



Working Together as Child Intervention Practice Is Changing to Improve Outcomes for Children and Families

Table Conversations – Calgary June 16 2014

Responses compiled from 41 table discussions (335 participants):

What is working well?

- Support workers (region and agency) do a good job of supporting (14x)
 - Workers are coming more often
 - FCSW is awesome and advocate for us –feel supported
 - There are some good foster parents and some good social workers
 - PKIC went well (3x)

- Social workers are now making decisions collaboratively, more open communication with all involved (12x)
 - More accountability in casework decisions (3x)
 - Foster parents and bio parent collaborating is a great concept (7x)
 - Likes working with bio parents
 - Bio families feel less threatened and more supported
 - More information on children/families shared
 - Specific procedure for all intakes - ie. BICS

- Engaging/empowering families (8x)
 - Providing bio families with more support, not just the child
 - Earlier involvement with families- front-end supports
 - Family meetings within 24-48 hours
 - Connection is progressing with bio family
 - More visits with bio families
 - Starting the process of nurturing bio mom

- Strength based approaches
 - Signs of safety (7x) - mapping
 - Gives a broad view of the family, foster etc;
 - What looks “unfixable” becomes “manageable”
 - OBSD
 - Evidence based practice

- Less children in care (5x)

- Better matching (4x)
 - Kids are not moving as often from home to home



- Siblings staying together (4x)
- Single plan (3x)
 - Concurrent plans that are focused individualized and specific with actions and outcomes
- Shorter placements (2x)
 - More children being reunited with bio family (2x)
- Kinship placement are up (3x) –placements being found through cultural engagement
- Kids are being heard in the process (3x)
 - Kids are being informed as to why they are in care
 - Helping children to feel safe
- Cultural practices are honored
- Foster families driving
- Support services developed
 - Intake Doctor's Referral Program is the best improvement
 - However, after a couple of visits we have to look for a new doctor
 - We hope that with this new system it will be more consistent for kids to keep the same doctor
 - Good that mental health of children in care is being attended to (4x)
 - Although very slow, it feels helpful
 - Happy about BICS program – foster parent able to identify need for BICS involvement
 - Foster parent Mentorship Program
- Regional management is fully on board with the changes
 - Reorganization at Aboriginal Services
 - Building relationships with the Bands
 - New training (awareness) (2x)
 - Information sessions to inform foster parents, agencies

What are you worried about?

- The Region's "plan" will fall through and not be fully implemented (15x)
 - Seems like the right way to go but will it be "upgraded" for a different system in the future; Is this just another pendulum swing ;Are we prepared for snafus
 - Transitions happening too fast
 - The shift (lack of apprehensions) is steered by budget/political agenda, all just propaganda
 - Having the time to attend to the new implemented system
 - Both foster parents and social workers need to be flexible and understanding for the well being of the children (5x)
 - In past professionals too busy , so foster parents have to do the work
 - Role definition and co-ordination between all service providers (3x)
 - Consistency with agencies (2x)

- Foster families working with bio families (11x)
 - Safety is an issue (5x)
 - Some parents are criminals; putting us in harm's way
 - Generational dysfunction (2x) of families
 - What about safety for some children if FP gets involved with bio family
 - Visit of bio family are a "make or break" for foster parents
 - What if the bio family does not want foster family involvement
 - Privacy of foster family home is being compromised
 - Mentoring of bio family (3x)
 - Is "disabling"
 - Diminishing the role of foster parent, to that of a "paid parent helper"
 - Is another role being added on and "we didn't sign up to mentor troubled bio families"

- Compensation (11x)
 - Increased compensation needed as there are more expectations and kids with more complex issues
 - Fostering is a business and money is important
 - "We love the children but it is an additional income. Most of do this for the money, if you want the cold hard truth"
 - "Paid caregivers" is derogatory term as many foster parents would do what we do for free

- Kinship care (8x)
 - Will kinship get the support/training they need? (4x)
 - Is kinship a better alternative than bio family placement or foster care (2x)
 - Are the standards for both kinship and foster care the same
 - Pressure on kinship providers/overloading kinship – hard to say No to kin (5x)

- Communication (5x)
 - Slow to get information on children

- Communication with CFS is already poor, it may get worse
- Nobody listens
- That we are not really part of the team (4x)
 - Respect from professionals - we are more than “baby-sitters”
 - Lack of information shared with foster parents by caseworkers
- Expectations of foster parents (4x)
 - More work, more challenges, more time required, more demands placed on parents (3x)
 - Accountability/responsibility will rise for our foster families;
 - The next generation of foster parents not “towing the line”
 - Unreasonable expectations put onto foster parents
 - We have enough responsibility and do not need more
 - Visits/drives - sometimes it is impossible to drive kids to every visit, travel time (8x)
 - Self-care – time is limited now where will the time come from
 - Dealing with really intense issues can lead to burn-out
 - Potential attrition(2x)
- Not getting referrals for placement (6x)
 - Foster parent placements are not being used- forced to look for other employment (3x)
- The social worker is “key”
 - Stability of workers (5x)
 - High turnover of staff (4x)
 - Need for a consistent action plan between changing workers (3x), across MSRT’s (2x)
 - Workers messaging “I’m really busy, too many files”
 - Staff are inexperienced (lack common sense)
- Lack of support (5x)
 - after-hours support
 - respite, relief
- Screenings/assessments (3x)
 - Some assessments are too slow
 - Placement screenings are not accurate
 - Are mental health assessments being done on bio families
- Concern about children
 - Kids falling through the cracks (8x)
 - How many of the 85% become part of the 15% because they are not removed earlier
 - Children living in neglect left too long in bad situations - until a major breakdown (5x)
 - SoS leaves out children facing neglect; it is not a safety concern

- Visitation plans should be tailored to age of child – to decrease trauma
 - Foster children are stigmatized for being in care
 - Will the needs (cultural, educational, recreational, music) of children in care be met (ii)
 - Will children be returned home prematurely to unsafe situations
 - More difficult kids with more complex issues (5x)
 - Receiving high needs kids without professional supports
 - Extra support needed (4x)
 - Children in stable long term placements (6-10 years) will be moved- adopted or reunified – who is going to monitor their “forever” home’s stability? For how long? (4x)
 - Children feeling pressured to re-connect with bio family after many years of little/no contact
 - Foster family being pushed to be a permanent guardian
 - Current PGOs children are not offered the same service
 - Children in care will be missed with the focus on children coming into care
 - Timelines re: permanency are not the same for Aboriginal children
 - Moves in care
 - Frequent moves for children
 - What happens to children at risk who are moved out of province (3x)
 - Gap in transition to adulthood services – more resources/services needed (3x)
 - How to support 17-24 year olds
 - PGO kids not being adopted quickly
- Training and support:
 - To better manage behaviours (7x)
 - Homelessness and poverty and mental health (4x)
 - High costs for families (not in care) to receive treatment
- Will families be able to manage the number of professionals in their home (5x)
 - We want less people involved but we are adding more service providers (3x)
 - Require more time to work with all the professionals
- Separation of Aboriginal culture vs. other cultures is worrisome (30% Aboriginal; 30% other cultures)
- Wait times:
 - PKIC slow to get to agency home
 - Mental Health – child has moved on before appointment is confirmed
 - How will you get the team together within 3 days
 - Slow implementation of BICS
- Co-ordination with other systems
 - Pass on responsibility for school supports (2x)
 - School boards do not want to pay for assessments for foster children
 - Role of FASD (2x)

Next Steps

- A very realistic “plan” (11x)
 - Someone to step up and take ownership- for supports, services, cultural opportunities
 - Setting up a team approach with defined roles – checklist in place (3x)
 - Create consistency- more streamlined approach to service, better collaboration; between offices and DFNA’s (4x)
 - Consistent agenda outlining useable information detailing Harms, Danger Statement, Medical Needs etc
 - Early supports for kids and families before they are removed
 - Intake process that decides goals, actions, outcomes
 - Balance between safety and well being
 - All stakeholders meet within 2 days of placement (2x)
 - Recognition that foster parents are part of the team (3x)
 - Specialized recruitment of foster parents based upon the needs of the child
 - More details/history of child being shared
 - What’s the plan for kids already in care- PGOs and long term placements – will they reassess and possibly return home
 - Kinship families can take family from troubled families
 - Evaluate how the plan is working, within a reasonable time frame

- Communication –between caregivers/professionals/family (11x)
 - Use simple language
 - Common language, all understanding the same words/ideas
 - All working from the same page
 - Ensure workers respond (by phone or e-mail) within 24-48 hours (even if it just an acknowledgement that they have received the message) vs. auto reply or zero reply
 - Have more of these forums to share information

- Support and respect each other –flexibility on all sides (5x)
 - Empower caseworkers to act
 - Respite for more complex kids
 - Region, agencies and foster parents

- Planning for child/family:(2x)
 - To better understand and have access to the safety plan
 - We want to be more involved in the children’s plan (3x)
 - Better transitioning to adulthood
 - More continuity of care for children (2x)

- Support the bridge between foster and bio family(2x)
 - Some foster parents may need to be more open to involvement, “buy-in”- positive experiences may help

- Strengthen family before bringing together (foster parent/ dysfunctional bio family)
- Shared parenting as opposed to all or nothing
- Viewing families as unique – not one rule applies to all
- Maintaining lower number of kids coming into care without compromising safety

- Supports
 - More timely mental health supports/assessment network (3x)
 - Put in referral system for BICS – it is needed now (2x)

- More in depth information/training on: (3x)
 - More participation and critical thinking involved with training
 - Brain development
 - FASD
 - Trauma
 - Attachment
 - More concrete ideas and strategies (2x)
 - Want to avoid the use of meds
 - In depth mentoring

- We need a workable balance – foster parent retreats to rejuvenate not just more training
 - More provision for respite

- Tell the positive stories

- On-line communication
 - Incorporate technology to accommodate everyone's timetable

- Better coordination across systems (2x)
 - Get School Boards involved (2x)
 - Health, mental health - more money for mental health
 - DFNA's need to follow the same policies and standards for training qualifications
 - Involvement of community programs

- This is the old therapeutic foster care system that was cut and not new in many ways (2x)
 - Return to Treatment Foster Care