 7 -17 (revised 2001).

[6] MCYS Memo summarizing results of the Annual Crown Ward Review at the York CAS in the period from July 7 – 10 , 2003

[7] ibid

[8] Report of the Children in Limbo Task Force of the Sparrow Lake Alliance. A publication of the Sparrow Lake Alliance, April 1996.

[9] Fahlberg, Vera I. (1991). A Child's Journey Through Placement. Indianapolis: Perspective Press.

[10] Steinhauer, P.D., Osmond, M., Palmer, S., McMillan, H., and N. Perlman (2002) The Recognition, Prevention, and Management of Attachment Disorders within the Child Welfare System. In *Permanency Planning in the Child Welfare System*. Publication of the Sparrow Lake Alliance, Limbo Task Force. Available through the Canadian Resource Centre on Children and Youth, Ottawa.

[11] Crittendon, Patricia McKinsey (1995) "Attachment and Psychopathology". In Goldberg, Susan, Roy Muir, John Kerr, Attachment Theory: Social, Developmental, And Clinical Perspectives. Hillsdale, New Jersey: The Analytic Press.

[12] Steinhauer, Paul D. (1991). The Least Detrimental Alternative: A Systematic Guide to Case Planning and Decision Making for Children in Care. Toronto: University of Toronto Press

[13] Fahlberg, Vera. A Child's Journey through Placement. Indianapolis, Indiana:Prespective Press (1991)

consider their child's needs separate from their own needs, and their inability to form emotional attachment even to their own children. Issues regarding the capacity for attachment relationships are seen to be a primary factor in multi-generational cycles of child abuse and neglect.[14]

The relatively higher prevalence of placement disruption and worker disruption in foster care is an important consideration in choosing between foster care and adoption. Despite the best of intentions, the likelihood of a disruption in significant relationships is higher for children placed in foster care as opposed to children who are adopted. Ministry Crown Ward Review data for York CAS indicated that 45% of children placed in foster care had experienced a placement disruption.

The child welfare system is becoming increasingly concerned with planning for, promoting, and remediating attachment relationships for its children in care.

What is not addressed by this data (and has not been researched to any great extent) is the impact of disruptions of other important relationships experienced by children in foster care. Often children who have a compromised attachment history form their first significant bonds with their age mates in the caregiving family; the impermanent nature of foster care will very likely lead to the loss of important substitute sibling relationships as children enter and are discharged from the foster home. There may be impact upon the placed child's attachment capacity resulting from these repeated losses even within a stable foster home placement.[15]

This is not to imply that every child placed in long-term foster care will develop an attachment disorder. Over half of children placed in foster care do not experience placement disruption, and find life long relationships with their fostering families. However, it is a risk that must be factored into decision-making. The longer a child who could potentially be adopted remains in foster care, the higher the risk of exposure to placement changes, losses of social workers, and losses of relationships with children in their foster home.

Foster care is, by definition, a time-limited placement option. Children are funded to remain in care until their 21st birthday, and typically are discharged prior to that age. While many foster parents maintain involvement into adulthood with children they have fostered voluntarily, this is not a requirement of the fostering arrangement. Foster children are aware of the limitations of the foster care arrangement; this limitation is frequently cited in child-in-care research as an element contributing to high degrees of anxiety and a sense of a limited future.

Adoptive placements do not carry the same degree of risk as foster care placements. Children in adoptive placements do not typically experience multiple caregivers, nor do they experience regular changes of the children they live with. As the level of commitment of adoptive parents is to provide a permanent home, they are more likely to work through behavioural problems with the child rather than request removal of the child.

An adopted child remains a part of their adoptive family into adulthood, with continued family supports, commitment, and belonging. This can be a critical factor in reducing reliance on the social support network for those adults who require ongoing and periodic family support as a result of problems in their early history.

Outcome Research in Relative Child Adjustment

An important factor to consider in long term planning relates to the development of a child's self image (i.e., perception of themselves) and how their community views them. Whether or not a child experiences a stigma attached to growing up in the foster care system is an

[14] Cichetti, Dante and Toth, Sheree L. (1995). "Child maltreatment and attachment organization". In Goldberg, Susan; Muir, Roy; Kerr, John (1995). Attachment Theory: Social, Developmental, and Clinical Perspectives. Hillsdale, New Jersey: The Analytic Press.

[15] The impact of loss of sibling relationships on caregiver's children is discussed in Osmond, M., and Nadon, D. (2003). Healthy Foster Families: Managing the Impact of Fostering on Children. Toronto: OACAS.

important part of the development of identity formation. A child's sense of normalcy has a very direct effect on the psychological integrity of the individual. Research into long-term effects of adoption and foster care found that adoptees experienced few open negative community attitudes because of their adoptive status…the predominate climate was one of acceptance" [16]. Children who were raised in foster care, on the other hand, "seemed to experience more negative encounters, particularly at school."

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Another factor related to a child's sense of stigmatization involves the child's perceptions of the visiting of the child welfare worker. While frequent worker visits are required under Ministry regulations to ensure quality of care, children do not necessarily see this as a positive element in their lives. Instead, worker visits may be viewed as an invasion of privacy, a reminder of the lack of normalcy in their life circumstances, and as eroding the authority of the day to day caregiver, whose relatively limited capacity to engage in decision making was seen by youth as contributing to perceptions of stigmatization. The impact of child welfare worker visits or changes of social workers is not as significant in adoption placements as the social worker is only involved until the adoption is finalized, typically in just over 6 months.

Other factors affecting self-image in foster care included the perceived failure of the family of origin, the very sporadic appearance of a parent or sibling, and the ambiguous nature of their relationship with foster parents. To a large degree these concerns are mitigated by the adoption placement. Post Adoption services to adult adoptees has found that the failure of the family of origin and the implied rejection of relinquishment for adoption plays an important role in self image and emotional well being, which are often satisfied by information and/or contact with their families of origin. Legislative changes occurring in the early 1980s now provide opportunities for information sharing, and/or contact between adult adoptees and their family of origin.

Overall, the long term adjustment of children growing up in adoptive homes is comparatively better on measures related to education, employment, social status, emotional health and marital status than for children growing up in foster care.

Access Relationships and Permanence

The matter of retaining access for a child to the family of origin is one of the most compelling reasons to consider a long-term foster care placement over an adoptive placement. Currently there is no provision under the CFSA to allow continued contact between a child and his or her family of origin post-adoption. While there is a growing (though not well researched) consensus that a middle ground in the form of open adoption or a provision for foster guardianship might address all of the concerns in the long term planning dilemma, those options are not currently available except by private agreement. Section 59 (2) of the CFSA specifies that access should not be attached to a Crown Wardship Order unless it will not interfere with the child's opportunities for a permanent and stable placement. Planning for adoption requires the cessation of access.

Balancing the relative benefits of a continued access relationship with the merits of adoption requires a good understanding of the nature of attachment relationships, the impact of visiting on child stability, the potential for continuation of the access relationship, and the contra indicators for ongoing access. These issues are thoroughly discussed in the 2002 report of the Limbo Task Force of the Sparrow Lake Alliance.[17] The highlights will be summarized here.

[16] Triseliotis, J., and Hall, M. (1980). Contrasting Adoption, Foster Care, and Residential Rearing, The Psychology of Adoption: Brodzinski and Schuster, Oxford, U.P.

[17] Osmond, M., Perlman, N., Dale, N., and Palmer, S. (2002) "The Role of Access in Permanency Planning". *Permanency Planning in the Child Welfare System.* Publication of the Sparrow Lake Alliance, Limbo Task Force. Available through the Canadian Resource Centre on Children and Youth, Ottawa.

As already noted, the process of children's identity formation is immensely complicated by out-of-home placement. Maintenance of family ties can provide children with a continuing sense of belonging, which can be difficult to establish in a foster home. The demonstration of continued commitment by a parent can increase the child in care's self-esteem, which can be irreparably damaged if he/she feels abandoned by parents. Research indicates that visited children are more likely to return to their families, and to return earlier, when contact is maintained. Research has also demonstrated that a child's placement stability can actually be enhanced by well-managed contacts and connections between the child and his/her family of origin. Disruptions occur less often, children make better long-term adjustments, and the possibility for the child to develop a positive, future-looking identity is enhanced.

Even children whose attachments are characterized by insecurity and anxiety, as with children abused by their parents, have a stronger basis for development than children whose primary relationships are interrupted after being established. In those cases where the parents have been abusive, the relationship remains critical and requires working through, particularly in older children.

The critical considerations in making the decision to maintain access over the permanency of adoption relate to the child's age, the nature of the relationship with the family of origin, and the quality of the access underway.

Young children typically do not benefit from ongoing access as much as they benefit from the adoptive relationship. Attachment emerges over a series of comparatively gradual stages wherein the child's needs are consistently and positively attended to. In a well-functioning family a secure attachment relationship requires 3 to 5 years to form fully.[18] In protection cases involving diminished parental capacity due to mental health concerns, addictions, or domestic violence leading to neglect, abuse, or family chaos, it is improbable that the conditions required to form a healthy attachment relationship were present. While it is rare for children to be entirely detached from their caregivers, the quality of the existing attachment relationships may be so disintegrated or ambivalent as to be more destructive than severing the relationship in favour of a substitute relationship. In these cases, adoption would most probably be the preferred option.

In the case of older children where the attachment relationship is long standing and significant to the child's sense of self, the benefits of access as described are more likely to be realized, provided the birth family is able to support the substitute caregiving family's parenting, and be reliable in consistently attending access visits throughout the child's stay in foster care. Regular, well-managed visits between the child and his/her family may function as a protective factor in helping the child cope with any other losses they may experience while in care. Notably, provincial Crown Ward data indicates that the frequency of court-ordered parental contact taking place following the granting of a Crown Wardship Order often reduces significantly so that access becomes unpredictable or sporadic. This type of access both defeats the positive benefits the courts had hoped to ensure by making an access order, and ultimately may be damaging to the child and disruptive to placement stability. Erratic attendance at access visits prior to an Order should be considered as an indicator that post Order access may become increasingly minimal and unpredictable, with negative consequences for the child.

Opting for access when families of origin have a history of undermining the child's placement should be considered very carefully. When parents constantly criticize the substitute caregiver, regularly threaten to file Status Review Applications, and cannot acknowledge the child's need for permission to succeed in the foster care placement then access may have the consequence of causing a placement disruption. Children in these scenarios experience conflicting loyalties, insecurity about parenting authority, and are hesitant to invest in relationships with their foster families, leaving their

[18] Bowlby, John "Attachment and Loss" Volume 1 attached) New York: Basic Books 1970
Ainsworth, Mary. "The Development of Infant-Mother Attachment" In Review of Child Development Research,(1973)
University of Chicago Press
Mahler, Margaret, Pine Fred and Bergman, Anni. The Psychology of Birth of the Human Infant: Symbiosis and Individuation

emotional needs in limbo. In many cases, managing the access relationship in a more instructive or interventionist way can resolve some of the issues. However, this option should be tested before concluding that the benefits of access can be achieved.

There are cases in which access is toxic to children; when parental behaviour during access visits is traumatizing to the child despite the presence of a supervising adult, and when parents are not willing to change; the result for the child in care can be an exasperation of symptoms and behavioural dyscontrol. These symptoms cannot be remediated so long as the child is repeatedly exposed to the conditions that provoke them. In these instances the nature of the attachment relationship will have become so distorted and/or exploitive as to require immediate protective action on the part of the entire child protection system.

Adoptive Home Availability

Is there an adoptive home available that can meet this particular child's needs at this particular time? The risk that an adoptive home cannot be found for a child can become a stumbling block in opting for terminating access in preparation for an adoptive placement. Making an Order to release a child for adoption is to some degree an act of faith for the decision maker who recognizes that finding an appropriate placement has as much to do with the availability of the right home, at the right time, as it has to do with a child's special needs.

Each adoptive match is unique, and finding the "right" match requires a variety of search methods. An assessment is made of the child's unique placement needs and an adoptive home is sought which most closely meets this ideal placement. While it would be ideal to be able to present an adoptive placement, at the time the court is considering making a Crown Ward with no access order, this is not possible for most cases, and if insisted upon could reduce the opportunity to make the best match for a child. This is due to the fact that search methods available, outside of each agency's own pool of approved adoptive homes, require a child be legally freed for adoption before they can be used. The most commonly used search method is the A.R.E. (Adoption Resource Exchange). The A.R.E. is a biannual meeting, run by the Ministry, in which every Children's Aid Society in Ontario can present every child they have not found the right match for locally. Invited to this meeting is any prospective adoptive family, with an approved home study, resulting in a wealth of placement opportunities. Additional search methods include the use of newspaper and web sites allowing searches to expand from local, to provincial, to nation wide.

The child welfare field has placed increasing emphasis on adoption in recent years, in response to the growing body of research that supports this option as preferable for many children in care. This emphasis has generated a growing community response and adoptive home availability. A statistical profile developed by the Ontario Association of Children's Aid Societies[19] indicates that the number of adoptive homes had increased by 43%, and foster homes by 42% since March of 1998. This growth occurred despite the fact that no significant recruitment or funding initiatives for adoption took place over that period. In this business year, the Ministry focused on increasing adoption placement availability for children in care by setting province-wide targets for an increase in adoption finalizations by 10%. Further, in 2004 the child welfare field anticipates the provincial implementation of a joint adoption and foster family training program; the evaluative research of the Ontario pilot of this program was completed in 2003, with very promising results in terms of selecting and preparing families able to meet the unique needs of children in care[20]. With greater Ministry and agency focus on developing Adoption Services, it is reasonable to anticipate there will be even greater success in finding adoptive homes for children over the coming months.

Conclusion

Both Adoptive and Foster Parents offer an incredibly valuable and generous service to the community and to children in need of protection. Both forms of care can provide sensitive remedial care for children whose early

[19] Ontario Association of Children's Aid Societies: CAS Facts, April 1, 2002-March 31, 2003.

[20] Osmond, M., Gamble, P. (2003) The Ontario PRIDE Experience: Evaluative Results of a Pilot Project. Toronto: Ontario Association of Children's Aid Societies

history has necessitated permanent out-of home-placement. However, long-term outcome studies tend to favour adoption as the preferred permanency option. Improved psychological and social adjustment, longevity of commitment, social integration, and life-style benefits are evidenced in post adoption outcome enquiries.

In some cases, particularly with older children whose relationships with their families of origin are meaningful and positive and where those families are able to make and sustain a commitment to remain involved, the benefits of an ongoing well-managed access relationship may mitigate against the potential of disruption and relative lack of security of long term foster care. Further, these relationships have the potential to enhance a child's sense of well being and identity. The decision to maintain contact requires careful consideration, as the benefits of access are not always achieved when parents do not live up to their commitments.

The availability of well-trained and prepared adoptive homes in the Province of Ontario is on the increase, making the adoption of children with complex needs more achievable.

About the Authors

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Quality Assurance Framework:

The House of Bricks

By Deborah Goodman, Terry Leblanc and Ann Lumsden

Introduction

The newest acronym in the child welfare field is QA and it refers to Quality Assurance. While the use of this term is increasing, there is not yet a common understanding across Children's Aid Societies (CASs), departments, staff, boards and other stakeholder groups about what QA actually means and why it is important. The purpose of this article is to advance understanding of the topic by providing clarity on what QA is and presenting a QA Framework along with the philosophical beliefs that are needed to underpin an integrated QA approach. Additionally, the benefits that accrue with such a framework are discussed and the reasons why QA processes are important to child welfare stakeholders are identified. Finally, the barriers that commonly arise in QA implementation and strategies to address expected implementation issues are described.

What is QA?

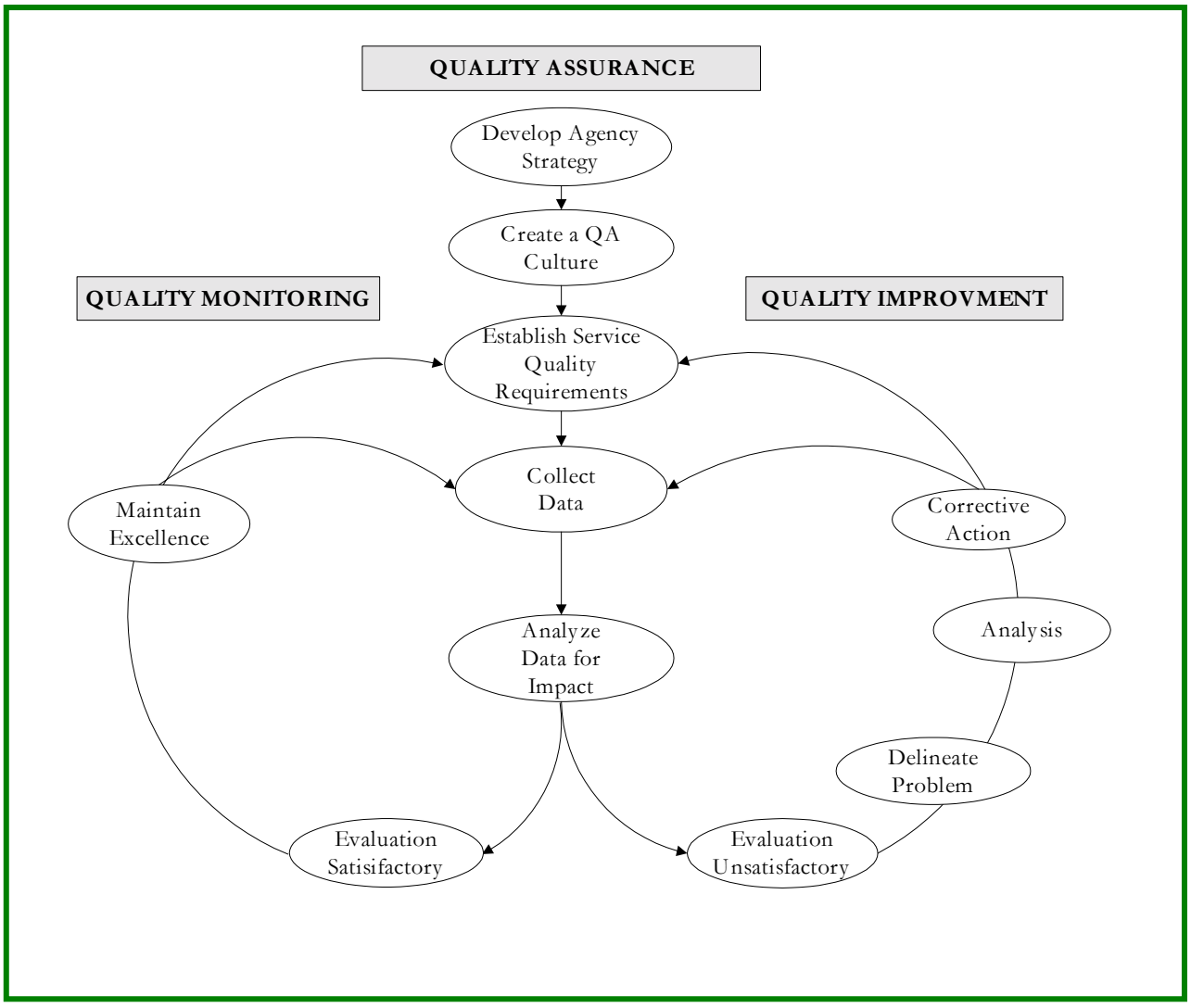
QA (Quality Assurance) is "A formal set of activities that review and affect the quality of services provided. These activities provide both internal and external parties the confidence that the organization will consistently meet the requirements for quality" (Ballantyne & Shields, 2001: p.1). "Quality" is defined by the customer or service recipient and refers to the degree of excellence of the service. "Assurance" refers to a promise or guarantee of quality service provision. CAS "customers" are the children, youth and families served by a CAS, as well as referral sources, community partners, funders and the general public. "Internal" customers can refer to staff, foster parents, and volunteers. Examples of QA activities that have been traditionally employed to assess service quality are file audits, funding and data analyses, and the foster care licensing and agency accreditation processes.

While QA practice is widespread in the for-profit sector, QA initiatives in the public arena have achieved varying degrees of success and have often been viewed with skepticism, if not dissent, by staff and other stakeholder groups (Spence, 2003). This dynamic is rapidly changing as not-for-profit organizations realize that long term success hinges on creating a culture that continually

evaluates and learns about practice in order to improve outcomes for service recipients. In order to operationalize a learning culture, a basic QA structure or framework is required to ensure monitoring, assessment, reflective learning and quality improvement (QI) occur on a continuous basis. The QA process is best described as a continuous cycle. See Table 1.

"Quality" is defined by the customer or service recipient and refers to the degree of excellence of the service. "Assurance" refers to a promise or guarantee of quality service provision.

Table 1: Quality Assurance Framework



What is QI?

As noted in Table 1, QI (Quality Improvement) or CQI (Continuous Quality Improvement) is an important part of QA. QI refers to the implementation of needed improvements to services, procedures and processes. QI initiatives indicate the agency is committed to using QA data to improve service. For example, based on the findings from a QA case audit, QI initiatives may be undertaken to make changes to internal systems that would flag overdue recording, visit requirements or plan of care due dates to improve service and compliance results. A formalized QA approach ensures a double-feedback loop - the ongoing monitoring processes of QA, and when required, the specialized QI/CQI enhancement function.

What is a Formalized QA Framework?

A formalized QA Framework is a systematic method for incorporating QA into agency practice and functioning. It refers to an integration of monitoring efforts and change/improvement initiatives into a holistic, systemic approach. A comprehensive framework provides for the review of all aspects of agency operations such as direct service, purchased services, and licensing and standards by ensuring that:

1) There are outcome answers which address the questions, *"Are we doing the right things?"* and there are process results that respond to *"Are we doing things right?"*

2) Agency data, information and outcomes are used to make improvements to practice and policy and ensure adherence to regulations and standards

3) The process of QA engages numerous stakeholders, such as staff at all levels, children and families served, community partners and funders (DHHS, 2000; Spence, 2003).

It is important to recognize that QA activities have been occurring in agencies for many years. Examples include but are not limited to: exit interviews with children in care, strategic and long range planning, performance evaluations, financial and file audits, human resource reports, supervision and research. While these activities help the field to understand elements of some CAS deliverables, it is important to note that examination has not always been done consistently or rigorously.

A cornerstone of QA is the understanding and improvement of client outcomes, which are defined as the "benefits or changes in clients because of the service provided." Outcomes may be better parenting skills, reduced child maltreatment and increased permanency placements for children. The agency that does not have clear, measurable client outcomes in its QA Framework, for example, will end up with a QA program that is akin to a using a table with only two or three legs - it is wobbly and never stable. Thus, it is the ability of a QA Framework to provide a full and complete picture about the quality, effectiveness and efficiency of an agency's work that will enhance current QA activities.

QI refers to the implementation of needed improvements to services, procedures and processes.

The "Three Little Pigs" fable and the varying outcomes associated with the three types of houses (straw, sticks and bricks) that are used to repel the nefarious wolf provide a useful analogy when comparing various QA approaches. Child welfare agencies have commonly relied on a process-oriented, activity-based approach that uses summary service and activity statistics (*house of straw*) and/or Ministry compliance audits on required processes and procedures (*house of sticks*) to argue positive agency impact or effectiveness. A more evolved QA Framework shifts from an activity-based approach to a client outcomes-based measurement system (*house of bricks*) with the intent to measure the relationship between agency services and positive client change. The ability to continually improve outcomes for children and families through objective, continuous measurement builds credibility and demonstrates effectiveness at two levels: agency (*house of bricks*) and field (*community of brick houses*). Furthermore, the ability to articulate and demonstrate

client benefits will assist in optimizing client outcomes and eliminating ineffectual practices. While developing a culture of systematic, self-evaluation is not always easy, it is key to diminishing the many forms of the CAS wolf – unknown service effects, ineffectual practice, high staff turnover, negative public perception and the always-concerning funding cuts.

What Are QA Beliefs and Values?

The client-centred approach is an essential tenet of a successful QA program. Rapp and Poertner (1988) identified over fifteen years ago that the process of service provision and assuring positive client outcome with service effectiveness should be a dual agency focus. This philosophical belief includes not only caring about the children and families CASs serve but also moving clients to centre stage by making the service recipients the most important partners in determining service quality. It is incumbent upon each CAS to be able to answer whether the services that they provide to children and their families achieve the mandate of child protection, permanency and well-being. In other words, a client-centred belief helps tie agency outcomes to agency mission and ensures examination of the outcomes of services is an inherent part of good service provision. Lusthaus and colleagues note, "Effectiveness of your organization is the degree to which it moves toward the attainment of its mission and realizes its goals" (1999: p. 48). Integral to this belief is the premise that "customers define quality" – that the clients must benefit due to the service. Examples in a child welfare setting would be reduced maltreatment, more stable families and more permanent placements for children. In a QA Framework built upon a client-centred approach, the focus is on ensuring clients are an involved, participatory stakeholder group. Client feedback, assessment of client outcomes and service satisfaction are realistic ways of evaluating agency performance in this area.

Learning and improvement is another core QA belief. It means service excellence is not a static notion. An agency needs the ability to ask, listen, reflect and adapt if it is to be more than the sum of its programs (Letts, Ryan & Grossman, 1999). For example, four years ago, St. Joseph's Health Centre was ranked the worst hospital in the Greater Toronto Area (GTA). Now, through a focused quality improvement effort by physicians and front-line staff, it is ranked number one for patient satisfaction in acute care and emergency care (Rainford, 2004). Putting the learning and improvement belief into practice means excellence is a continual process, not a destination, and everyone in the organization must be committed to and participate in it. The intent is to move forward, offer better services, learn more about what is effective, and utilize current research and literature. The child welfare field should know more, with each passing day, about what is required to achieve the agency mission. The long-term commitment to being a learning organization is demonstrated through the unwavering commitment of the Board and senior staff to QA initiatives. Although QA permeates throughout an organization, from the top down and from the bottom up, the Board and senior management must visibly lead and support this culture change.

It is incumbent upon each CAS to be able to answer whether the services that they provide to children and their families achieve the mandate of child protection, permanency and well-being.

"Staff, foster parents and volunteers want to improve quality" and "QA is everyone's responsibility" are QA maxims. This belief recognizes that staff, foster parents and volunteers want to do good work and they want to know they make and have made a positive difference. Thus, the intent of QA is to empower people and create enthusiasm about doing each job right. By ensuring there is a connection between "knowing the job is done right" and "knowing the right things are being done" through continual measurement, and when needed, changing it to do it better, QA provides that critical knowledge to all the organization's service providers that their work is making a positive difference. This knowledge leads to increased productivity and satisfaction. The QA approach means that service quality is the responsibility of every person in

the organization. That said, the focus of an effective QA Framework is on improving systems and processes, not blaming individuals. QA is not intended to be a means of micro-management but a way to examine what is not working as well as it could be.

What Are the Benefits of QA?

QA Ensures Work is Strategic and Focused

QA provides a more focused and strategic means of examining progress toward the achievement of the organization's mission. QA allows for careful and thoughtful consideration of the benefits and deficits of policies, procedures, systems, services and programs and promotes informed, strategic decision-making by asking key questions. Is the agency clear about its direction? Are programs and systems helping it to move in this direction? Are the goals the right goals? Are plans and implementation thoughtful and strategic? A QA Framework means evaluation is built into service delivery on an ongoing basis and is not an ad hoc approach or afterthought. QA provides a way of thinking that allows the Board and staff to ask if the service offered is meeting stated outcomes. Programs and services are developed with clear outcome statements, indicators and a measurement plan because the agency believes effectiveness must be analysed. If effective service is not provided, at best, nothing is provided, or, at worst, harm is done. Neither one is an acceptable option.

QA Promotes a Learning Environment and Change Focus

QA provides a structure to develop and obtain new knowledge, train human resources, and practice and implement new systems and skills. QA creates an organized system that allows an agency to determine how well services are being provided and supports accountability and informed decision making. QA asks key questions: Are these services effective? Are there gaps in service? Do services fit with the Strategic Plan? As the gaps in services are clearly evaluated, the resources needed to fill these gaps are better described. After explicit outcomes are set, programs are developed to meet these goals, and effectiveness is evaluated, the next steps involve planning for and implementing change. QA supports timely problem solving and corrective action.

QA Requires Stakeholder Involvement

QA ensures the involvement of clients, staff, foster parents, volunteers, service and community partners and MCYS in evaluating the service. Stakeholder information should be used to evaluate and understand the effectiveness of services and determining the best course of action. A QA Framework helps agencies to keep children and families at the forefront because it is their outcomes and feedback that are key to providing information about the service. QA challenges agencies to ask what would make services better and provide an approach that is more respectful and more supportive. This not only requires stakeholder feedback to be gathered regularly but that agencies determine how the feedback will be used to improve services.

If effective service is not provided, at best, nothing is provided, or, at worst, harm is done. Neither one is an acceptable option.

QA Increases Accountability and Transparency

A QA Framework increases accountability with stakeholders by showing how the data, the analysis of the problems and ongoing feedback are used to assess and improve the quality of services. Funders, for example, are provided with outcome information on the impact their investment dollars are having on reducing child maltreatment, increasing child safety and permanency. QA also increases transparency of service actions and changes with stakeholders by documenting the outcomes across time. QA assists in the development of clear outcomes and allows for a demonstration of the achievement or lack of achievement of these outcomes. This allows stakeholders to be confident that agencies are working toward their mission, vision and stated goals. In other words, agencies say what they are going to do,

outline how and why it is to be measured, measure and analyze it, do it and do it well, with the ubiquitous goal of always trying to do it better. Confidence in CAS work can lead to improved relationships between the field and key external stakeholder groups, such as clients, the public, unions, community agencies and MCYS.

QA Celebrates Client Achievement & Agency Success

QA allows for the celebration of client and agency successes based on outcome facts not anecdotal stories. As noted in the "Beliefs and Values" section, if the effects of staff's work are clearly demonstrated through positive client outcomes, productivity and satisfaction will increase. In short, people are energized by knowing that they are making a difference. As Dobyns and Crawford-Mason (1994) noted, "…people who work in quality companies are happier, better trained, and more dedicated employees" (pg. 5).

QA Results in Improved Data Utilization

The good news is child welfare agencies have access to masses of data. The bad news is that the data still does not work hard enough yet to tell the whole story about the quality and effectiveness of the service being provided. A comprehensive QA Framework allows for better utilization of the data. As agencies better understand what they want to learn, they continually consider what information will help them to understand how they are doing. As they engage in this process, they are also challenged to consider how they can more efficiently collect, collate and analyse data, allowing for continued growth in this area.

QA Takes a Comprehensive Approach

The benefit of a comprehensive QA Framework process means all data are relevant not just outcomes. The QA house of bricks has many elements that provide crucial information on how the agency is functioning. Examples include but are not limited to: client outcomes, client satisfaction feedback, staff satisfaction feedback, internal and external service audits on compliance with standards, qualitative service audits, agency accreditation, agency outputs (e.g. staff retention rates, percentage of staff trained, percentage of recording current or completed performance reviews), budget management and financial audits. QA activities contribute to risk management and a reduced exposure to risk. A QA approach demonstrates the agency's commitment to due diligence and continuous learning. For example, focused and sustained examination of the child welfare youth who repeatedly self-harm can provide an agency with improved knowledge about this population in order to advance best practice approaches with this high-risk group. A comprehensive approach ensures there is an organized way to measure both accountability and effectiveness of the agency along with a framework of continuous improvement.

QA Means a Better Use of Limited Resources

When a QA Framework produces better information about the service provided, agencies are better able to make more informed and strategic decisions about where to place limited resources. The use of funding dollars, therefore, has clear parameters and limits. This means resources (e.g. staff) and objectives have to be priorized in relation to the agency's Mission. The "QA is everyone's responsibility" belief means the expertise of the entire workforce is mobilized in ensuring quality, sharing knowledge and finding solutions to problems, leading to a more efficient use of resources.

What Are The Barriers to Implementing QA?

While agencies may believe certain strategies are effective in making positive changes in clients' lives, too often the steps to systematically measure and demonstrate the changes are not done. There are barriers to implementing a comprehensive QA Framework. Agencies have identified the following "roadblocks" or impediments to implementation:

- The Board and/or Senior Management are not committed to QA
- Funders have not provided money for evaluation
- The agency does not have enough personnel to adequately evaluate all the services
- The agency does not have the expertise to properly evaluate services

- QA is a difficult "sell" to staff and it is difficult to demonstrate to them the impact of their QA efforts when they are reluctant to participate in data collection in the first place
- The Information Services Department does not collect, or cannot produce, or is unable to integrate data in the way that is needed
- Some programs such as prevention programs, programs with anonymous participants, services that either offer very short-term assistance like drop-in programs or services where major outcomes take years to determine results, are difficult to measure. Some objectives such as "stop wife assault" or "develop civic responsibility" are difficult to measure
- The same measures are used to answer questions at the client, program and system levels
- The questions are not formulated correctly and/or there is a lack of clear operational definitions
- Design and methodology are questionable
- There are implementation issues
- Data analysis and interpretation are inappropriate
- Cost estimates and budgeting are vague.

The "QA is everyone's responsibility" belief means the expertise of the entire workforce is mobilized in ensuring quality, sharing knowledge and finding solutions to problems, leading to a more efficient use of resources.

Strategies to Address Barriers

Depending on the roadblock, different strategies will be needed to overcome the impediment. For example, if the issue is Board and staff motivation, there may need to be specific or agency-wide training provided on the benefits of QA. The training may need to be in stages such as an initial session on "how to" develop and nurture QA or a workshop on addressing what the agency will need to move it ahead successfully.

If the concern is with not enough staff and time limitations to do the required QA tasks, the agency may need to add players, such as Board members, other staff and volunteers. The agency could create a standing QA Committee with broad agency representation. Or the agency could try and advance partnerships with academia and other experts that may assist in moving the QA initiatives forward.

If the stumbling block lies with formulating the questions correctly and ensuring a sound methodology is employed, the agency may need to narrow the scope and begin with the simplest question and one program. Enlisting assistance from other CASs, agencies or academia to develop the proper methodology, measures, and indicators and to plan on how to analyze and interpret the data could be a further strategy.

An agency needs to consider the following in QA activities. Are they:

1) Timely and planned?
2) Stakeholder-based?
3) Assessment-based?
4) Contextualized?
5) Customized?
6) Learning-based?

Implementing a comprehensive QA Framework can be a daunting task for an agency. However, as Thomas Edison so aptly quipped about why he was finally successful at inventing the light bulb after thousands of failed attempts: "Sticking to it is the genius!" And it will be the approach needed when developing and implementing a QA Framework. The good news is there are a number of resources that may assist in breaking down the steps and providing direction on how to achieve the tasks involved in developing total quality management. Two resources specific to child welfare are:

- **OACAS (2004). A Framework for Quality Assurance in Ontario**. Child Welfare Agencies. Author.

- **United States Department of Health and Human Services (DHHS) (2000).** *A Framework for Quality Assurance in Child Welfare.* National Child Welfare Resource Center for Organizational Improvement, Edmund S. Muskie School of Public Service. Author.

SUMMARY

This paper is intended to advance understanding of what QA is and the beliefs, values, benefits, barriers and strategies to address impediments associated with developing a QA approach. The authors posit that developing a comprehensive QA Framework is the direction that agencies must go in order to adequately, accurately and consistently assess the effectiveness of services and improve quality. In order to advance CAS successes and eliminate ineffectual services, each CAS will need to build a QA brick house. It is said that it takes a village to raise a child. In developing a comprehensive QA Framework, it takes everyone: the Board, the staff, the foster parents and volunteers along with all service providers and other stakeholder groups to assist in the construction, maintenance and ongoing development of a QA Framework.

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Dr. Deborah Goodman has worked in the Ontario child welfare field for over twenty years. She is the Research and Quality Improvement Supervisor at the Children's Aid Society of Toronto and also maintains a small, private consulting practice.

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Ann Lumsden is a private consultant with an interest in Quality Assurance and has almost 30 years of experience in children's services.

The authors have a keen interest in developing QA capacity in child welfare in order to better evaluate, understand and improve the work done by the field.

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Joint Recruitment Poster is a Big Hit

By Rachel Threlkeld

A larger, pull-out poster is included in the center of this Journal.

Susan Wicks, daughter of esteemed Canadian cartoonist Ben Wicks, is the creative genius behind a new foster parent recruitment campaign appealing for foster parents throughout south-central Ontario

Foster parent recruitment workers from Brant Children's Aid Society (CAS), Halton CAS, Hamilton CAS, and Family and Children's Services (FACS) in both Niagara and Waterloo were feeling the pinch in trying to get their recruitment message out on a limited budget. About a year ago, they got together and began discussing and identifying ways they could work together to reduce promotional costs and deliver a stronger recruitment message across all regions.

For their first project, they decided on a poster campaign. They agreed the poster should be eye-catching and inclusive of minority groups. They also felt it should be able to deliver a solid recruitment message while at the same time have a visual appeal founded on artistic integrity.

Susan Wicks resides in the Waterloo area and has done previous work for Waterloo FACS. Upon the request of the recruiters' group, she submitted several sketches for their review. The recruiters chose a neighbourhood-type scene and then asked Sims Advertising, a corporate sponsor of Hamilton CAS's recruitment program, to turn the ink drawing into a full-colour poster.

Under the simple message, "Open Your Home, Open Your Heart," the poster's child-like drawing features a row of colourful houses under sunny skies with big-faced smiling families spilling onto the front doorsteps. Ms.Wicks' artistic expression bears a distinct resemblance to that of her father's, whose unique style was known to Canadians coast to coast. The poster reflects different ethnic groups, a one-parent family, a two-parent family and children of various ages, one of whom is in a wheelchair.

The poster was produced in two sizes: a large 18x24" edition and an 8.5"x11" card-stock edition featuring a tear-off pad with agency name and phone number.

Working together allowed all of the agencies to order their share of the posters for a great price. The cost for each of the large posters was $1.22 and the small poster was $1.00, a fraction of what it would have cost had any one of the agencies embarked upon the project on their own.

The posters, which the recruiters note have met with terrific feedback from staff, foster parents and the public, are available to other agencies for the cost of printing and a small set-up fee to have their logo, message, and phone number added. Since the initial posters were distributed last fall, several more agencies in Ontario's Central Region Homes for Kids project recently purchased the posters for their recruitment campaign. The Wicks posters can now be seen throughout south-central Ontario.

For more information about the poster, contact Rachel Threlkeld at Homes for Kids, Hamilton CAS, 905-546-KIDS (5437) or by email rthrelkeld@hamiltoncas.com.

About the Author

Rachel Threlkeld is Coordinator of Homes for Kids with The Children's Aid Society of Hamilton.

Beyond Protocol: Putting Children First

Defining Integration in Planning Children's Services

By Jerry Muldoon

A sustainable child welfare model depends upon the creation of a new generation of services which are no less intrusive than at present but which are extracted from innovative and integrated service models. These are created to achieve **service efficiency**, for **early identification** purposes, to increase **accessibility** and to heighten community **visibility** and credibility for child welfare. The necessity for child protection and child development to be concurrent objectives in child welfare shapes the structures used to deliver services and leads to a definition of integration which unifies service delivery. The concept of "Beyond Protocol" suggests that coordination and collaboration are insufficient because while they may lead to protocol, they seldom eliminate the boundaries of organizations. Rather, they create a set of rules for working within the boundaries and guard the professional turf of either the organization or the discipline.

True service integration requires working "beyond protocol" and we would hold that children come first only when the traditional boundaries of organizations are made transparent by integrating the mandate of organizations. This is a much different concept than merger or amalgamation and allows for diversity in community and community advocacy. This view of social capital acknowledges the value of community ownership and the absolute necessity for critical mass in the non profit broader public sector. True diversity is not measured by the number of providers but rather by those service vehicles which consciously increase accessibility while reducing real or perceived duplication of effort.

The above statements assume that the containment of costs depends on integration of services, that versions of managed care led by child welfare will cultivate efficient local service delivery, that Children's Aid Societies wish to lead the elimination of silos which disadvantage children and that multi-service shopping conveniences look good but are not necessarily more efficient.

Strategic considerations

1) The broader public sector must have its mandatory service nature constantly informed by research. In the absence of practice research, there can be no real cost containment.
2) Incremental growth has been replaced by volume growth and associated shortage in supply. The field requires new spending authority and methods. The "fix it" approach is probably the least desirable but is the most bureaucratically acceptable.
3) Accountability cannot be accommodated without program evaluation. Program evaluation and other forms of research are very complementary to a volume-based funding formula. One without the other is not sustainable - witness the current scenario.
4) Regionalisation of services is likely less efficient than well-connected infrastructure and severely limits opportunities for cross-sectoral integration - our true partners in Renfrew County are in health and education, etc., rather than the CAS in North Bay or Ottawa.

The necessity for child protection and child development to be concurrent objectives in child welfare shapes the structures used to deliver services and leads to a definition of integration which unifies service delivery.

5) Adequacy and equity in funding contributes to innovation and innovation is a necessary precondition to sustainable cost containment.
6) Revenue generation is key to business planning. Expenditure control demands system-wide collaboration while revenue generation is more likely to be community-centred.

Strategies demonstrated in Policy and Delivery

Policies – Practices:

1) I.S.A. Grants follow the child across jurisdictions when the child is a ward of a CAS.
2) Mental health services are designated as primary providers of residential services and linked directly to specialized foster care as jointly managed services.
3) Adoption as a form of permanency is achieved exclusively through foster care.
4) Special services at home are assigned to eligible children and follow a child despite legal status.
5) Capital project expenditures are reduced through the integration of education, police, selected health services and child welfare services.
6) Training allocations are increased to incorporate the desirability of field-based research activity.
7) Regional master contracts are required in order for private group operators to be declared eligible for per diem payments by child welfare.
8) Child protection and child development are conceptually linked through the integration of child welfare mandate and public health services.
9) An integrated public-sector council on children's services is created as advisory to the Minister using provincial association staffing and funding.
10) Local consortium bodies are encouraged with seed funding and include municipalities, education, health and child welfare.
11) The purchasing power of child welfare is enhanced through contractual arrangements with government, designed to focus on early years.
12) Legal services are specifically analysed and the position of child welfare services within court systems is enhanced through a provincial judicial council on child protection.
13) The capacity of child welfare to fully own and operate community foster care is enhanced with a competitive rate structure.
14) Adoption subsidies are specifically designed and limited so as to enhance educational achievement.

15) The average age at which parental rights are terminated is analysed and maintained at five years of age.
16) High staff academic achievement in child welfare is promoted in order to encourage leadership through demonstrated clinical competence.

Service Demonstration:

1) Jointly fund and integrate, through dedicated social work services, the mandate of child welfare and education in schools with over 300 students.
2) Jointly fund and integrate the mandate of policing and child welfare services in order to promote immediacy of children's services response to family violence presentations and selected young offender presentations.
3) Jointly fund and integrate the mandate of child welfare and the emergency department response of hospitals.
4) Jointly fund and integrate Ministry of the Attorney General custody and access supervision with the necessary supervision duties of child welfare.

The above materials speak briefly to the concept of integration and specific service examples. It acknowledges that community application allows diversity of this approach across the province but suggests that cross-sectoral integration may be feasible on a provincial basis. The idea that child protection is the community's business can be defined in many ways and "beyond protocol" is an attempt to innovate in child protection as a means of refining child welfare services.

About the Author:

Jerry Muldoon is the Executive Director of Family and Children's Services, County of Renfrew, City of Pembroke.

Learning from Inquests: The Kasandra Shepherd Case

To See or Not to See…that is the question.

By Silvia Wynter

This article is one of several written by Silvia Wynter describing cases that have been through the inquest process. They are used as training tools by the Peel Children's Aid Society.

Sometimes it is easy to find excuses that will rationalize our actions and excuse any culpability. The phrases are far too familiar: " "thought someone else was doing it"…"guess we all dropped the ball on that one"…"missed that piece"…"didn't realize I was supposed to"..."the parents seemed so nice." The list goes on, but there is no learning amidst rationalizations like these.

Many of you may not even know who Kasandra Shepherd was, but others remember her well, if only through a well-publicized inquest in 1997. Kasandra was a beautiful little three-year old girl, of mixed-race heritage, affectionately known as "KC." She was described as a bright and talented child by the various professionals who later provided testimony at her inquest. If she had not been killed by her stepmother back in April of 1991, if the collage of professionals involved had not missed so many cues, Kasandra would be enjoying her adolescence today.

Understandably, hindsight is 20/20 but the most appalling thing about Kasandra's case was that the evidence of abuse screamed out to be noticed. It was glaring, yet nobody saw it for what it was. It seemed a fatal rendition of the story "The Emperor's New Clothes" in which nobody wanted to be the first to acknowledge the emperor's nudity. Just for the record…the emperor was naked, and a bruise, is a bruise. Too many bruises, too often, tell a story of their own. Never lose sight of that one obvious fact, no matter how many other things may be muddying the water.

Kasandra's Story

Kasandra was born on December 15, 1987 to a young couple who had been together for nearly three years. KC's mother, Amanda, was eighteen and her father, Ashley, was twenty-one. Six months after Kasandra's birth, they split up. The expected trials of youth and parenthood that on occasion culminated in domestic abuse proved irreconcilable for the couple.

Following their separation, Amanda maintained custody of Kasandra for approximately eighteen months. Ashley had become involved with Maria, and had another child

with her. Maria also had a four-year old son from a previous relationship who began living with them. Apparently Maria and Amanda had known each other previously but had now become bitter rivals, which only worsened as Ashley and Maria fought Amanda for custody of Kasandra.

…the most appalling thing about Kasandra's case was that the evidence of abuse screamed out to be noticed. It was glaring, yet nobody saw it for what it was.

Ashley and Maria eventually won custody of Kasandra. They presented as very likeable, had acquired their own home and were seen as more stable than Amanda and her boyfriend at the time. However, before Ashley and Maria obtained legal custody of Kasandra, Kasandra used to visit regularly with her father's new family. Following one of these visits, Kasandra returned home to Amanda with a blister on her arm. Peel CAS became involved for the first time and investigated along with the police, finally concluding that Ashley and Maria's explanation of Kasandra brushing against a lit cigarette was plausible. The case file was closed.

In the year and a half that followed, Amanda had visits with Kasandra, who now lived permanently with Ashley and Maria. During this time, Amanda began noticing frequent bruising on Amanda's head and upper torso. On one occasion, Amanda notified the police, who investigated the matter but again concluded that the explanation provided by Ashley and Maria of a fall onto a dresser and being hit with a toy by Kasandra's baby sister, was believable. The allegation was deemed unfounded. It should be noted that although the police claimed to have notified Peel CAS, there is no record of this ever having been reported.

In January of 1991, Kasandra's health began deteriorating. She began losing a lot of weight and had started wetting herself and vomiting uncontrollably. Dr. Chiang, the family doctor, had frequently tended to Kasandra, who had been brought to his office by Maria on numerous occasions with bruises, hair loss, and various other ailments. Maria was pregnant again, with her third child (the baby was six weeks old at the time of Kasandra's death). During this time, Dr. Chiang was also treating Maria for stress, depression and suicidal ideation related to her turbulent relationship with Ashley. Maria believed that her relationship with Ashley was suffering because of Amanda and that having to care for Kasandra, who she felt was rejecting her, was taking its toll.

By February of 1991, Kasandra had lost ten pounds and was vomiting so violently, that Ashley and Maria took Kasandra back to see Dr. Chiang. Dr. Chiang noticed bruising to her head, back and tops of her feet, which her parents claimed had resulted from the force of the vomiting. Dr. Chiang appeared to accept this and sent Kasandra home addressing only what he believed to be stomach flu.

On that same day, a representative from the Office of the Official Guardian (now known as the Office of the Children's Lawyer) who was in the midst of completing a custody assessment just happened to call Dr. Chiang. Dr. Chiang revealed to her that he had just seen Kasandra and had noticed marks and bruising on her but had sent her home anyway. The assessor, who had herself questioned possible abuse, informed him of his duty to report this and threatened to report him, if he did not do so. Dr. Chiang agreed that he would do so, but never did. Neither did the Office of the Official Guardian.

The call from the Official Guardian assessor did, however, prompt Dr. Chiang to request blood work on Kasandra later that day, as he still believed there was more likely a medical reason for the bruising rather than physical abuse. The results of the blood work were immediately telephoned into Dr. Chiang that same evening. The results were negative. In fact, there was never any medical cause for Kasandra's marks or bruises.

Later that night, Kasandra was taken to Peel Memorial Hospital as her vomiting had not subsided and she was dehydrated. There, she was seen by the Emergency Room doctor, who immediately suspected abuse and ordered a

skull x-ray and a C.T. scan. The on-call pediatrician was then consulted by the Emergency Room doctor and both concurred that child abuse was likely. Peel CAS was then contacted and along with the police, began an investigation; however, as fate would have it, the X-ray and CT scan results came back inconclusive.

Kasandra remained in the hospital for four weeks, where she was examined, interviewed and observed by the Family doctor, the Emergency Room doctor, the hospital Pediatrician, two different Psychiatrists; two hospital Social Workers, one CAS Social Worker, two Police Constables, a large array of nurses and an Official Guardian. Each and every one of these people had a nagging, gut-level query that were openly shared during their inquest testimonies, but never addressed during Kasandra's last months: "What about the documented, visible, unexplained bruises?"

Everyone had alluded to Kasandra possibly being physically abused but ultimately all ignored it in favor of focussing on more palatable possibilities such as emotional abuse, which successfully kept everything in the twilight zone. The medical people weren't openly saying it was physical abuse, so neither were the CAS or the police, whose own opinions were reliant on the medical ones. And if CAS and the police weren't going to call it physical abuse, then who should?

Exactly a month after Kasandra's return home from the hospital, Kasandra was killed by a severe blow to the back of the head, issued by Maria.

Kasandra was a young child caught between the angst and self-justifying interests of not just her parents, but of all the professionals involved who represented a host of "helping" systems and who each failed her. The bruising, uncontrollable vomiting and urination, loss of appetite and lethargy are classic symptoms of head trauma and child abuse.

And what about the animosity between all of the parents, the stress, a volatile marriage, a new baby, four children under four, depression, reports of corporal punishment, custody issues, previous CAS interventions, inconsistent medical reports, psycho-somatic symptoms, financial problems and yes…what about the frequent, unexplained bruises?

If the CAS is to protect children then workers must speak up and not be intimidated by other professionals who may or may not share similar feelings, attitudes and definitions about what child abuse is or whom they think did it. It is ultimately CAS's call as to whether something is abuse or not although the opinions of other professionals are important in making that assessment. In Kasandra's case, there was disagreement, denial, silence and deference to the "experts" all around. But who were the experts? A good question…because no one justified that title in Kasandra's case.

The Coroner's jury reminded us all that child welfare was everyone's business but that where CAS's were concerned there needed to be greater emphasis and training on risk assessment. They recommended that joint protocols be established between CAS's and hospitals to facilitate appropriate disclosure and communication related to abuse cases and that CAS's be required to have quick access to expert pediatric advice related to medical evidence of abuse or neglect. They also recommended that the role of physicians in child abuse investigations be outlined and provided to the College of Physicians so that there is universal clarity.

Kasandra was a young child caught between the angst and self-justifying interests of not just her parents, but of all the professionals involved who represented a host of "helping" systems and who each failed her.

Other recommendations by the Coroner's jury included the expectation that supervisors routinely conduct audits of files and workers' case notes and that they document their own involvement in cases as much as possible. Increased frequency of unannounced visitation by CAS's

and the routine undressing of children under the age of 6 years to check for signs of abuse were two other recommendations. Additionally, the need for more specialized training around custody and access issues, forensic skills and documentation, interviewing young children and caregivers, domestic abuse, adult psychopathology and overall assessment skills, was strongly emphasized.

In terms of Peel CAS-specific recommendations, the Coroners jury reminded us that the "duty to follow up" was ours and that this required greater persistence from Peel CAS workers. They also felt that day cares should be notified of child abuse investigations and that repeat investigations on cases should serve as red flags and be reviewed by the Child Abuse Panel if there have been three or more previous referrals. Many of these recommendations have helped modify our procedures for the better.

So What Now?

As with any death of a child known to the Peel CAS, there is a lot to be learned. Kasandra's death and the Coroner's Inquest into the circumstances surrounding her death revealed ten basic points, which were previously shared with Peel staff in hopes of preventing similar tragic situations from occurring. Keeping these in mind can enhance us all as child welfare workers, especially when it comes to working with other professionals.

1) **Be Suspicious!** We have heard it before and we will hear it again. Sometimes it is phrased differently ("think dirty"), but it means the same thing. We are not here to make friends or to be liked. We are here to protect children. Suspicions can be allayed once the right questions have been asked, but without suspicion there is no need to question or clarify in the first place.

2) **Challenge!** We cannot afford to sit passively and accept the opinions and impressions of others involved, whether they are considered experts or not. Make sure that they are held accountable for their views by asking questions, even if the questions don't sound brilliant. Don't ever be afraid to oppose a view if you feel the need to, or to redirect attention back to something that might have been glossed over. A child's life may depend on it.

3) **Document,** diagram and question each bruise or injury. Our work and credibility rely on this and it represents your account of what you saw.

4) **Take a Leadership Role** in getting necessary information out in the open. If a doctor or teacher tells you one thing and other staff tell you something different, clarify it openly so that everyone involved who has a say, can evaluate all of the information and be working from the "same page".

5) **Problem Solve around Information Sharing**. Getting everybody to work from the same page is not always as easy as it sounds and may sometimes involve issues of confidentiality and problematic compromises. Work it out. Use your supervisor to help you strategize around the hard ones.

6) **Provide Clear Case Management Planning.** We are much better at this but still need to be mindful of its importance. Make sure that everyone involved is clear about roles, frequency of contacts and communication expectations related to a case. It's not unusual to have a service provider offer to do something out of the ordinary, i.e. agree to monitor some aspect of a case, only to remind us later when there is a problem that this was never their role in the first place. Be careful with this one and be sure to document and check back with people.

7) **Do What You Said You Would in Your Casenotes.** If you are ever in an inquest or a difficult trial for that matter, you will regret the day you wrote it if you have not done it. Since there is always a death involved, inquests tend to be more grueling and can be merciless with errors, oversights or misplaced intentions. Credibility is critical here and there is no going back to fix anything, no matter how good a worker, supervisor or director we might have become since.

8) **Transfer Cases in a Timely Way**. There is no better way to allow a case to slip through the cracks. Our system is now set up to ensure quicker transfer of cases from Intake to Family Services so that service and information sharing do not get compromised.

9) **Always Look for the Risk Issues.** ORAM helps with this, but never lose sight of the risk issues that can cause abuse. Kasandra's case was loaded with them, remember…frequent injuries, ongoing family stress, volatile relationships, custody issues, depression, high anxiety, rigidity, financial stress, previous CAS contacts, corporal punishment and so on. Although risk issues may not lead to abuse, they are always evident when it occurs.

10) **Respond Appropriately and Promptly to Collaterals.** The workload of a CAS worker cannot be understated but make time and make sure that you respond to any other professionals or service providers involved in a case. We need one another and collaboratively we can usually provide better services to our clients that can help protect children.

The role of a CAS worker is a difficult one. We are responsible for keeping children safe and predicting the future for them based on evaluating risk. It is an enormous responsibility. Errors on our part that result in the death of a child could result in jail time as seen recently with the Jordan Heikamp case. Our mistakes are costly, both to children and families and to ourselves. We cannot afford to do our jobs poorly.

We must look at what we have and see it from all possible angles even though this is easier said than done as we saw in Kasandra's case. It can sometimes be hard to see things, especially when our view can become so cluttered and clouded with conflicting opinions, assumptions, inexperience and plain confusion. Focus on the facts and use your colleagues, supervisors, conferences, whatever it takes to see what you actually have before you.

To see or not to see…that should never be a question.

About the author:

Silvia Wynter is Special Assignment Supervisor with Peel CAS.

Study Tour of Children's Services in Cuba:

"The Value of the Child"

By Mary Beth Lisk

In early February, 2004, I had the opportunity to join twelve of my children's services colleagues from across Canada on a leadership study tour of Children's Services in Cuba. The value of children and youth in the Cuban culture, accompanied by their faith in the younger generation, was an outstanding feature experienced throughout our many site visits and dialogue we enjoyed with our hosts.

Cuba is a country that is currently struggling economically yet is rich in compassion towards the vulnerable in their society, including the disadvantaged, the disabled and children. The people of Cuba have taken their limited financial resources and focused them on the health, growth and development, and education of their children and youth. One of Fidel Castro's ambitions is to create "A World Fit for Children."

Cuba has been very successful in lowering the infant mortality rate:

- In 1959, there were 60 infant deaths per 1000 births
- In 2002, there were 6.2 infant deaths per 1000 births.
- Their goal is to lower the rate to 5 infant deaths per 1000 births.

Initiatives that have contributed to the decrease in infant mortality include:

- 100% free health care
- increase in trained doctors in Cuba; currently there are 66,325 trained doctors for a population of 6.5 million
- all births are in hospital
- creation of a program of mother/father responsibility focusing on involving men in the early stages of pregnancy, the birth experience and male eligibility for paid parental leave
- maternity homes for women who do not live close to a hospital where they receive proper nutrition and classes on child care

- an emphasis on breastfeeding, largely through implementing the Baby-Friendly Hospital Initiative throughout the country. From 1990 to 1998, breastfeeding rates increased from 63% to 98% of babies at birth, with 72% still exclusively breastfed at four months.

The following childhood diseases have been eradicated:

1962 - polio
1967 - malaria
1972 - neonatal tetanus
1979 - diphtheria
1993 - measles
1995 - rubella
1995 - mumps

This was accomplished through an aggressive vaccination program. Other diseases, while not completely eradicated, have seen much lower incidence rates, including tetanus, influenza , hepatitis B, and meningitis B & C. The AIDS index is the lowest in the Caribbean with a prevalence of 0.05%.

Women receive one-year maternity leaves on full salary. This leave can be shared with their partners under the same provisions. Pre-school children who are not in daycare can go three times a week to a program called "Educate Your Children" sponsored by UNICEF. Ninety-seven percent of preschool children attend this early development initiative.

A psycho-social assessment of family and child occurs when the child enters primary school. Risk factors considered include low income, alcoholic parents, parents who are in jail and parents who have psychiatric problems. Schools have a semi-boarding school program where children get a good lunch and a strong snack. Schools open at 7:00 am to 7:00 pm to accommodate the needs of parents, and schools are open and staffed during school holidays for parents who are working. The schools have recently moved toward comprehensive teachers, in which one teacher will be responsible to teach all subjects. They feel this method results in a better identification between the teacher and the student and makes the teacher feel more responsible for the child.

In Primary School the ratio of teacher to student is 1:20 and in Junior High the ratio is 1:15. Dentists visit the school to provide dental care to all children. Special schools have been created for children with conduct problems and the children are evaluated by a multi-disciplinary team with an individualized program put in place. The average length of time in a specialized school program is 1.5 years followed by an integration process back into the regular school.

At a residential school for children with disabilities, the facilities were remarkable and we were impressed by the specialized teachers, clean and comfortable dormitories, physiotherapy programs and equipment, and on-site doctors, nurses, dentists and occupational therapists. Computer labs were present as well as small-sized classrooms. Psycho-ballet is a therapeutic intervention with physically challenged children and a very effective way to build their self-esteem as well as their physical abilities. Their performance was beautiful and quite emotionally moving.

We also visited an orphanage that housed approximately 20 children and youth from age 6 to 18. These homes were created in 1976 in an effort to address the exodus of people leaving Cuba and abandoning their children. These homes are run by the State and are again very clean, comfortable dwellings with stable, long term staff. The State does not stop caring for their children when they turn 18, they have an emotional link back to their home. When they become of age, the State makes it a priority to give them a house. Orphanage workers are university trained, love what they do, and are very committed to the care of the children. If a child is admitted to hospital, the worker goes too.

Like other countries, Cuba does have youth who leave school prior to graduation and are unemployed and directionless. Schools of training skills have been established that provide free training and education to these youth in the vocation of their choosing. While they

attend these schools, they receive a salary, thereby encouraging their attendance and focus.

Another impressive visit occurred at a children's theatre group. We were entertained by a grand production of Little Red Riding Hood involving over 20 children. The purpose of the theatre groups throughout Cuba is not to create future actors but rather to play a serious game of theatre. It provides the medium to build self-esteem, to work together cooperatively, and to feel pride in accomplishment. Family members such as parents and grandparents work on making costumes and props and maintaining the building so that the whole family is involved in the project.

I went to Cuba with the expectation that their children's services would be somehow backward, and that they would be lacking in knowledge and insight. Instead, I steadily grew envious of what I saw as their "spirit" and strong belief and investment in their youth.

At a children's mental health inpatient and out-patient clinic we learned that when children and adolescents need to be admitted to the psychiatric facility, the parent or parents are admitted too, without loss of their wages. This common-sense approach allows staff the opportunity to work with and teach the parents skills that will assist their children with the difficulty they are experiencing.

Overall, the Cuban tour of Children's Services was a very humbling experience. The resiliency and stamina of the Cuban people is remarkable and honourable. They are a country of people who have a strong faith and belief that despite a lack of resources and challenging economic times, they will continue to be proud of their accomplishments and will push forward to develop a nation of people that are well educated, nourished, supported and encouraged. By comparison we look like a bunch of whiners and a people that somehow cannot feel proud of our accomplishments and choose not to have our children and youth at the focus of our collective energy. What is most obvious is how the Cuban people put the needs of their children and families above their own.

I went to Cuba with the expectation that their children's services would be somehow backward, and that they would be lacking in knowledge and insight. Instead, I steadily grew envious of what I saw as their "spirit" and strong belief and investment in their youth. I was most impressed by the overwhelming and obvious love and caring that was demonstrated between adult and child, and between older and younger children. One teacher and her colleague who had been working with children for over 30 years, said that if she died tomorrow she would wish that she could come back and do the work all over again that she has been doing for 30 years. The Cuban people really love their children, they work together with the genuine desire to help children and their success is there for everyone to see. Children present as healthy, happy and cared-for in every way.

The Cuban Leadership Study Tour more than met my expectations and I feel very fortunate to have had the opportunity to experience learning in such a unique way. The trip was co-hosted by the Cuban Woman's Federation and the Canadian Child Welfare League of Canada, organized and led by Michael Kerman from Leading Edge Seminars. It was very well organized and kept us exceptionally busy throughout the week. I want to thank our co-hosts, and Michael for his outstanding itinerary. Most importantly I want to thank my agency for their support in enabling my participation.

About the author

Mary-Beth Lisk is Manager of Foster Care and Residential Services with the Children's Aid Society of Owen Sound and the County of Grey.

The National Chapter of Canada IODE **GRANT**

IODE, a Canadian women's charitable organization, initiated the IODE 100th Anniversary Grant Program to alleviate child abuse and neglect.

A $20,000 Grant is available to professional individuals and groups working in the field of child protection within Canada.

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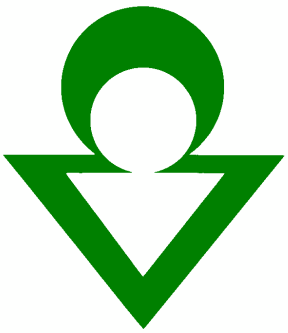

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