

A New Casework Practice Model



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1.0 Introduction

1.1 Reviewing the *Child Welfare Act*

In June of 2001, a review of the *Child Welfare Act* commenced. This review included stakeholder consultation, a national and international review of Child Welfare legislation, the drafting of recommendations garnered from this process, and finally, the drafting of new legislation.

1.2 Listening to Stakeholders and Learning From Others – Common Themes

The consultation process highlighted a number of themes that were considered in the drafting of the new legislation. Common themes included:

1. Transparency and openness in information sharing with families
2. Increased involvement of family
3. Increased community engagement in responding to risk
4. Earlier permanency for children and youth
5. Timely provision of supportive services
6. Delivery of culturally appropriate services and supports specifically for First Nations, Métis and Inuit people within their own communities

These themes were subsequently addressed in the *Child, Youth and Family Enhancement Act*.

1.3 The New Act and its Implications for Casework Practice

In November 2004, the *Child, Youth and Family Enhancement Act* was proclaimed. During the first year of implementation, it became apparent that significant shifts in casework practice needed to occur in order to realize the intent of the legislation.

Three main impacts on casework practice were immediately apparent after proclamation:

- a. The use of a system of “Differential Response” in screening reports for possible Intervention Services, and subsequent service delivery under two streams of involvement:
 - i. Enhancement Stream - when the families involved are able and willing to work voluntarily with Intervention Services
 - ii. Protection Stream - when the families involved are not able or willing to work voluntarily with Intervention Services
- b. Shortened time frames legislated for children in care under a non-permanent order
 - Focus on permanency for children through the Concurrent Planning process
 - Court pressures due to these shorter timelines
 - Increased expectations by the Ministry and the Court system to engage parents in assessment and case planning
- c. The definition and provision of effective supports for youth transitions

A systemic and cultural change is required to address the necessary shift in how caseworkers practice under the new legislation.

The following chart illustrates the distribution of case counts over the past three years:

Case Count	2003-04	2004-05	2005-06
In-Care Protection	8,441	8,445	8,345
Not in Care Protection	4,618	3,198	1,383
Family Enhancement	821	2,224	3,222
TOTAL	13,880	13,867	12,950

The number of children receiving services has not changed significantly as a result of the new legislation. However the complexity of the casework practice has shifted as expected by changes in the new legislation.

Prior to the new legislation, staff operated primarily using a “brokerage” model where staff provided little direct service provision themselves, instead using external agencies and service providers to meet the needs of the family. This approach is no longer supported under the new legislation, rather it is intended that staff, especially in the Enhancement stream, become more directly involved as service providers themselves, in effect, the primary worker for the family.

There is a recognized need for a case work practice model that articulates the standard of practice expected throughout the province.

2.0 Creating a New Casework Practice Model

The practice model must accurately represent the intent of the legislation by providing effective and responsive interventions that can be measured to ensure consistent practice and improved outcomes for children and families. The practice model will address the improvement of Intervention Services and community-based programs throughout the province.

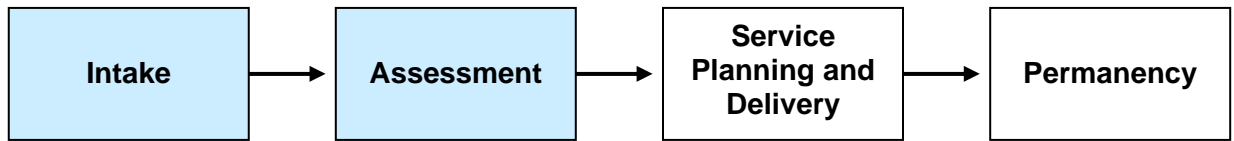
2.1 Consultation with Staff

An initial consultation with staff throughout the province was completed in the fall of 2005 to determine, from field staff and supervisors perspectives, the aspects of case practice that improved outcomes for children and families. There was also a desire to hear what the barriers to best practice were in each region and treaty area. In addition, staff were asked for their thoughts on aligning the processes and systems to support best practice under the *Enhancement Act*. Benefits observed through the application of the new *Act* were identified, as were 'target areas' - areas where problems existed in the current way of implementing the *Act*. Further consultation occurred with the Provincial Enhancement Table to affirm the direction of the creation of a practice model. Information from these consultations assisted in creating a foundation for the new practice model.

2.2 Timelines

The timeline for completion of the new practice model design is March 31, 2006. Implementation of the model will take place over the next year.

2.3 Practice Model Outline

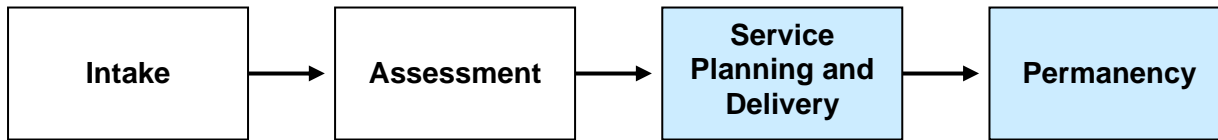


Intake:

- Increased thoroughness of information gathering during a five-day intake period, with revised practice guidelines that clearly articulate the expectations of the intake worker in their engagement with referral sources, collateral contacts, and community stakeholders.
- Policy will be created to ensure referrals to community agencies are followed up.
- Policy will be revised to ensure all calls that fit the legislated definition of a “report” are documented on a screening form, regardless of open or closed file status.

Assessment:

- Following the five-day intake period, there will be a forty-day period of assessment wherein all required activities will be completed: 10 days for safety phase and 30 days for ongoing assessment. The first activity will be to ensure safety, and will be completed as per identified safety standards. After the completion of the entire assessment, the matter will then be streamed to Family Enhancement or Protection Services. If a matter is streamed sooner in the process due to an emergent situation, the assessment activities will still be required.
- A safety assessment guide will be developed that focuses on universally accepted high risk flags, such as a history of family violence, drug usage, historical intervention involvement, vulnerable age children, and previous file information.
- Following the ten day safety assessment, the remaining 30 working days of ongoing assessment will be used to not only further assess the need for intervention, but to ensure the initial contact with the First Nation’s Band Designate or a Métis Resource person occurs in situations identified in policy as requiring involvement. A thorough relative search as well as the identification of significant others will be completed to ensure natural supports are included in case planning.
- During the 30-day ongoing assessment period, using the analysis of the completed assessment, goals and tasks to meet the families unmet needs are developed. These goals and tasks would become the first completed service plan (i.e., Concurrent Plan, Family Enhancement Plan, Transitional Plan for Youth, Plan for Supervision Order).
- The decision as to which stream of services (Family Enhancement or Protection) is made following the assessment and made via a conference inclusive of a casework supervisor.
- Traditional staffing models of one screener (intake), one investigator, and five caseworkers plus a supervisor must be revised in order to ensure there is capacity to complete thorough assessments. This may mean a shift in the current configuration of staffing models.



Service Planning and Delivery:

- The completed service plan will be reviewed regularly at a minimum of once every three months.
- Service plan reviews will consist of reviewing all the accumulated assessment information and the development of a new assessment analysis to inform further service plan development.
- The service plan reviews will track progress of the case, outline the interventions and services provided, and identify expected outcomes and results.
- Service plan reviews will include the input of the family, services providers, First Nations designate where applicable, and other resources as appropriate.
- Family Enhancement Services will be further defined to provide guidance for interventions in this area.

Permanency:

- Permanence is being defined as a child being out of the care of the Director.
- Permanency planning is achieved through the Concurrent Plan for children in the care of the Director.
- The concept of concurrent planning requires strengthening to fully support the development of realistic permanency options. This will be achieved through further staff training and monitoring of permanency plans.
- The other forms of service plans (e.g. Family Enhancement Plan, Transition Plan for Youth) address permanency for children in those service intervention areas.
- Service delivery practices for high-risk youth will be strengthened. This will be accomplished by developing the screening and identification of high-risk youth and the creation of specialized responses to youth identified as high-risk, building upon existing regional pilot projects.
- Case closures will occur after the review of a re-designed closure document that includes the comparison of the initial assessment and the most recent re-assessment against the reasons for closure. Case closure will also require a case-conference, involving the supervisor, to determine the appropriateness of the closure, as well as a plan articulating the supports connected to the family that will prevent future re-involvement.

3.0 Incorporating the Philosophy, Beliefs, Values, and Definitions into the Model

Alberta Children’s Services Mission:

Working together to enhance the ability of families and communities to develop nurturing and safe environments for children, youth and families.

Alberta Children’s Services Vision:

Strong children, families and communities.

An Alberta where children and youth are valued, nurtured and loved, and develop to their potential, supported by enduring relationships, healthy families, and safe communities. Alberta will be child, youth and family friendly.

The *Child, Youth and Family Enhancement Act* echoes these perspectives in the Matters to be Considered section of the *Act* and throughout the legislation.

Target area: There is a need to clearly articulate a sequential process of tasks, supported by a cohesive philosophy that will guide a caseworker through the assessment, planning and evaluation phases of their involvement with children, youth and families. Staff members at all levels are aware of the new legislation’s desired shift in service provision to more “front-end” assessment, planning, transparency of service and involvement of family and community in planning for children, youth and families. In light of this however, many staff had difficulty in identifying circumstances where they believed their practice was markedly different from pre-legislative change. Currently, there is a lack of clarity throughout the overall organization as to which set of beliefs the Ministry holds with respect to Intervention Services, in particular, issues around least disruptive involvement, voluntary services and streaming of low, medium and high risk matters, regardless of the family’s level of cooperation.

Recommendation for the new model: In order to provide the best services possible, a clearly articulated set of principles are being developed, specifically for Intervention Services. This will provide staff members at all levels of the organization with a foundation from which to provide services.

4.0 Casework Fundamentals

4.1 Promising Practice

Intervention Services to children, youth and families should be guided by best practice as conveyed through policy and standards. A monitoring component that is clearly understood and adhered to, is an integral part of ensuring quality practice is maintained or surpassed. A refreshed Casework Supports Manual is needed to provide a detailed explanation of best practice expectations, supplementing the existing policy manual.

Target area: Currently, standards for Family Enhancement Services have not been developed, creating an environment in which inconsistent practice can occur. This also impacts the ability to effectively monitor case practice in a uniform way. Standards that require development in the area of assessment and Enhancement Services include expectations such as interviewing all children in the family, and the completion of CYIM and Criminal Records Checks on all individuals over 12 years of age residing in the home. In addition, the existing standards for Protection Services are not current as per the new legislation and policy.

Recommendation for the new model: Measurable standards for Family Enhancement Services will be developed, protection standards will be updated, and the Casework Supports and Program Supports manuals will be revised.

4.1.a. On - Reserve / Off - Reserve Practice

The majority of on-reserve Intervention Services are delivered by Delegated First Nations Agencies (DFNA) who have entered into tripartite agreements with the federal and provincial government for the funding and delivery of on-reserve Intervention Services. Eighteen agreements cover 40 of 47 First Nation communities in Alberta. Under these agreements, Alberta provides delegations of authority under the *Child, Youth and Family Enhancement Act* necessary to enable the First Nations Agencies to provide the full range of Intervention Services within the geographical boundaries of the Reserves of their respective member First Nations. The federal ministry of Indian and Northern Affairs Canada (INAC) funds the agencies for the provision of child and family services on-reserve. Casework practice focuses on meeting the safety needs of children and youth on reserves and on renewing, restoring and strengthening family relationships within First Nation communities. Community resources and informal support services are integral components of the interventions used by Delegated First Nations Agency caseworkers.

Target Area: There are many practice challenges in the delivery of provincial programs on-reserve related to federal funding. Although the national funding formula known as Policy Directive 20-1 is under review, there continues to be disparity in the funding of preventive and Family Enhancement services on-reserve. In most situations, a file must be opened in order to provide needed services to children, youth and families. The federal funding does not specifically identify funding for family support services under the Family Enhancement stream. Typically, Delegated First Nations Agencies must use administrative funds to cover services to children and youth who are in the care of parents or guardians.

Recommendation for the new model: In addition to ongoing discussions with the federal government regarding the provision of equitable funding, Alberta Children's Services will review for potential implementation "Jordan's Principle to Resolving Jurisdictional Disputes Affecting Services to First Nation Children" as articulated in the 2005 Wen De report. Under this principle, where a jurisdictional dispute arises, the government or ministry of first contact must pay for the services without delay or disruption. The paying party can then refer the matter to jurisdictional dispute mechanisms. In this way, the need of the child will be immediately met while still allowing for the jurisdictional dispute to be resolved (First Nations Child and Family Caring Society of Canada).

4.1.b. First Nations Designate / Métis Resource Person in Case Planning

The *Child, Youth and Family Enhancement Act* sections 67 and 107, direct caseworkers to involve a First Nations designate in the case planning for First Nation children as soon as the Director has guardianship or sooner when the child's guardian agrees to this involvement. Section 2(p) speaks to aboriginal children and the preservation of cultural identity.

Target Area: The strengthened legislative requirement highlights the importance of caseworkers and other service providers making connections with First Nation and Métis communities to ensure that children are linked to their communities. The First Nations designate and Métis Resource person will facilitate the process of connecting First Nation and Métis children to their community by assisting the caseworkers and caregivers with case planning. It is an evolving role that has the general requirements and processes set out in policy and procedures.

A working committee endorsed by the Enhancement Table will develop the role of the First Nations Designate in the following ways: Define the activities that are integral to meaningful involvement; develop strategies to ensure cultural connectiveness; address permanency issues for children /

youth; identify training needs and make recommendations related to protocols and policy related to Aboriginal children.

Recommendation for the new model: The First Nations Designate Working Group will continue to meet to complete the identified tasks and develop a communications plan ensuring all the parties, including Indian and Northern Affairs Canada, are clear on the role and function of the First Nations Designate.

4.1.c. Meaningful Involvement

Early and meaningful involvement is essential in daily casework practice with First Nation children, youth and families. Involvement is a process where the caseworker actively seeks input regarding the planning for First Nation children under the care of the Director by involving the First Nations Designate. For those First Nation children in care off-reserve, pro-active involvement with the First Nations Designate and community is essential to ensuring that the child or youth has an opportunity to be connected to their family, culture or community of origin.

Target Area: First Nation children in care require strong connections to their families and communities to meet their identity and developmental needs. Meaningful involvement with First Nation communities through the First Nation Designates is an integral part of meeting these needs.

Recommendation for the new model: Each First Nations child's service plan will include meaningful involvement with the child's Band of origin. The existing Protocols between DFNAs and Child and Family Services Authorities (CFSAs) will be reviewed to ensure meaningful involvement is included.

4.2 Documentation

Accurate documentation on a child's file is important for continuity of care, planning for the child, and for the future of the child as an adult. Two of the key documents used are the Information Consolidation and the Social and Family History. These documents require objective record keeping as well as synthesis and analysis of information, but do not always provide enough accurate and current information or continue to build upon information gathered during the assessment phase of involvement. Additionally, the information contained within these separate documents, each with their own mandatory timelines for completion, is often quite redundant. Regardless of mandatory timelines, there are a number of different practices for the content in the documentation on a child's file, depending upon the Region. This diversity in approach allows for regions to create forms that they believe best suit

their needs, however these requirements have proven to place an added workload demand upon staff. Further to this are concerns regarding accuracy of recording practices, (e.g. legibility of handwritten notes and writer's name). Differences in recording practices and requirements for documentation have an impact both across and within regions when transferring files.

Target Area: Although there is clear and current policy on the transfer of files between regions, many regions have developed internal policy regarding transfer of files between offices. The quality and objectivity of required documentation (such as the Information Consolidation) is inconsistent in application across the Regions.

Recommendation for the new model: With support from the Department, Regions will review their internal documentation to streamline recording processes. A provincial review of all required documentation will occur to determine which documentation is mandatory and which documentation may be deemed optional. A number of forms and recording requirements will change in the new model. These recording changes will be streamlined to reduce duplication of information and ensure that the recording of all required information is maintained.

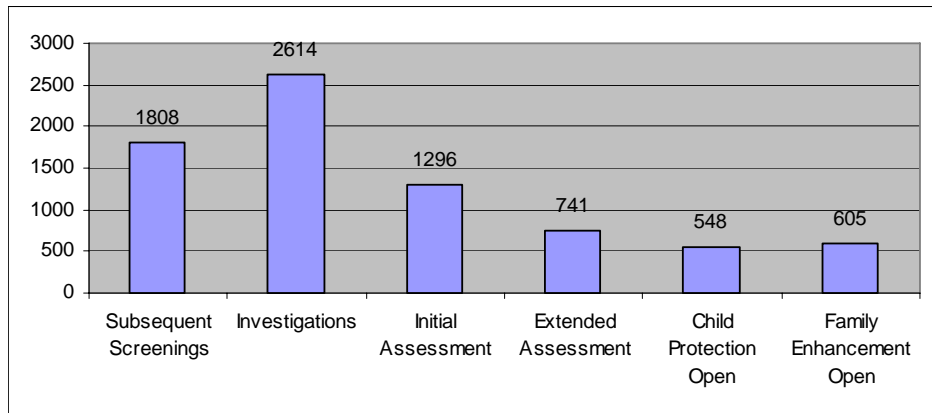
The recording of assessment information will undergo considerable change and the implementation of all recording changes will be supported through staff training and upgrades to CYIM.

4.3 Differential Response

In the field, differential response is generally referred to as “streaming”. Each child intervention report or screening is case-conferenced by the Intake Team, including a supervisor, and either closed with a community referral, closed with no referral, closed following the provision of brief services, referred for initial assessment or referred for investigation.

There were 4090 screenings received in April 2005. This number does not include screenings on files already open (from the time the screening was completed in April to October 31, 2005). The children involved in these screenings had 7612 additional involvement activities as indicated on CYIM.

The following graph depicts the distribution of the 7612 additional involvements.



Target area: The intake process is currently carried out in a number of different ways depending on the emphasis each worksite places on this function. In some regions and offices, the intake worker spends a considerable amount of time with the reporter, gathering detailed information and following up with collateral contacts that will ensure sufficient information is gathered to assist supervisors in their determination of what the next steps should be, even in situations where it is clear that the report will, in all likelihood, require further intervention. In other regions and offices, once it appears that a report will in fact require further intervention, the screening activities outside of the initial report cease, with the remainder of the information gathering and assessment activities being passed on to the next person to complete. Currently, there is significant variance in process around the basic activities that are to be conducted at screening, which results in inconsistencies as to which matters are referred into each of the two possible response streams. A number of practice concerns arise from the streaming process as it is occurring at present.

Action taken at the completion of screening

As per the *Enhancement Act* policy 3.3:

If the report provides reasonable and probable grounds to believe that the child **is in need of intervention, and it is believed that Family Enhancement Services will address** the identified intervention needs, take the following action: refer for completion of an initial assessment.

Information gathered during screening should include:

- As much information as is available from the reporter or referral source,
- Collateral information from any individual or agency that may be familiar with the situation to corroborate information gained from the reporter,
- A review of CYIM and other departmental records to determine whether there is information about the child, parent, custodian, and any person over 18 who is residing with the child or alleged perpetrator. If there is an open or closed file, review all pertinent information, and
- For third party referrals, determine if the referral source can be a resource to the family and assist in establishing a connection with the family, where appropriate (e.g., teacher, counsellor, child care provider, home visitor, public health nurse).

It is critical that we provide children, youth and families with the right service at the right time to enable positive change. The first contact with children and families may be paramount to future success. The intake activities completed while screening become very important in providing information for the next stage of involvement, a thorough assessment. Given that contact with the child in need does not typically occur at the intake level, the approach of streaming cases too early in the process may not benefit children. The major consequence of this is that matters may start in the Family Enhancement stream, then be transferred to the Protection stream for investigation once the initial assessment indicates the need for a more intrusive service, and then end up back in the Family Enhancement stream once investigation has determined that the family will indeed keep the children safe and work voluntarily with services. This transferring of files may cause disconnected service to children, youth and families. There is also a need to close a file in one stream before opening a file in another stream, contributing to added workload pressures.

Further difficulty occurs when matters are referred for “urgent” Family Enhancement at screening. This category demonstrates the paradox caseworkers are facing. As there are no prescribed criteria for referral to assessment, often the cases requiring urgent assessment may be referred to Family Enhancement Services, although the current matter involves some level of perceived risk. It is unclear how investigation differs from an “urgent” Family Enhancement response in these situations.

As per the *Enhancement Act* policy 3.5:

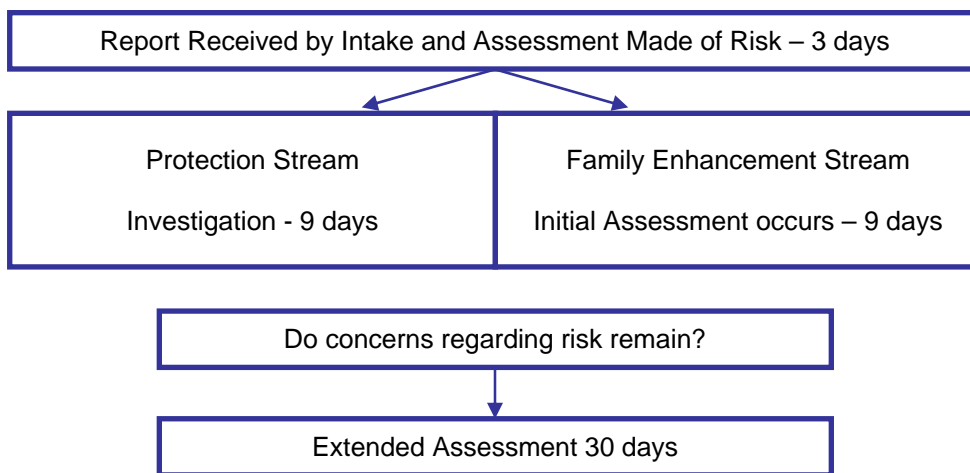
The investigation must be completed within 9 working days from the date of referral from screening. If the file was initially referred for initial assessment and subsequently referred for investigation, *the accumulated time for the initial assessment and investigation is 9 days*. Therefore, if a period of initial assessment activity took place, the investigation must be completed in the remaining 9 working day period.

Recommendation for the new model:

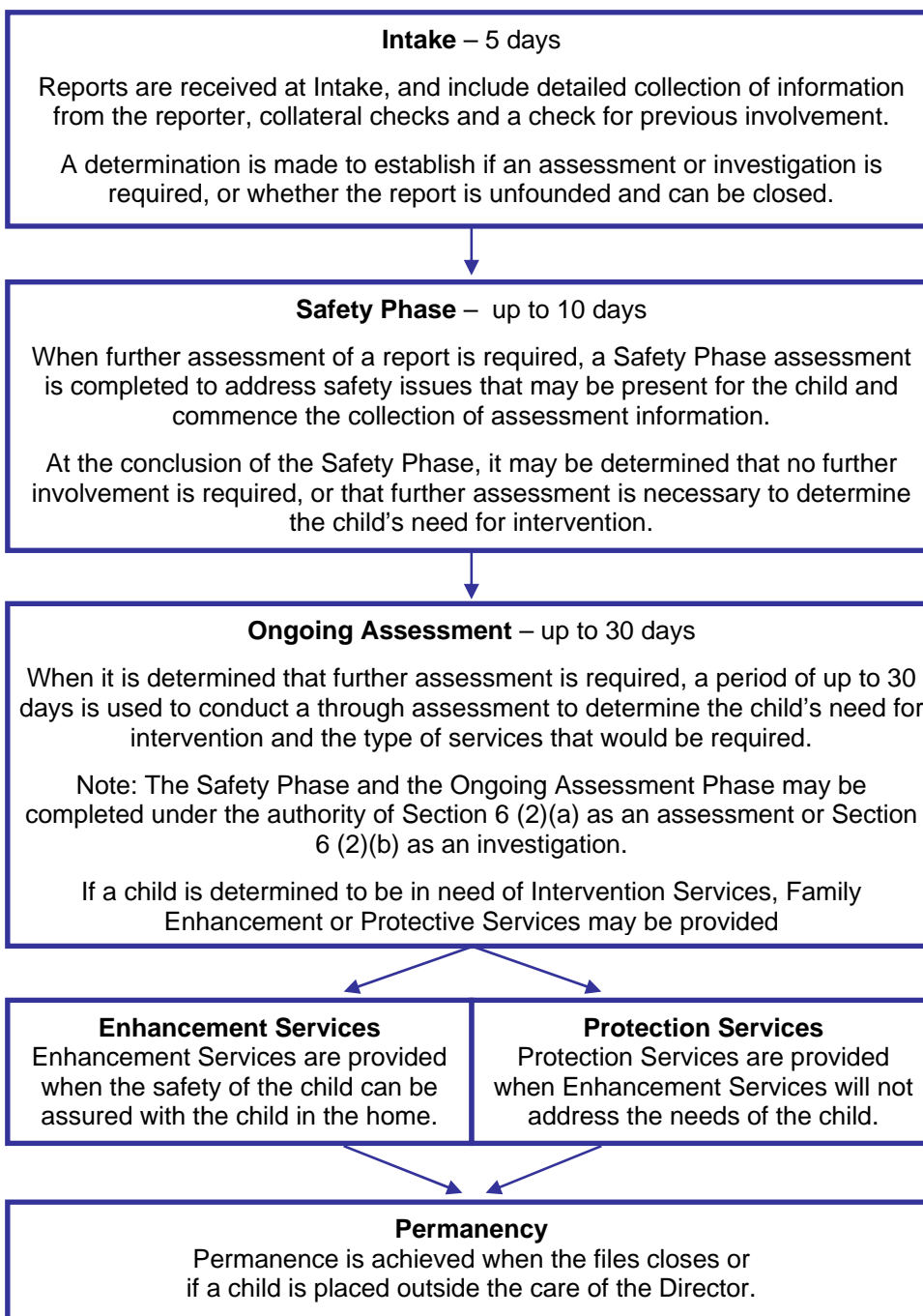
A thorough intake process is proposed: clearly articulated expectations of areas to cover with a reporter, possible collateral contacts, and the exploration of community resources to meet the identified needs / risks to the child or youth. If further intervention is required based on the reasons for involvement under the legislation, then the case is referred for a thorough assessment using the forty-day assessment period to determine the need for Family Enhancement Services or more intrusive Protection Services to address the risk to the child or youth.

The assessment process will clearly identify the issues and needs of the child, youth and family and the services required to meet those needs. Within this assessment process, there will be a clear structure that includes the identification of risk factors, decision rules around case conferencing, and a method of continual re-assessment. Standardized assessment tools will be available to support caseworkers. The potential shift in practice is illustrated below:

Current process:



Proposed process for the new model:



Current practice involves Family Enhancement caseworkers doing initial assessments, and Investigators completing investigations, both from the point of intake. Both of these activities require the same skill set for completion, yet the classification of the Family Enhancement caseworker is lower than that of the Investigator. There needs to be a re-alignment of this anomaly, as both positions are completing the same function and should be on par with each other.

The proposed assessment tool will be used at all points in Children's Services response, whether that leads to a matter being closed, or opened to further services. The assessment structure will be imbedded in all stages of further involvement, from opening a file through to permanency and closure of a file.

The Assessment Framework project has led the way in the development of a tool that will allow for continual assessment, and evaluation of the outcomes of the assessment. Work completed on this project will lay the foundation for analysis of information gathered through the assessment process and a re-evaluation and assessment at every stage of involvement. This information will help achieve permanency for children faster and more effectively, provide information from which to base a solid concurrent plan, and provide evidence of completion when closing a file.

4.4 Family Enhancement: Defining Voluntary Services

In 2001, the concept of differential response was introduced by the Alberta Response Model (ARM) initiative. Regions were given the theoretical constructs of the model and the latitude to develop the model in a way that met the needs of the various communities within the individual region. Implementation of the ARM initiative occurred prior to the proclamation of the *Child, Youth and Family Enhancement Act*. The implementation of ARM afforded caseworkers the opportunity to provide hands-on service to children, youth and families. In some regions there was a broadening of the mandate to provide services to include matters that would not necessarily have qualified previously under the *Child Welfare Act*.

Target area: Due to regional implementation, there was an initial lack of consistency in definition and scope of Family Enhancement Services. The new legislation clarified the scope of service provision under the Enhancement stream, however, in some areas staff have not made the necessary shift in practice. Currently there is a lack of understanding regarding what voluntary services are and the overall nature of Family Enhancement Services.

Recommendation for the new model: A clear definition of Family Enhancement Services will be made, including defining voluntary service using the *Enhancement Act*, section 6 (2) as the parameter.

4.5 Permanency Planning: Early Investment in Permanency for Children

Permanency for children is defined as being out of the care of the Director. The Concurrent Plan is the tool by which to achieve permanency for children, from a vantage point that takes their long term needs into account, and clearly defines the expectations placed on those most responsible to meet their needs. Thus, the goals and tasks contained within the Concurrent Plan provides the vehicle to create permanence for children. Policy indicates that the Concurrent Plan must be completed within the first 42 days of a court application for an in-care status, or when a Custody Agreement brings a child into care. The intent is that permanency planning commences in the earliest stages of children coming into the care of the Director and is continually reviewed.

Permanency for children and youth is not only about being out of the care of the Director, it is about ensuring that children and youth benefit from strong relationships, which themselves enable permanency. Permanency may mean a return to a guardian, independent living for youth, private guardianship or adoption.

One of the outcomes stated in the Ministry Business Plan is "Children and youth in care are placed in secure and stable placements that allow for the development of life-long relationships and connection to family, culture and community". Two of the indicators of progress in this area are "number of children in the permanent care of the Director who are adopted" or "for whom Private Guardianship Orders are granted". Targets are therefore set for these indicators.

In one region there was a perception that if the adoption "targets" were not achieved, managers could be penalized through a reduced performance bonus. Bonuses are tied to many performance objectives, including those set out in the Ministry Business Plan as well as individual manager responsibilities.

Furthermore, adoption is not an outcome traditionally ascribed to by Aboriginal peoples, whose cultural child-rearing practices have tended to be more community-based, and less nuclear. It is therefore important to recognize the values of Aboriginal people and to place less emphasis on adoption as a preferred permanency outcome for Aboriginal children.

Target areas: Typically, case planning is reported to be more consecutive in nature, rather than concurrent. Planning often cannot or does not fully invest the guardians in locating another suitable and permanent placement for their child (this is linked with concerns that concurrent planning can be

perceived by caseworkers as ‘failure planning’ by the parents, who refuse to participate). There is a tendency within the field to begin focusing on permanency at the “back-end” of services, i.e., when looking at permanent guardianship status, or when permanent guardianship has been granted, instead of at the start of the case and throughout the file. There is an identified need in the field for workers in all roles to participate in permanency planning, not simply the creation of specialized positions whose role is to find placements for children outside of the Director’s care. In some areas, permanency-planning workers are in place and are quite effective. However, these specialized positions most often focus on the placement of children who are already under Permanent Guardianship Orders, and at times can have the unintended result of other staff in the office abdicating himself or herself from permanency planning related activities.

A cursory examination of Concurrent Plans on CYIM demonstrates that concurrent planning is not adequately carried out and documentation is incomplete.

Recommendation for the new model: Concurrent planning is critical to defining permanence for children. Further training on concurrent planning, both theory and practice based, will occur for both caseworkers and supervisors. This will assist field staff in focusing on permanency planning throughout the entire casework process.

The quality of concurrent plans will be ensured through a systematic ongoing review of the completed plans.

Policy will be clarified regarding reviewing plans, and connecting the actions of assessment and investigation to those of concurrent planning.

4.6 Youth Services

4.6.a. Transitions to Adulthood

Legislation and policy have provided definitions of and expectations for the services that are provided to youth. There is an acknowledgement of the need for consistent goal focused planning for youth who are transitioning to adulthood. As well, program development is occurring, specific to transitioning youth.

Target Area: The communication between programs that youth can access to assist them in their transition to adulthood and our field staff is an area that requires improvement.

Recommendation for the new model: A clear process for working together and sharing of information between youth service providers and our staff will be developed. A multi-disciplinary approach will be utilized for youth transition planning. Further training on transition planning and services that are available to youth is required.

4.6.b. High Risk Youth

Historical methods of working with high-risk youth have not tended to be effective, as youth were asked to accept unrealistic expectations considering their life experiences (e.g. achieve sobriety, maintain residence, leave abusive relationships, disconnect with ‘negative’ peers, budget effectively, leave the streets) in order to receive any formalized services.

Caseworkers struggled with the challenge of knowing that the higher risk youths on their caseloads were largely unable to meet the requirements for service, yet at the same time, wanting to ensure that these youth were not placed at further risk.

The burden of service delivery for youth who are struggling to meet the expectations of their caseworker tended to fall on community and grass roots agencies, who were typically not in a position to fill this service gap in isolation of more formal and collaborative supports. Regions have recognized this, and in some areas have begun program development to better work with youth leading high-risk lifestyles.

Target Area: Youth who live higher risk lifestyles are those least likely to be able to make the drastic changes required of them for consideration of service. Community agencies cannot serve these youth effectively in isolation of other formalized support and service networks. Those youth most in need of services are often left unserved, and unable to access the very programs that could assist them to find ways to move towards improved health and safety.

Recommendation for the new model: Service delivery practices that effectively screen for youth involved in higher risk lifestyles will be developed. A collaborative service delivery model that is better able to respond to those youth where they are at, in order to assist them to move towards improved health and safety, will be developed. Regions will be supported to continue to develop regionalized responses to high-risk youth, while ensuring that those responses are provincially sanctioned. Regions that have no formalized response to high-risk youth will be supported to develop such, while ensuring that those responses are provincially sanctioned

4.7 Supports for Permanence

This program provides services for caregivers adopting or taking Private Guardianship of children who are under Permanent Guardianship status.

Target Area: Currently this program only provides services to children who are under Permanent Guardianship status, which is viewed as a potential deterrent for caregivers who may provide for children who are under a temporary in-care status. If the program were available earlier in the in-care status process, we may be able to achieve permanency sooner. There seems to be a lack of clarity as to application of the program, parameters, services and access.

Recommendation for the new model: Clarify program changes in policy.

4.8 Dispute Resolution

Section 3.1. of the *Act* provides for alternative dispute resolution, which is further defined as mediation in the regulations. The emphasis on alternative dispute resolution in the legislation signifies a shift towards increased collaborative decision-making between the Director and families. Additionally, section 117 of the *Act* provides for the administrative review of the Director's decision, and sections 118, 119 and 120 refer to the Appeal Panel.

Target Area: All of these processes were available prior to the change in legislation, but they have now been formalized through legislation. There is a large variance in the type of dispute resolution services available in some regions and scarcity in others for accessing alternative dispute resolution service.

Recommendation for the new model: Provincial policy will be developed in the area of alternative dispute resolution to reduce the need for formalized or legislated dispute resolution processes. Casework supports will be strengthened to provide clear direction for staff members who are part of an administrative review or appeal process.

4.9 Communities of Practice

Quality service delivery depends on an educated, skilled, invested and responsive workforce.

The most critical factor in developing and implementing improvement initiatives or innovative practices is that of developing communities of practice. "Improvement, however it is conceived, planned, or initiated,

almost invariably comes down to the cooperative actions of teams of people.” Kinlaw (1996) p. 11

“Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.” Wenger

Communities of practice value their collective competence and its members are open to collaborating, sharing information and learning from one another. “The belief underlying the creation of teams is that all of us are smarter than any one of us; that is, groups are better than individuals at making high-quality decisions.” Pecora and Seeling (1996) p. 277

Members of a community of practice are practitioners sharing resources, experiences, tools and best practices. Communities of practice enable these practitioners to determine and manage the knowledge they need in order to improve their practice. It takes time and sustained interaction for communities of practice to develop to their potential where learning directly impacts practice, leading to better outcomes.

The development of strong communities of practice is, in large part, dependent on their willingness and openness to collaborate. Collaboration by invitation or good will does not work. Concrete, conscious strategies need to be implemented to ensure that it occurs. The work of collaboration is not simple or easy. Dufour (1998) outlines several considerations that require application if the practice of collaboration is to develop and succeed.

- Collaboration is embedded in routine practices, not something that we do occasionally.
- Time for collaboration is built into the regular workday.
- Products of collaboration are made explicit so that others can learn from them; e.g., sharing logs, report updates.
- Norms are developed by the group to guide collaboration; i.e., decision making, participation, confidentiality, and expectations.
- Collaboration time is for pursuing specific and measurable outcomes.
- Relevant information is accessible so that informed decision can be made.

There is increasing recognition of the many different factors that influence the extent to which staff development is considered effective.

Common Practice	Effective Practice
Individual development.	Individual, group and organizational development.
Sporadic/disjointed improvement efforts.	Staff development driven by a coherent strategic plan where local, regional and provincial goals are aligned.
Focus on adult needs.	Focus on continued staff effectiveness with client's needs and specific outcomes as the basis for evaluation.
One shot staff development as the primary delivery model for staff.	Job embedded, multifaceted learning opportunities for adult learners. Supported over time.
Focus on generic instructional or technical skills.	Focus on contextual skills and application of skills in daily practice.
Staff development as separate from the real work.	Staff development as integral, focused and embedded in real work, the goal of which is to improve practice and services to clients.
Passive manner in which practitioners receive information.	Active, as staff are engaged and involved in the development and implementation of staff development activities that foster learning and growth.

Through the examination of current research, (Jones, 1996, Dufour, 1998, Senge, 1990, Skinner, 2005) development of an effective staff development program that improves individual and collective practice includes these essential characteristics:

- is a shared responsibility of all staff;
- is systemic, planned and sustained;
- is developmental and contextual;
- is a collaborative process, which leads to deeper understandings and a shared commitment;
- is interactive, continuous, and reflective; and
- is meaningful and purposeful.

4.9.a. Staff Development Practices that Work

To facilitate the improvement of practices and outcomes for Alberta's children, youth and families, we can choose from a wide variety of research based staff development practices. The following are some examples.

On-the-Job Learning is one of the most promising new approaches to staff growth. "Although workshops and outside consultants certainly have their place, we know that most learning occurs when staff work with their colleagues in ways that help them examine their professional practice more deeply." (Conzemius, O'Neill, 2002). Job embedded learning occurs when practitioners reflect on specific work experiences to uncover new understandings, share what they have learned from their clinical experiences, as well as listen to colleagues share best practices they have discovered. Certain formal structures can be set up to promote job-embedded learning such as study groups, coaching, mentoring and action research. However, almost any interaction between two or more practitioners provides an opportunity. As a workweek unfolds, many 'tasks' can be reframed into learning activities. When all activities are seen as possible learning opportunities, the focus changes. It is not about completing tasks as much as sharing and generating new ideas, new insights, deeper understanding. Job-embedded learning promotes practical learning. However, the significance of this learning "will be lost unless care is taken by colleagues and managers to recognize and draw attention to it, give space for it to be developed and then ensure that it is valued." (Skinner, 2005 p.22).

Collaboration – In collaborative teams, staff engage in mutual decision making to resolve their problems of practice. Colleagues call on one another to discuss new ideas or programs that will help advance their expertise or contribute to improved outcomes for the children, youth and families we serve.

Workshops – Introduce staff to new information or practices in a specific area of interest or need. They can be the catalyst, which encourages the adoption of new strategies. These workshops are most effective when they are followed up with learning teams that provide support in implementing the new strategies or practices.

Communities of Practice – Groups that come together around specific issues, research options, and recommend courses of action. Challenges are identified, strategies for overcoming the challenges are researched and action plans for implementation of the strategies are developed and evaluated.

Case Dialogues – Case based staff development involves using carefully chosen, real-world examples of practice which serve as springboards for discussions among small groups of workers. Through examination of the predicaments presented in a case, individuals have opportunities to engage in careful reasoning and to make subtle judgment(s). Cases can help professionals discover ambiguity, conflict, and complexity within a deceptively simple-looking situation.

Journaling – As a staff development practice, journal writing becomes a place for staff to record observations, explore differing perspectives, analyze their own practice, interpret their understanding of topics, keep records, make comments, or reconstruct experience. Reflective practice requires time and effort and requires encouragement and support from managers.

Mentoring – Mentors provide newcomers with support, guidance, feedback, problem-solving guidance, and a network of colleagues who share resources, insight, practices and materials. Mentoring also gives seasoned staff the chance to leave their mark by passing along knowledge and experience to the newcomer.

Portfolios – Portfolios can contribute to building learning communities and encourage peer collaboration. Portfolios help adult learners focus and construct the meaning of their work, as well as track the progress they make over time. A portfolio that is constructed and used thoughtfully can become the basis for rich conversations, reflections, inquiry and observation about work in communities.

Other possible staff development methods include job shadowing, coaching, modeling, and training of trainers. The two overarching themes of effective staff development are:

1. working together to collaboratively achieve common goals and initiatives; and
2. recognition that the act of learning is not limited to specific, organized formal events, but rather considered to be much broader in its occurrence. (Gould 2000, Dufour and Eaker 1998, Skinner, 2005).

5.0 Supports for the Model

5.1 Human Resources

Effective and high quality service delivery depends on an educated, skilled, invested and responsive workforce. An ethic of service quality, service efficiency, worker recognition and continuous skill improvement is required. The practice model will impact areas of assessment, continual evaluation of planning for children, youth and families and the monitoring of outcomes.

5.1.a. Caseload Standards / Workload Management

A process for the management of workloads will be developed in conjunction with the development of the new practice model.

Target area: There is an acknowledgement that the workload, as it is currently being measured, is not reflective of the changes in practice accompanying the new legislation, and will be further altered with the practice model.

Recommendation for the new model: Human Resource Management Support will review all job descriptions, functional profiles, classification levels and competencies against the new practice model.

5.1.b. Training

The practice model has implications for training particularly in the area of assessment, clinical skill development and continuous improvement. There are three levels of skill acquisition / maintenance that worker training encompasses: Delegation, Competency, and Supervisory.

5.1.b.(i) Delegation Training

Caseworkers just beginning their employment with the Ministry should be trained to the most recent standard of service delivery.

Target Area: Not applicable.

Recommendation for the new model: All of the changes contained within the practice model will be incorporated into delegation training.

5.1.b.(ii) Supervisory Training

Clinical Supervision

There is currently no consistent supervisory practice within or among the Regions, and there is no consistent process to assist supervisors to develop and hone their clinical supervisory skills. Other jurisdictions were contacted to identify useful programs that would already be available, but no suitable programs were found.

Target Area: Supervisory competency is an integral component in service delivery. Skill development and continuous improvement for this crucial role needs to be supported.

Recommendation for the new model: The Ministry will continue to develop and implement clinical supervisory training. The training will include strengthening the role of supervisors in coaching staff and facilitating their learning.

Unit-Based Training

A field-test of supervisory training is currently occurring to orient staff to the *Family Law Act*. Supervisors will be given both the information and the tools to properly orient their staff to this new legislation.

Target area: Supervisors are key to the application of caseworker's knowledge. Given the importance of their position, supervisors will be provided with opportunities to support caseworkers with skill development.

Recommendation for the new model: The field test will be monitored and evaluated upon completion.

5.1.b.(iii) Competency Training

Required Competency Training

Prior to the proclamation of the legislation, caseworkers completed core training on the legislative changes related to their practice. There are a number of specific areas that caseworkers need to have a strong working knowledge of, in order to have a suitable practice base:

- Risk assessment
- Assessment / re-assessment
- Permanency Planning using the Concurrent Planning model
- Service Planning using community resources
- Family systems
- Child development
- Interviewing
- Collaboration between other legislation / programs (FSCD, PChIP, SFI, AISH, PAVA)

Target Area: Although it was as comprehensive as was possible, the core training was somewhat abstract, because the *Act* had not yet been implemented. In some areas the training did not apply directly to actual field practice.

Recommendation for the new model: Training materials will be developed that build on the core training material and be made available to caseworkers, with concrete applications for use. These materials will be added to Delegation training for newly hired caseworkers and provided to all caseworkers.

Competency Maintenance

A mechanism must be developed to teach skills and monitor competency to ensure continuous improvement. This process needs to be done on a number of levels: in supervision environments, on a worksite and regional level and on a provincial basis. The Ministry needs to clearly articulate the expectations and processes required to ensure competency, which can occur individually through the learning plan process.

Target Area: Worker competency in utilizing the new *Act* and the practice model needs to be continuously assessed, with an aim to skill development and continuous improvement.

Recommendation for the new model: Standards of practice will be developed that caseworkers must adhere to, and there will be an expectation that caseworkers will remain current in their practice. Mechanisms will be implemented to assist caseworkers to maintain their competency levels. Learning plans will be actively utilized to assess, track, and develop staff competency.

5.1.c. Learning Plans

Human Resource Management Support is creating a Learning Plan template based on the Development Plan, which was well received by the Family Support for Children with Disabilities program area. The Learning Plan will initially be implemented for the existing Core Competency

Profiles: investigators, caseworkers and supervisors. Field staff, inclusive of both supervisors and managers, originally developed these profiles.

All developed competency profiles will be available on WorkLinks. As further profiles for positions are developed, they will be included in the Learning Plans and a date for province-wide implementation of the Learning Plans will be determined.

Target area: Learning plans are currently in use across the province. The continued use and development of the Learning Plans will provide staff with a set of goals to plan towards, and a tool from which to measure their performance. Learning plans also assist staff to plan their future career and to improve in their areas of strength and development.

Recommendation for the new model:

The Ministry will continue to develop and implement a formal format for Learning Plans based on the competency profiles for specific positions.

5.1.d. Collaboration with Post-Secondary Institutions, Alberta College of Social Work

A formal Bachelor of Social Work Practicum initiative with the University of Calgary and Region 6 is now in place. A formal mentoring role is one of the key elements in this program. The Ministry and the University of Calgary have also developed a Human Service Worker Professional Development Portal proposal that has been submitted to Infrastructure Canada for funding.

The Ministry has also been working with the University of Alberta to review and adjust aspects of the Family Studies Program curriculum to better prepare graduates for frontline roles.

The Alberta College of Social Workers and the Ministry have developed a process for information requests to the Ministry related to College disciplinary proceedings.

Target area: There needs to be a closer link between post-secondary institutions and the Ministry. This will ensure baccalaureate graduates recruited as front-line caseworkers will have the required competencies and understanding of their role to perform their duties in a skillful and effective manner.

Recommendation for the new model: Continue to partner with post-secondary institutions on curriculum development and conferences.

5.2 Information Technology

The CYIM system will have to be adjusted as the practice model is developed. There are a number of ideas from the field in terms of making technology work for caseworkers. These ideas have been forwarded to the Implementation Team responsible for Information Technology.

The Ministry will also pilot portable technology, such as tablets, to aid in the recording of case information while away from the worksite.

Target area: CYIM is the vehicle for tracking and recording Children's Services involvement in a child's life. Improvements in technology should assist caseworkers in completing their recording duties in an expedient manner.

Recommendation for the new practice model: Technological advancements will streamline administration responsibilities in order to allow caseworkers more time for direct involvement with children and families. There must be a streamlining of CYIM inputting and the use of portable technologies will be explored.

6.0 Amendments

As the Casework Practice Model is implemented, there may be sections of the *Child Youth and Family Enhancement Act* that are identified as needing amendment to ensure that the intended results for children, youth and families are achieved. The identified areas of concern will be tracked and forwarded to Legal Services. Changes to ministerial regulations may also be identified.

A process will be developed to bring forward recommendations to consider for amendment.

Target Area: The process for bringing forward recommendations for amendments will be provided to the field.

Recommendation for the new model: A process for direct input into future amendments to the legislation and regulations will be communicated to field staff in an expedient manner.

7.0 Implementation of the Casework Practice Model

7.1 Implementation of the Model

Implementation will be ongoing throughout 2006-07.

- Will likely be a phased process, with certain activities rolling out relatively quickly.
- Others may take significantly longer.

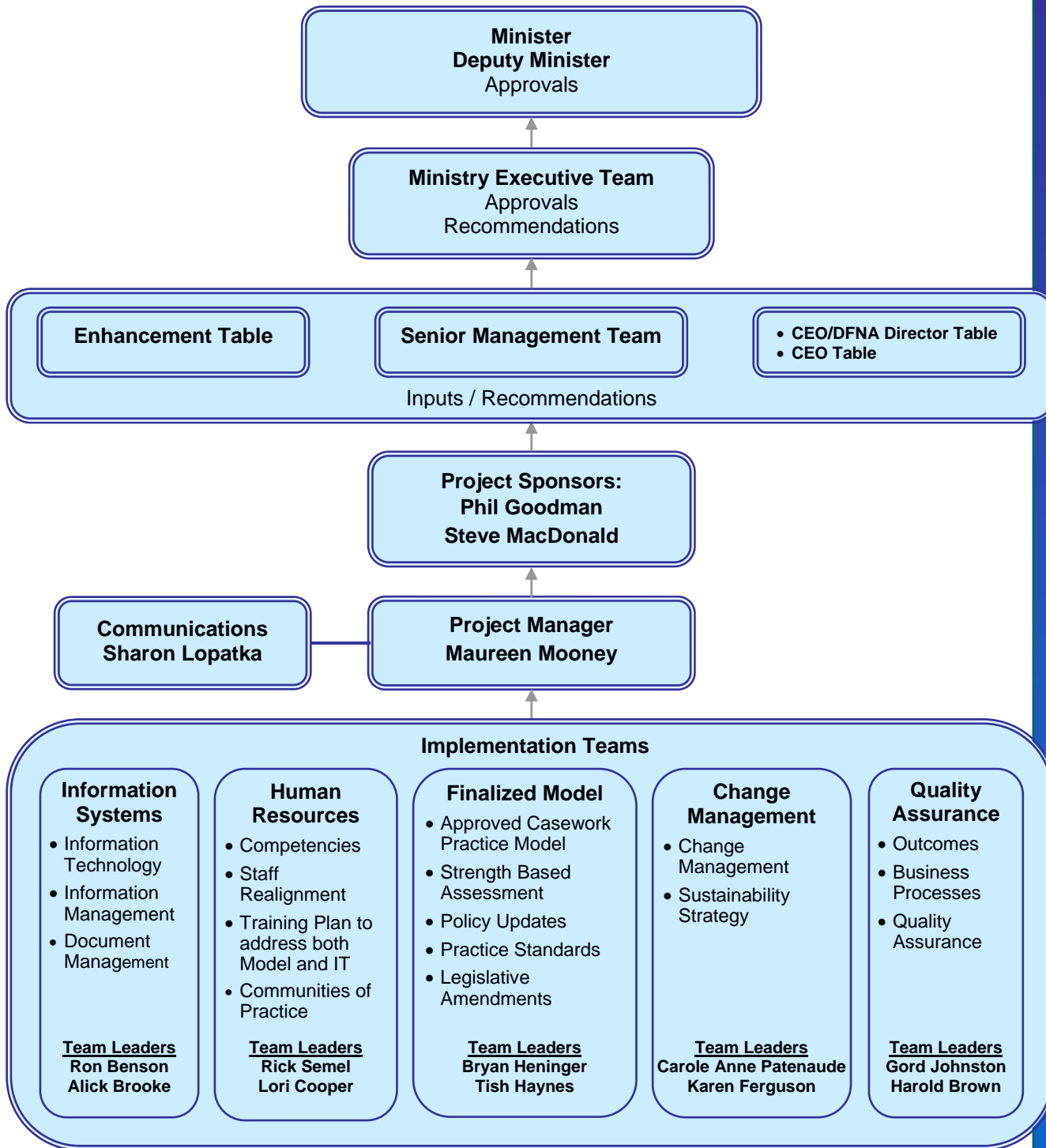
Implementation of the Casework Practice Model has been transferred to dedicated Implementation Teams (page 33) to assess resource implications and develop plans for implementation.

- These Implementation Teams include: Human Resources, Quality Assurance, Change Management, Information Technology and the Finalized Model.
- The Finalized Model Team will oversee the final revisions to the model and consider related impacts and potential revisions to policy as well as practice standards.

The approach to implementation demonstrates shared accountability across the Ministry with co-leads for the Implementation Teams from the CFSAs and the Department as well as DFNA representatives on the individual Teams. This is the ideal model as successful implementation will be contingent on leadership and ownership at the regional level.

Stakeholders and employees will continue to be consulted and participate in the ongoing implementation of the Casework Practice Model. Staff are encouraged to provide feedback through their Enhancement Table representative, DFNA Director or CEO.

7.2 Approval Process and Workflow for Model Implementation



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Ralph Krile
Renay Taylor-Besant
Sandra Grier
Tish Haynes

** Alternate for CEO Team Leader*

8.0 Immediate Implementation Response

As indicated in the previous section, Implementation Teams are developing workplans to ensure that the implementation is well coordinated. During the design of the model, input from staff identified areas of efficiency that are being "fast-tracked".

8.1 Human Resources

Critical Incident Stress Management: Strategies will be developed to assist workers in dealing with incidents that impact their duties. Research is currently being conducted in this area in conjunction with Occupational Health and Safety, and with CFSAs who have taken a leadership role in this area.

Learning Plans/Development Plans: These templates will be available to staff on WorkLinks to assist in the development of individual learning plans with a focus on strength building. Included in the plans will be the provision of supports through a "frequently asked question" link, telephone support, "sample plans", and links to training resources.

8.2 CYIM/IT

Modifications: Kinship care is noted as an area that requires immediate attention. Inquiries will also occur regarding the use of "tablets" to assist caseworkers in ease of inputting information.

8.3 Forms

Modifications: For consistency, all forms that are in the CYIM system and those on the government website will be converted to the same format (Microsoft Word).

8.4 Operational Processes

There is agreement that caseworkers will no longer be required to ask permission for the issuance of bus tickets or monthly passes for clients on their caseloads. All offices will continue to track disbursements and consideration will be given to reducing the related administration.

9.0 Communication Plan

In conjunction with Communications, a communication plan is being developed to ensure connections within the field and to provide mechanisms for feedback, including ongoing publication of the *Enhancement News*. Communications will be working with the regional Communications staff to ensure that materials and messages are coordinated with existing regional processes.

Regular updates will also be provided to the DFNA Directors for distribution to their staff.

10.0 Resourcing the Change

Implementing a new practice model will require changes to current staffing models. The proposed model calls for a more thorough assessment, over a longer period of time. Brief and short term services will also be provided during the assessment phase.

It can be expected that the longer period for assessment will result in an increased workload for assessment activities. It can further be expected that because of the longer periods of involvement in each of the assessment periods, a greater number of cases will be closed at each of the stages resulting in fewer cases moving on to the next stage. It is anticipated that the reduced number of cases moving forward may counter balance the increased workload at the assessment stages in the long term. During the implementation phase, there may be a need for increased staff until the impact on case practice is realized.

Staffing model changes will also be required to enable caseworkers to complete either assessments or investigations in the assessment stages. This will reduce the need to transfer files when a change from assessment to investigation is made and will provide an added continuity and efficiency in completing assessments and investigations. This may have classification implications for staff.

The overall impact on workload of this model cannot be predicted with certainty, but the model does represent a more effective approach to serving families and a reduced number of files moving to open file status can be anticipated with considerable confidence.

The increased emphasis on assessment should also provide efficiencies during the provision of interventions services by having a better basis for developing intervention strategies and achieving permanence earlier.

The model therefore is designed to improve efficiencies in the management of workloads and provide a stronger practice with improved outcomes for children and families.

11.0 Summary

The Casework Practice Model is designed to achieve a more positive balance between the efficacy and efficiency of service delivery. Efficacy refers to the achievement of a desired effect as a result of an action, which is intentional and purposeful. An example of improved efficacy would be the achievement of positive outcomes as a result of interventions provided. Efficacy would be measured by examining the outcomes of intervention.

Efficiency refers to production outputs with minimal waste. Efficiency is generally measured by how quickly a task is completed and is reported in over due work lists. Currently much of our practice in delivering services focus on efficiency and the completion of tasks within prescribed timeframes.

The model places a higher emphasis on efficacy and the actual results achieved from intervention. It will require some adjustment of focus for all levels of the organisation to adopt this shift towards greater efficacy and the manner in which that will be measured.

For the practice model to be successful in implementation, it is critical that changes be implemented from a perspective that acknowledges that change does not occur in isolation, and from a perspective that sees the merit in striving for service excellence. There must be a continual re-assessment of the decisions made for children and youth in order for them to be safe and secure, and for them to be provided with the greatest opportunity for successful growth into adulthood.