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The AASCF Journal for Services to Children and Families (The Journal) is published two times a year by the AASCF; a membership based provincial organization of child and family service agencies. The AASCF works to strengthen member agencies and promote attitudes, practices and conditions that contribute to quality services for vulnerable children and families. Articles are the responsibility of the authors and do not necessarily reflect the views of the AASCF.

This particular Special Edition is a compilation of the work that was created and presented at the **Learning Our Way Symposium** in November 2011. The Alberta Association of Services for Children and Families (AASCF) co-hosted this learning event with the Alberta Centre for Child, Family and Community Research (ACCFRC) and the Ministry of Human Services. This learning session was an opportunity for staff of both the Ministry and agencies to come together and look at how we learn our way through our current shift towards an Outcomes Based Service Delivery (OBSD) approach. While OBSD has been iterative in development, several areas have been identified as key components to a successful transition. We used OBSD 'case examples' to illustrate the practical application of those components in each learning session. The symposium was designed to engage community-based agencies, partners and the Ministry in a discussion about how we continue to work together on moving forward with an outcomes-based approach.



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Aims and Scope

This AASCF Journal for Services to Children and Families (Journal) will provide an environment for the child, youth and family service sector and other professionals to reflect on policy, practice, training and research in the sector. This Journal will maintain a practice focus using research. It is intended to focus on local and Canadian content. We want to promote best practice in areas that people are working in, and provide room for critical inquiry into some of the promising programs, practice and research that is occurring in the community.

This *Special Edition Journal* provides papers from people who were presenting at the November 16, 2011, *Leading Our Way Symposium*. They are written from a variety of perspectives and based on the shared learning at the symposium. To that end, this particular volume has papers written from their perspective and in their own manner and do not follow the criteria set out for our regular volumes of this Journal. Articles are the responsibility of the authors and do not necessarily reflect the views of AASCF.

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Dorothy Badry, University of Calgary
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Rhonda Barraclough, AASCF
Bruce MacLaurin, University of Calgary



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Leading our Way

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David Abram (1996) reminds us, humans are tuned for relationship. Dialogue is a fundamental aspect of who we are. In giving it up, we became separated from an essential aspect of ourselves. We can awaken it again by slowing down our thinking and allowing ourselves to be more inclusive, fluid and tentative in our thoughts. This, in itself, creates the kind of peripheral vision that allows for the more improvisational and creative dimension of our thinking to emerge.

Sharing experiences through stories is emerging in various professions as a powerful way to exchange and consolidate knowledge. Research suggests that sharing experiences though narrative builds trust, cultivates norms, transfers tacit knowledge, facilitates (Sole & Wilson)

As leaders it is necessary for us to create spaces and processes for skillful conversation. Through evolving the fundamental images and structures of our thinking, and making the implicit explicit, we create the possibility of re-imagining ourselves, our organizations, and the quality of our work.

While we belong to organizations, we also belong to a story. The capacity for thinking together is one of those stories. It is both new and also very old. We need to connect again to the underlying narrative that gives form and energy to our organizations. The stability we seek is not only in our structures but in the quality of thinking and feeling that is beneath the stories, the images and the values and visions and the thoughts that form us.

Organizations therefore are as strong as the insights and know-how they share among staff and partners. But these insights and knowledge—what is collectively called organizational learning—are rarely explicitly articulated and used for purposes of performance and growth. And while the barriers to organizational learning are familiar—time, staff, resources—the challenges are less so.

Last year a few of us set out to understand why the intentional use of organizational learning is so difficult and what we could do to create an environment of learning. The Learning our Way Symposium was part of our answer. It was an opportunity for the staff of the Ministry of Human Services and agencies to work and learn together. The symposium was designed to look at how we learn our way through the transition. The transition, in this case, is improvement of the child protection system here in Alberta using an Outcome Based Service Delivery Model (OBSD) approach. As this model is transformative and has really been iterative in development it was fitting that we use pieces of OBSD activity to date as 'case example' to illuminate the practical application in each learning sessions.

Outcomes Based Service Delivery initially conceived of as an opportunity to create efficiency amongst both internal casework and contract service delivery and improve outcomes has really become an exercise in examining our collective practice and developing better ways of working together and with families. Child and Family Service Authorities and contract agencies were provided very high level guidelines under which to operate Phase-in sites and then allowed the freedom to explore 'how' to work better together. This approach has resulted in the development of some innovative and effective ways of rethinking how to best support vulnerable children and families, confirming that the expertise in service delivery comes from those who understand the realities of the day to day work and the families and communities which they are serving. The challenge though becomes trying to continually mine the unique experiences at these sites for learnings that will have broader application in order to move OBSD forward. This symposium was a strategy to share learnings in specific areas with a broader community of internal and external stakeholders.

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At the symposium, the keynote speaker was Dr. Bob Lonne, Professor of Social Work at Queensland University of Technology, Brisbane, Australia and National President of the Australian Association of Social Workers. In his keynote speech: Dr. Lonne argued that there is pressing need for change in understanding and consequent organization of child protection in many English-speaking countries. Dr. Bob Lonne presented compelling evidence from around the globe demonstrating that systems across the Western world are failing children, families and social workers. He sets out a radical plan for reform: including indigenizing child welfare; developing ethical frameworks; putting attention to early intervention services; and the need to give significant consideration to workforce issues.

Grounded in recent and contemporary literature, research and scholarly inquiry, Bob Lonne capitalized on experiences and voices of children, young people, families and workers, who are the most significant stakeholders in child protection. This keynote was followed by breakout sessions designed to highlight specific areas of attention that had become prevalent as we developed our thinking. These learning sessions were developed in collaboration with content experts and practitioners within the field. The sessions included:

1. Transitional/ Organizational change
2. Community Capacity Building
3. Collaborative Process
4. Supervision
5. Evidence Based Practice

In this Special edition of the AASCF Journal we are pleased to present articles written by the speakers of the Learning Our Way symposium. We would like to honor those who were willing to share their wisdom and experience at the symposium. We would also like to give special thanks to the families who are the real experts in their experiences had the courage to lend their stories and voices to the day through pre-recorded vignettes.

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Alberta Child Welfare: Opportunities for Better Processes and Outcomes

Dr. Bob Lonne

Abstract

Contemporary Western approaches to protecting children and families have come under increasing scrutiny by the broad community, politicians, professionals and service users as a result of perceived system failings. In an environment of unrelenting media attention, policy makers and practitioners have critically reflected on system issues and practice, and placed increased emphasis on delivering better outcomes for children and families. Alberta's Child and Family Services embracing of Outcomes Based Service Delivery (OBSD) reforms is an example of reshaping the ways in which families and children receive assistance to improve their safety and wellbeing. In this article, I outline and critically analyse the complex issues faced in child welfare, and identify some key reform opportunities and strategies that exist to refashion and improve the ways we can protect children and better help families and communities.

Introduction

The United Nations Convention on the Rights of the Child (UNCRC) is a foundational document that evidences the universal abhorrence of child abuse and neglect and its often devastating impacts on children and families. It also reflects our collective responsibility to both prevent harm to children, and to build systems that nurture and sustain communities so that they are better placed to raise children to be healthy productive citizens. A civil society depends on our ability to facilitate family and community functioning and children's wellbeing, and thereby optimise societal longevity. The UNCRC is grounded in the intertwining of the rights of children, parents, families and communities in multiple relationships with each other. For example, children have a right to grow up in a community, with all the attendant social and cultural beliefs, arrangements and connections that enable them (and us) to develop into healthy active citizens.

Melton (2010a) notes that the personal significance of family and relationships are integral to a civil society as they provide a bedrock of nurturance, identity, purpose, fulfilment and security for children and communities. It is all about relationships, with the rights of children being intertwined and inseparable from the rights of their parents and family, and the community. The rationale for family related rights acknowledges the family and community as a necessary repository of social values and socialisation, which is a matter of entitlement for all. As part of this web of care, Western nations have developed evermore complex institutional responses to support families, but also to undertake surveillance in order to identify those 'at risk'. While there have been progressive developments, there has also been increasing disquiet about this critical area of social care and social control. Tragic system failures inevitably lead to finger pointing all round to find those 'at fault' and vilify them – usually an unhelpful exercise of scapegoating that allows the community to falsely rest assured that the situation will not be repeated.

System Achievements and Outcomes

Over recent decades, there have been substantial achievements in protecting children, not the least of which is a fundamental shift in community and professional attitudes, firstly to recognise child abuse and neglect as a significant problem; and secondly to support a range of legislative and program interventions into what was previously seen widely as the private lives of families. For exampleWithin what has been a continual process of revising the social construction of children, childhood, families and the role of the state (Ferguson, 2004; Parton,

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2006), we have expanded the definitions of harm that trigger state intervention (net widening), along with clarifying the roles and responsibilities of respective parties and those actions where the criminal law should be used. Our protective systems are generally successful in detecting and preventing the most egregious forms of harm (Melton, 2010b), and institutional responses have improved.

Yet, widespread community concern remains about scandals and failings of the child welfare system such as child deaths. The area of social policy in relation to the care of vulnerable children is contested, with a range of views apparent about how best to protect children and support families. This is understandable when we recognize that our systems tend to focus on particular groups including the poor and socially excluded, Indigenous peoples and migrants, single parents (often women), those with a disability, particularly mental health, and people with drug and alcohol dependencies. In addition, parents who come to the attention of authorities tend to experience multiple structural, economic, social, psychological and emotional problems which often require sustained and multi-dimensional service responses over extended periods.

There is mounting evidence from around the world of poor system outcomes that present us with perplexing questions about how best to redress them and how to reform the systems we have established (Lonne, Parton, Thomson & Harries, 2009). System outcomes include:

1. Unchecked notifications of abuse – net widening that threatens overburdened systems;
2. Intrusive investigations and 'risk' assessments that are incident based and often downplay or ignore the multi-dimensional structural factors at play, including colonization and poverty;
3. Services seem unable to provide real help and assistance to those in need except through punitive investigations that can vilify and alienate parents (dangerousness);
4. Propensity for false positives and false negatives in assessments;
5. Major attention is directed toward the most marginalized in society including:
 - The poor and socially disenfranchised
 - Single female parents
 - Indigenous peoples
6. Increased numbers of children in overstretched Out of Home Care systems that don't provide safe, secure and consistent care;
7. Governments and policy players stuck in ever more strident language about protecting more and more children, with consequent escalating costs and system expansion;
8. Deplorable life outcomes for many children in care;
9. Stressed and harried front line staff, with significant recruitment and turnover issues that plague attempts to provide consistent and quality services; and
10. Exasperated senior executives, management and policy makers

The outcomes for alumni of the care system are particularly worrying. Whilst it must be acknowledged that many children in out-of-home care do well, particularly those who are in stable long-term placements, for others their time in care is characterised by multiple changes of address and relationships, estrangement from their familial and community relationships, and increasing propensity to experience significant psychological and emotional issues (Newton, Litrownik & Landsverk, 2000; Osburn & Delfabro, 2006). The result too often is that many of these young people drift out of care and into homelessness, have poor educational achievement, experience

periods of unemployment or low paid work, and have mental health issues including alcohol and other drug misuse (Cashmore & Paxton, 1996). Quite often the males have trouble with the law and end up doing time, and the women have children at a young age and continue their relationship with the child welfare system, albeit in a different role.

The workforce issues being experienced around the globe have been covered elsewhere (see Lonne, Harries and Lantz, in press), but include threats and assaults on staff, elevated staff stress levels from a variety of causes, inconsistent and haphazard training and professional development, and inadequate levels of support through supervision that is often focused on administrative rather than professional/personal needs – issues that affect inexperienced workers in particular. These factors have contributed to some staff experiencing job dissatisfaction with the forensic and risk focus, resulting in increased staff turnover that impacts on service delivery capacity and contributes to loss of corporate wisdom. Recruitment and retention remain critical issues that threaten system sustainability, yet, paradoxically, reform processes are dependent upon having an engaged, supportive and energetic workforce (Lonne et al., in press).

Child Welfare – Experiencing a wicked problem?

In many respects, the task of protecting children from abuse and neglect is a 'wicked problem' in social and public policy sense, as it is multi-faceted and dimensional, with a range of structural, social and cultural factors at play, no easy solutions available, and chronic policy failure evident. Developing policy responses to the problems that beset child welfare systems across the world is challenging policy makers and practitioners alike, and requires us to reconceptualise the nature of the social behaviour evident and the social systems required to address this in preventative and ameliorative ways. Wicked problems have been described as being “highly resistant to resolution” (Australian Public Service Commission [APSC], 2007) and, therefore, pose particularly difficult challenges for governments and communities.

Horn and Weber (2007) have outlined some key features of wicked problems, including:

- Different views of the problem abound, including multiple value conflicts and contradictory solutions;
- Most problems are connected to other complex problems which require system wide responses;
- Data are often uncertain or missing;
- Ideological, cultural, political and economic constraints exist;
- There are numerous possible intervention points with consequences difficult to imagine;
- Policy makers and managers operate in environments with considerable uncertainty, ambiguity, and great resistance to change; and
- Problem solver(s) are often out of contact with the problems and potential solutions.

Wicked problems are not resolved by simple policy and organisational responses and, firstly, require us to recognise that they exist and, secondly, rethink our systemic approaches to it because, in some respects, they confound our skills and organisational capacity as well as our governance structures. “They require thinking that is capable of grasping the big picture, including the interrelationships among the full range of causal factors underlying them. They often require broader, more collaborative and innovative approaches” (APSC, 2007). Yet, frequently there are no 'road map solutions' evident or consensus about where to start.

The implications for reforming child welfare are that approaches taken thus far have failed to properly attend to the multi-faceted and dimensional system characteristics. Rather, often resulting from inquiries into scandals, reform agendas have led directly to increasingly risk-averse policies, evermore prescriptive procedures and practices that militate against relationship-based approaches which are central to efforts to assist parents and families to change their behaviours. The recent United Kingdom report by Eileen Munro (Department of Education, 2011) highlighted how rampant proceduralism has negatively impacted on the ability of staff to engage clients in collaborative processes of change. Recent reforms taken elsewhere have also embraced this, as well as promoting enhanced system collaborations and service responses so that families can access assistance to address multiple issues such as housing, mental health, education and employment.

When seeking to address the generational broad and interconnected impacts of colonization on Indigenous peoples, such a systemic approach becomes even more imperative. The tragic over-representation of Indigenous peoples evident in Canada, Australia and New Zealand for example (AIHW, 2011; Gillespie, Whitford & Abel, 2010; McLaurin et al., 2008), threatens Aboriginal communities and cultures and provides an ongoing source of grief, trauma and social instability. Over-representation is increasing in many jurisdictions despite a range of measures to promote cultural safety within case management and ensuring community participation in protective decision making. Altering past ways of responding is necessary if we are to turn things around and improve system outcomes.

Opportunities for Change

As noted earlier, there are no simple solutions to wicked problems and a systemic response is needed that addresses areas such as homelessness, education, health and mental health and so on. But such a reform agenda is beyond the scope of this article and, instead, I must focus on opportunities for change that can help in the child welfare sector, whilst recognising that other structural measures are also required. Sector reform is by nature on a large scale and involves multi-faceted changes that attempt to impact positively on factors such as institutional structures and responsibilities, organisational cultures, community attitudes and responses, workforce issues, and professional practice.

It goes without saying that successful reform is largely dependent on effective leadership at multiple points – executive, policy, management, supervisory and practice levels (Kotter, 2007). There are many aspects to good leadership including being able to properly analyse complex situations and understand how they function and how they might be reconfigured, to envision how things might be done differently, and the ability to inspire others to aspire to a new vision. This typically involves the creation of a new language, a discourse that embraces the key values, processes and outcomes from the changes being implemented.

Strong leadership is so important that without it many reforms fail (Kotter, 2007). With regard to Alberta's Outcomes Based Service Delivery (OBSD) reforms, leadership has been evident at many system levels, and has been responsible for providing a strong critical analysis of system outcomes and the need to re-imagine how services can meet family and community needs. From my vantage point, which I acknowledge has significant limitations, the lack of a clear over-arching vision of how exactly the new system should be structured has not, thus far, been particularly problematic because the leadership shown has taken place at multiple levels and, importantly, involved a consensus on the need for profound change. What has been clearly recognized is that opportunities existed for fundamental alterations to the institutional arrangements, policy directions, service models and practice approaches. OBSD is a work in progress.

The reform process appeared to start with unsophisticated visions of reframing service delivery to deliver 'better outcomes', ones that were accountable but which entailed a renewed focus on meeting the needs of children and families that were in particularly complex circumstances, and which involved approaches that made better use of community-based service delivery structures. There are early signs of some quite significant improvements in the outcomes experienced by families and children in a range of pilot areas and expansion of the OBSD system is underway. While more detailed evaluation is required, this does not negate the early anecdotal and other evidence showing that improved outcomes are evident. Further evaluation of the results is needed but not just in an overall sense, but to also identify what is working, for whom, and in what circumstances. As the OBSD roll out takes place, four key areas that have potential to bring about better outcomes are:

- Placing ethical practice centre stage within relationship-based practice;
- Revitalizing the role for community members in the protective web of care;
- Indigenizing the child welfare system in order to address the over-representation; and
- Building a sustainable workforce.

Ethical and Relationship-based Practice

Aristotle wrote that “ethics is fundamentally about how we manage power relationships”, and in considering child welfare practice we understand that ethics abound in this field because we have unequal power in relationships, duties to protect, issues surrounding the state intervening into the private lives of citizens, and people who are frequently marginalized and socially excluded. Tension exists for child welfare practitioners when applying the core ethical principles of:

- *Beneficence* - (often referred to as the duty of care) constitutes the duty to do good rather than harm, to protect the weak and to defend the rights of those who can't defend their own.
- *Justice* - the duty to treat people as ends in themselves and never as means to an end, to be fair and equitable to all and to avoid discrimination.
- *Respect for persons* - the duty to value the rights, autonomy and dignity of all people and in so doing to be truthful and honest with them because in doing otherwise, one is not respecting them (eg confidentiality).

At present, most Western statutory agencies or government services unfortunately do not sufficiently educate, train and prepare their staff with explicit ethical guidance to undertake this difficult and complex work. Statutory work can involve threats and acts of violence toward staff and, hence, be stressful at times, which is a contributing factor to the high staff turnover often experienced (Collins, 2008; Stanley & Goddard, 2002). Within such a context it is critically important for staff to have the ability to recognise, analyse and think through the ethical issues arising in the relationships between them and others including children, parents, carers, and community-based agencies.

Concepts of a moral community, power sharing and building positive conditions for human wellbeing are able to be incorporated into an ethical framework that is embedded within relationship-based practice. This approach to practice places change as emanating from the dynamics of caring interactions between people at all levels, and embraces a therapeutic orientation that is culturally and gender safe. Moreover, it sits squarely with virtue ethics and the wise and beneficent use of power. Changing the nature of the helping relationships will alter the

A Re-vitalized Role for Community

Gary Melton (2005) has argued that one of the unintended consequences of policy frameworks that embrace mandatory reporting is the disruption to the naturally occurring social care that happens between community members, help and assistance to others being replaced by a duty on community members to report to authorities. There is an urgent need to re-vitalize the role for community members in our child and family welfare systems, so that people are able to more easily access and use the natural helping processes and networks, and that these are seen as integral to meeting everyday human needs for support. Parenting is a difficult task and all families experience times when their resilience is overwhelmed by circumstances and they need help. An effective community web of care involves these natural helping networks being part of an integrated human services and social welfare system.

Work done on the 'Strong Communities' program in the USA shows us one way to build this sort of social infrastructure and a solid evidence base is being assembled to show us what works. In essence, it involves using community development approaches to foster the multiple levels of relationship and connections within neighbourhoods and communities so that people can access help when and where they need it (Melton, 2010a&b; Melton & Thompson, 2002). The success of this initiative is now well documented across a number of positive outcomes and evidences that children can be safer and families better supported through facilitating a stronger more vital community support system. "Knowing that others around us are willing and able to offer help is the glue that vulnerable families need to overcome social isolation and bind them into a web of community care. Reforming child protection must involve aligning our policies to ensure they encourage natural helping networks and processes, rather than replace them" (Lonne, 2011, p. 11).

Indigenizing the Child Welfare System

It is clear that the degree of over-representation of Aboriginal children and families in the Albertan child welfare system (McLaurin et al., 2005) is a major fundamental issue to be addressed. If 60% of children in the system are Aboriginal, why shouldn't there be a similar proportion of Aboriginal staff? Why shouldn't Aboriginal community-run agencies play the greatest role in delivering services? The compounding intergenerational effects of colonization have had profound impacts on Indigenous peoples in many countries (Gillespie et al., 2010), and a range of structural and community based factors require reform. While policy and practice frameworks recognize this macro context, they frequently focus on initiatives at the micro end of practice, including the involvement of community elders in decision making, placement of children with culturally appropriate caregivers etc. There have also been laudable workforce initiatives in Australia and elsewhere which have sought to increase the numbers and proportion of Aboriginal staff members involved in frontline and management/policy positions. But much more must be done if our child welfare systems are to assist Aboriginal communities in redressing the effects of colonization, and improve children's safety and wellbeing.

To my mind, indigenizing child welfare systems involves embedding Aboriginal world views, cultural practices (eg ceremony), spirituality and relational approaches into all levels of statutory and sector organizations, as well as linking these systems with communities in ways that build and strengthen community leadership and capacity. The negative discourses about Indigenous communities needs to be confronted and language used that recognizes and respects the many strengths evident, the capacity to survive significant disadvantage and social exclusion, and to work in collaborative ways to provide protection for children at risk of harm whilst remaining in partnership with parents. The size of this reform area should be viewed realistically, with timeframes for

programs and services to be configured commensurate with the degree of difficulty experienced. I acknowledge that the federal/provincial responsibilities are problematic, but these issues can also be worked around when people and organizations collaboratively embrace a shared vision, principles and processes for a system reform agenda. Building a system that is characterized by culturally safe policies and practice should be the goal we set for ourselves.

Building a Sustainable Workforce

Colleagues and I have put forward a detailed strategy for building a sustainable child welfare workforce (Lonne et al., in press), and in this article I will outline some of the key strategies. Human systems rely upon staff to achieve their social and organizational goals and, hence, the entree for a reform agenda such as OBSD is workforce development. It should be first noted that contemporary approaches to child welfare management tend to operate from a deficit-based model which focuses on staff shortcomings, and that in some jurisdictions alternative resilience-based approaches are being put forward which entail reflective practice, support, collaboration, supervision and ongoing learning and self-development with a focus on reducing burnout (Russ, Lonne & Darlington, 2009). Such an approach puts significant energy and resources into “retooling” staff and this will likely include building skill levels in a range of therapeutic interventions. If we are to reform our system then staff must be onboard and in agreement with the vision and goals, and, active participants in the often times messy, uncertain and complex processes that system change entails.

A strong critique of the impact of New Public Management is contained within the broad literature (Lonne et al., 2009), and I posit here for building practice-informed management in child welfare so that, from a system's perspective, there is a management culture that understands and supports staff and services to incorporate humanistic and therapeutic orientations. Content free management systems are antithetical to the emphasis on relationship-based and ethically sound human services practice advocated here. Staff need ethical practice and moral guidance for this difficult work, and practice-informed management is well placed to provide the sort of leadership that staff can relate to and rely on. As outlined earlier, key issues in reforming practice concern the use of power and enabling staff to be autonomous professionals who illustrate virtue in the exercise of authority, and this is best promoted by organizational leadership that has a deep knowledge of the core business – helping people to change the ways in which they live their lives and building community social care infrastructure.

Conclusion

Changing the ways in which we protect children from harm is essential if we are to improve the outcomes that are evident in our over-stretched systems. In this article I have outlined some of the laudable achievements from our contemporary policy frameworks, as well as growing disquiet about a range of poor outcomes that result from our focus on risk-averse procedures and practices, and organizational environments that are challenging and stressful. The complexity apparent in our child welfare systems can be seen as 'wicked problems', with recognition that there are no straight forward solutions but, rather, reform must be multi-dimensional and attend to associated social problems such as homelessness, mental health, alcohol and other drug dependencies, and disability. Reform is a messy and uncertain business which has big challenges and few, if any, guarantees.

I have argued that leadership is essential to successful reform agendas, and that apart from articulating a clear vision of a changed system, a new language (discourse) is needed to differentiate future approaches from current ones. In this article I have focused on four key strategies for system reform: promoting ethical and relationship-

based practice; reshaping the community's role in protecting children; embedding Aboriginal world views and cultural practices within our organizational systems; and rebuilding system capacity through workforce development strategies. There are, of course, other strategies that can be used in reformation processes.

Alberta's OBSD is an important reform initiative, because it focuses on delivering better outcomes and entails changed policies and practice, in particular, different ways of working with vulnerable and needy children and families. The reform agenda is an ambitious one and it will take time to come to fruition, so patience is required. A civil society is dependent upon having social care systems that promote children's safety and wellbeing and effectively support families and communities. Re-thinking our current approaches is an essential step to a successful reform agenda and the OBSD presents as a real opportunity to improve processes and outcomes and foster a communal web of social care. There are possibilities for fundamental reform of our child welfare system and it is imperative for us to have the courage to confront past failures and develop new ways to provide protection and assistance to those who are vulnerable. Albertan children, families and communities deserve no less.

Dr Bob Lonne, Ph.D is Professor of Social Work in the School of Public Health and Social Work, Queensland University of Technology, Brisbane, Australia. Bob is the foundation chair in social work at QUT and is the immediate past National President of the Australian Association of Social Workers, which has over 6000 members. He has an extensive career as a practitioner, manager and researcher in child protection. Contact address for publication: b.lonne@qut.edu.au

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**Learning our Way: Outcomes Based Service Delivery (OBSD)
 and Leading Transformational Organization Change**

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*This paper relates to the session **Leading Transformational Organization Change** presented at the Learning our Way Symposium on Outcomes Based Service Delivery, held in Edmonton November 2011.*

This paper describes Outcome Based Service Delivery (OBSD)'s potential for catalyzing transformational change of the child intervention system, and provides mental models that describe the approaches to decision making in two regions implementing the OBSD philosophy, that are useful in other applications and other contexts¹. Examples from two Child and Family Service Authorities (CFSA regions) partnership with lead agencies that are involved with initial implementation sites are provided as illustrations of the concepts. The paper concludes with a few points on how to leverage the experience of the OBSD initial implementation sites to begin to understand how best to transform the policy making parts of the CFSA system to align with the OBSD philosophy, and thus to support the spread and sustainability of these initial innovations more broadly across the system. revising the social construction of children, childhood, families and the role of the state (Ferguson, 2004; Parton, 2006), we have expanded the definitions of harm that trigger state intervention (net widening), along with clarifying the roles and responsibilities of respective parties and those actions where the criminal law should be used. Our protective systems are generally successful in detecting and preventing the most egregious forms of harm (Melton, 2010b), and institutional responses have improved.

Background

Outcome Based Service Delivery (OBSD) is an initiative being undertaken in the Alberta Child and Family Services Authority (CFSA) System. The Alberta CFSA system operates as a regionalized system within policy established by a provincial Ministry². Briefly, OBSD moves the focus of serving at-risk children and families from the specific services provided to what the results of the services should be. Generally speaking, outcomes center on: Child Safety; Child Well Being; Permanence; and Family and Community Support. One key element of OBSD is to move to an organizational partnership between a region and a nonprofit 'lead' organization, to make collaborative decisions about how outcomes for at-risk children will be achieved by the two organizations, and with the nonprofit 'lead' agency responsible for providing or brokering services across other nonprofit agencies in the region. A set of initial implementation sites were chosen, each being expected to operationalize the general concepts in the ways that best suited their context. Initial 'lead' agencies were chosen through a competitive Request for Proposal (RFP) process. An example of one partnership's philosophy is shown - Edmonton Region 6 working with The Family Centre developed this set of Guiding Principles for making their collaborative decisions.

Guiding Principles of Outcomes Based Service Delivery Partnership between North Central Office Region 6 and The Family Centre - Created July 2009
Practice that is respectful, ethical, strengths based, culturally appropriate and engages families through healthy relationships; Paramount goal is child safety with a focus on keeping families together and improving outcomes for children and families; Interventions are creative, flexible and collaborative, supported by clear and defined roles and transparent and honest communication; Practice is community based and supports communities to collectively raise their children.

¹ Two of the authors (McDonald, Rafuse) have been involved in the OBSD implementation in Region 6 and Region 4 respectively. Matthias is a policy and management consultant with extensive experience supporting leaders responsible for designing and implementing transformational innovation in the public and nonprofit sectors.

² Alberta Human Services, Child and Family Services Delivery Division. <http://humanservices.alberta.ca/>. The policy division is called the Department in this paper, to differentiate that part of the Ministry from the Authorities responsible for delivery. Authorities are responsible for delivery in different regions of the province.

http://www.parentlinkalberta.ca/publish/PLC_Regional_Map.asp. OBSD implementation sites have been established in multiple regions and the examples from Regions 6 and 4 are intended to be illustrative, not a suggestion that their approaches would fit in all.

Context for discussing OBSD as transformational organization change

Some key points are important, to set the stage for a discussion of transformational organization change. First, there are multiple meanings of the term 'organization', but all have common attributes. Second, not all innovation is the same - there are three innovation change narratives. Third, OBSD is not the trigger for a transformational change, but an appropriate response to the magnitude of change currently underway in society at large. The paper starts with a brief discussion of these terms and concepts.

Organization can mean a small unit, an independent organization with its own governance system, or a multi-organizational system. Organizations are made up of people, to be sure, and while they too will need to change, the term 'organization transformation' in this paper refers to the web of policies, practices, decision making habits, and the context of history and power relations that create the space in which people make choices and decisions. The complexity of leading an innovation increases as the size and complexity of the 'organization' increases, but there are core principles that apply at all sizes.

Any organization has common attributes - in that it can be seen as being the product of interactions between a cluster of domains - the classic domains are governance, management, and professional / operations. Each has a different pre-occupation. Each has a web of decision making habits and power relations that affect those operating in the particular domain.

Each domain has their own particular support service needs, including policy development for the ways in which governance, management and operations will be conducted. In government, policy development not only sets the parameters for service delivery by government organizations, but also for professionals, managers and organizations in society - in this case for those within the child intervention system.

A 'system' is also an organization - though one that is composed of multiple organizations and relies on productive inter-organizational relationships for its success. Different organizations may have different roles in the system, (for example, some organizations' primary role may be operations, as seen from a system perspective) but each has their own governance, management and operating domains related to their particular system role.

OBSD is the application of concern in this paper, so the patterns of thinking described can be applied to an individual organization - an Authority or a nonprofit organization, or the Department - or the child intervention system as a whole.

Innovation is often used as an all-encompassing term, but is not always helpful unless clarifying the degree of innovation intended. The three change or innovation narratives are: incremental, reform, and transformational³. Approaches in the for-profit sector to innovating products, services or management systems provide some foundations, but must be carefully considered and adapted for use in the public and not-for-profit sectors, especially the social sector. A short description of the differences between these three innovation narratives will help to articulate the differences in expectations, and on the importance of choosing a 'Learn our way there' approach for a transformational innovation.

³ 'transformational' could also be called 'breakthrough' innovation or Big Hairy Audacious Vision (BHAV) innovation since the aim is to move to programs and management systems based on a different worldview to achieve outcomes dramatically different than those achieved with legacy systems.

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OBSD originally seems to have been considered an incremental change - a practice change or change to financial arrangements, without much else being modified. But over time the understanding evolved that OBSD actually could be something much better - that it had the potential to be leveraged to transform the child intervention system in ways that supported real child and family wellbeing, while also serving the needs of professionals and the overall system.

Incremental and Reform innovations are undertaken within the prevailing worldview or mindset - they are a 'better status quo'.⁴ Incremental innovation affects largely the professional / operations domain, though there may be some implications for minor refinements in management systems. However transformational innovations will require innovation to all three domains.

Differentiating reformist and transformational innovations is sometimes not easy. In part, one person's transformation is another person's reform, as there are developmental stages in a person's evolution of worldview.⁵ A quick description of the difference is that because reformist innovation is done within the prevailing worldview, the desired end can be described more clearly, and for the most part progress monitoring can use established metrics.

Transformational innovation on the other hand, operationalizes a different worldview - such as OBSD's stated aim of moving from a forensic approach (often applied in child intervention investigations) to one that aims for safety within child and family wellbeing. In this case, a precise description of the final end or a tried and true route to get there is not clear - we must 'learn our way there' as well as 'unlearn our way there'⁶. Metrics of progress cannot rely on the traditional suite of measures - thus 'the innovator's dilemma'⁷. Also, the strategies and processes to get to this 'general sense of the end' also need to be adapted or designed specifically to align with general principles and outcomes and the specific local context - so a 'one size fits all' program design is not appropriate.

"This description fits well with our experience of organizational change and OBSD. The end state for us has been a moving target and one we have understood would become clearer as we moved along. We started with ideas from both the authority and the agency as to what we thought OBSD was then brought frontline staff from both together to generate principles to guide us as we went along. The ideas have changed but the principles have not."

4 The term is used because, although the system has changed in some ways, perhaps an improvement of some kind in the existing way of doing things, there really is no fundamental change in the guiding worldview - a legacy from the past which is usually not recognized as an optional worldview. This type of innovation is sometimes colloquially referred to as 'rearranging the deck chairs on the Titanic'. While LEAN process reengineering or other innovations to improve efficiency, and even to improve effectiveness are important at certain stages of a program's lifecycle, the expectations of citizens and demands of the dynamic context, make 'a better status quo' or a 'better legacy system' no longer sufficient. Legacy systems will likely be operating from a dominant western industrial worldview - which among other characteristics, assumes linear cause-effect relationships, possibility of certainty, a predictable future derived from past experience and the ability to control outcome.

5 There are a number of academics examining various dimensions of adult developmental stages. Most accessible are: Cook-Greuter, S.R. (2004) Making the case for a developmental perspective. *Industrial and Commercial Training*. 36 (7), pp275-281; Kegan, R. (1998) *In Over Our Heads: The mental demands of modern life*. Harvard University Press.

6 This phrase is credited to the then Director of NASA, when President Kennedy announced the intention to put a man on the moon and return him safely to earth by the end of the decade. A reporter asked how NASA proposed to do that. The Director said 'we don't know how yet, we'll need to learn our way there'. What the Director did not say, and probably didn't recognize at the time, is that we also have to 'unlearn our way there' - and unlearning is very hard for experts.

7 Christensen, C.M. (1997), *The Innovator's Dilemma: when new technologies cause great firms to fail*. Harvard Business School Press.

In fact, since 'wellbeing' is not a gift to be given to a child or family, but something that must be developed by the child and family themselves, with support (and sometimes guidance and motivation) from the system. Sometimes the support requires taking steps to ensure safety of vulnerable family members. But it is a co-creation process, not a 'service' given to the parties. This is much more challenging for front line staff, and the governance and management systems in place to support them in this work. It might be argued that the traditional formal boundaries of an organization are no longer appropriate for this type of desired end, and a fourth domain - the users themselves, needs to be added to the concept of 'organization domains', with the standing for participation in decision making that implies.

Therefore, using the 'well-tested' top down analytical approach is actually not an effective strategy in transformative innovation because it tends to return to the 'status quo' worldview, thus constraining the potential for transformation. Rather, transformational innovation is best done using an iterative prototyping process, such as the DAAL (Design, Action, Assess, Learn) method of mindful innovation⁸ that allows both 'bottom' and 'top' perspectives to be incorporated in iterative refinements.

Innovation in human service systems in public, private or not for profit sectors, requires attention to 'risk' to vulnerable groups. Since transformational innovations are associated with risk - not all the factors can be predicted ahead of time - the traditional 'risk management' approaches must be replaced with 'risk containment'⁹. One risk containment strategy is to use an iterative DAAL process, with the first prototypes tested through simulations or other such means, with the first 'live' prototypes designed as 'pathfinder projects'. These are designed to 'build the path' for later prototypes, and include evaluative strategies designed to illuminate structural impediments and facilitators (e.g policy and practice in a part of the value chain, or in related sectors). Understanding these impediments and facilitators is essential to smooth the way for subsequent prototypes, and for replicating and scaling the initial innovation.

OBSD is not the trigger for transformational change

It is tempting to assume that OBSD is the trigger for transformational change (and stalling OBSD in some way can stall or prevent the change). But in fact, OBSD is one of many initiatives - both inside and outside the child intervention system - that are underway and transforming all organizations and sectors in this time of 'Big Change'.

⁸ Matthias, S. (2008) Mindful Innovation in the public and nonprofit sectors. Located in the Public Documents Library at www.matthias.ca

⁹ Briefly, 'risk management' is the strategy used traditionally to avoid, eliminate or at least minimize risk, usually an analytical process. In this worldview, 'risk' is usually all negative. Risk containment recognizes that in a complex system, the path of interconnecting factors cannot be completely analyzed and so not predicted. Yet, in systems that involve vulnerable people, care must be taken. A risk containment strategy for transformative innovation chooses an iterative prototyping strategy such as DAAL with simulations or other approaches in the first models, and then maximizes error recovery capacity - for example by choosing locations where the physical environment, and people involved provide the most favourable conditions for trying new things, who have error recovery capabilities and contingency plans. This means involving high functioning organizations and professionals with skills and comfort in highly ambiguous situations in the early stages of the innovation process, when the situation is most uncertain and the need for principle-based decision making most common. The analogy of kayaking or rafting a river with level 5 rapids is an apt descriptor of this stage. Some of the characteristics of individuals appropriate for very early stage transformative innovations are described in Kirton, M.J. (2003) *Adaption-Innovation in the context of Diversity and Change*. Routledge

What do we mean by 'Big Change' - The convergence of a number of trends and factors that has been underway for the last several decades. One can look at individual trends - technological (especially computing and communications); social; economic; natural environment; but the convergence and interaction between and among these has created Big Change in our lives and our organizations. Looking back, it is possible to see markers of these trends - the 1960s when 'Silent Spring' by Rachel Carson raised environmental awareness; 1970s and the Lalonde Report - articulating the determinants of what we now call 'well-being'; the famous 'blue marble' photograph of earth taken from space in 1972; 1995, the time of the Netscape IPO, when access to the internet and the stock of human knowledge became much easier for the general public.

In Alberta's Child Intervention system, the last decade has seen the Alberta Response Model, the IT initiative, *the Child and Family Enhancement Act*, as well as major initiatives in Health, Justice, Education, Public Guardian, and other social sectors.

On the ground, this 'Big Change' is seen in the increased reality in human services - of a greater percentage of complex cases, more 'wicked problems' that can be resolved but not fixed¹⁰, increased demands for innovation, but policies and organizational forms are increasingly misaligned with current challenges. Life and demands seem to move faster and faster. The adaptive dilemma faced by organizations, and therefore by professionals engaging with clients, is the challenge created by steadily declining revenues, steadily increasing costs, increasing demands and expectations, combined with Alberta's geographic and demographic realities.

So OBSD is not the sole trigger of organization change in this sector, but, using a watershed as metaphor, looks more like one tributary in a river of Big Change. This puts the challenge of operationalizing OBSD in a wider context. In short, OBSD can move with the flow, or fight it. Moving with the flow means using new mental models in designing policy and in the expansion of OBSD beyond the first implementation sites.

Mental models for Transformational Innovation

Understanding the context of Big Change may help to convince that we need to change, and change dramatically - but it is quite another matter to move beyond the metaphors and calls to action, to practical solutions in actually making that degree of change. Helpful tools for those leading transformational change in human service organizations and sectors, that have had the benefit of use in a number of applications, and a connection to theoretical or conceptual foundations are now beginning to emerge.

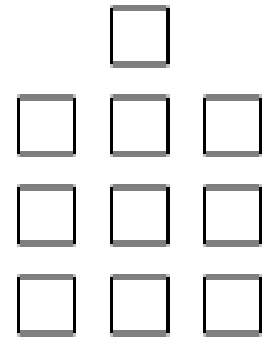


¹⁰ Australian Public Service Commission. (2003). *Tackling Wicked Problems: A Public Policy Perspective*. Located at <http://www.apsc.gov.au/publications07/wickedproblems.htm>

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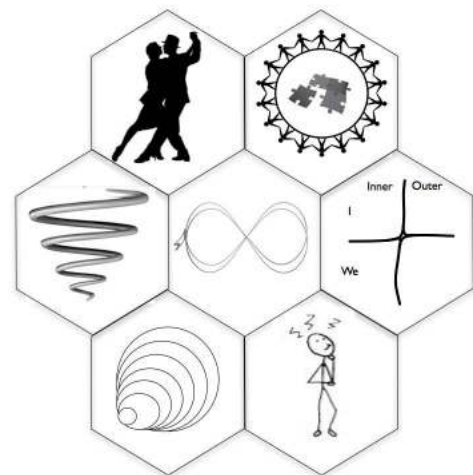
One key to succeeding at transformational innovation is attention to the mental models that we use to both predict and make sense of a complex world. Gary Klein's description of Naturalistic Decision Making shows how mental models are central to the process of decision making¹¹. We have been using analytical, mechanistic decision making models for so long that they seem like the only way to reason - their essence is captured in the 'icon of the industrial age' diagram to the right.



It is important to use mental models that are appropriate to 'transformation'. This means looking at problems, issues and making decisions through an ecologic, continuous flow worldview¹². Decisions are made throughout the processes associated with front line practice, developing policy, and with managing an initiative - i.e. through the processes of planning, implementing, assessing progress and refining the approach. The mechanistic approach that is appropriate to the ordered world can sometimes be used for reformist innovation, though it will not be able to cope with reform of highly complex systems. Further, in a potentially transformative change initiative, use of mental models based on the linear mechanistic worldview will not only be ineffective, but will likely constrain the transformational potential.

One of the reasons that the approach to implementing OBSD has been appropriate is that the traditional approach to designing an initiative from the top, defining the practice strategies and ways of recording activities is not appropriate to transformational change.

A toolkit of seven 'mental models' appropriate to transformational change is illustrated in the cluster of figures to the right. These mental models are lenses to make sense of the actions taken in implementation sites that are aligned with a transformational innovation approach. Each of the mental models is briefly described.



The centre symbol represents the Adaptive Cycle, the pattern of vibrant human and other natural systems¹³. Starting from the one o'clock position at the upper right of the diagram and moving clockwise, the other mental models are:

- Learning together - learning as a collaborative, social process;
- Four quadrants of change in any human system
- Thinking tools
- Nesting
- Developmental trajectory of change
- The 'dances' of collaboration.

11 Klein, G., Orasanu, J., Calderwood, R., and Zsombok, C.E. (1993) Decision Making in Action: Models and Methods. Ablex Publishing Co., Norwood, NJ.

12 There are an increasing number of publications dealing with the application of complexity theories in human and organizational applications. A starting place is: Stacey, R. (2010) Strategic Management and Organisational Dynamics: The challenge of complexity to ways of thinking about organizations. Pearson Education Canada; 6 edition

13 Gunderson, L.H. and Holling, C.S., (2001) Panarchy: Understanding Transformations in Human and Natural Systems. Island Press.

The Adaptive Cycle illustrates the iterative production and renewal cycles that provide the balance of stability and change that mark vibrant living systems - whether human or environmental. The traditional approach focuses on the production part of the cycle - from birth to maturity, since this part of the cycle is visible in the outer world, and the desire is to achieve stability, where highest efficiency operations can be achieved. However, vibrant systems have initiatives operating at all four quadrants of the cycle, so there will be options and tested alternatives when a program is no longer achieving the desired ends (often because the environment has changed, or the client group no longer has the same characteristics), there will be routine ways to 'let go' and adapt to the new circumstances. This means organizations need to embrace, and have routine ways of working in the renewal part of the cycle. One way to do that is with 'pathfinder' projects, that are able to illuminate the important environmental and policy restrictions to the desired innovative practice. OBSD's first waves of implementation projects can serve that function, if leveraged that way. Mining these projects' experience to help understand what is critical to copy and what can be adapted is part of the process of mindful innovation - adapting and replicating based on a thorough understanding of the critical elements of the delivery, business and governance functions to maintain the impact of the innovation¹⁴.



Learning together: This mental model recognizes that learning is a collaborative social process, and that learning from experience will be the only way to approach transformational change - there is no education course that will teach you everything you need to know. Also, group learning and organizational learning are important elements to transformational change.

Using a top down/bottom up approach means that a learning and innovation ecosystem is essential to providing the management infrastructure for designing prototypes, mining the experience gained¹⁵ and revising / refining the next phase of prototypes. Remember that every part of the system, and every planning, implementation and evaluation process will scream to return to the tried and true, status quo, thus containing the potential to transform, so a learning infrastructure helps support a regular opportunity to reflect and consider what learnings will help make future actions easier. Illuminating the policy and other environmental factors that act as facilitators and barriers to the innovation is a fundamental learning step - so they can be addressed and enable the innovation to be

“Lived experience vs intellectual understanding: “How OBSD started regionally and provincially is different from where we are today. Our understanding was based on American models but since then has taken on more of a grassroots, made in Alberta approach. The process has been very organic, fluid and experiential. Every time we have tried to apply rules and logic, or cement a process, it stalls our creativity, gets us stuck, and takes our eye off the big picture.”

“When we first started, staff was told that they would have more time because the Agency was taking on a bigger role in service delivery implementation. It seemed to make sense. What we found instead (the lived experience) is that staff are busier than they were before! It's a lot easier, and less time consuming, to tell someone what to do rather than it is to work it through with them, the family and others..” It could also be that some of the increased time is for learning new roles, new relationships and working 'against the grain of history'. It will be useful to watch this over time.”

¹⁴ see Hayward, S. et al, (2007) Replicating Social Programs: Analyzing the SEARCH Classic Program in the context of Replication into a New Jurisdiction. Located at http://searchca.net/users/FolderData/%7BF3C858BC-FF47-49F8-9096-49C777DD9E5E%7D/replicating_social_programs_designed.pdf

¹⁵ Matthias, S. (2008) Innovation in the public and nonprofit sectors. Located in the Public Documents Library at www.matthias.ca

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implemented more broadly (scaled) as a routine approach. It also helps to develop a deeper understanding of the human capabilities required to work and manage the transformed system - so sets the agenda for human resource development.



Four quadrants of change: In any human system there are both inner and outer manifestations of change - and each of these at the individual and group levels. Our traditional ways of thinking, and decision making, privilege the outer - individual behavior, and the behavior of systems and processes. However in transformational change, the inner

perspective of the individual, group and the cultural norms of the broader community are important to consider, and the forms of knowledge related to these must be incorporated into decision making and monitoring progress.

Collaboration takes time, energy and patience



Thinking tools: There are many, but one critical capability is that of designing solutions, rather than simply analyzing problems.¹⁶

Central Region had the benefit of following Calgary and Edmonton's first year of OBSD operations - we could learn from and adapt their experience. As an Agency we're learning the world of being a part of a BIG system, vs just focusing on our particular Agency, where the manager is focused on immediate issues.



Nesting: In complex adaptive systems, units 'nest', and are interdependent members of a larger whole. One example is the relationship between tissues, organs and systems in the human body - called 'holons' or a 'holarchy' in complexity theory. An application was provided earlier in this paper in describing the multiple aspects of 'organization'.

Agencies have evolved - in the 80s we were peripheral and independent. In the '90s we stressed partnerships, and in the 2000's moved to responding to government's mandatory tendering of all contracts and Agencies moved into a competitive stance. OBSD brings the need for collaboration - working together as systems, with the ability to use who you need to use. Agencies subcontract with other agencies - we need a different relationship with each other as well as with the Authority.

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Developmental trajectory of change: We like to think of change as occurring in a straight line, but in living systems, the change is organic. Over time, it is possible to see how individuals and larger complex adaptive systems move through developmental stages - the move through childhood, adolescence, and the various stages of adulthood are one example¹⁷. Organizations undergoing transformation will also exhibit this developmental stage pattern of transformation - early stages are more difficult because everything is having to be addressed at the same time (think of a child learning to walk, through various stages of competence and confidence).



'Dances' of collaboration: Inter-organizational collaborations have many of the same patterns as individual collaborations, but need to be considered at the governance, management, and operational / professional domains. Some impacts can be achieved only with collaboration across organizations at all three domains. And as one of the other sections in the symposium described, the policy ecology supports or suppresses collaboration.

"A good example of the dance has been in the countless meetings we've had with the agency and at all levels of both organizations. We've evolved from a place where meetings were either a way to monitor the agency's deliverables, or a vehicle to share information. Now our meetings are about collaboration and where decisions are made jointly, not just announced."

Next Steps for OBSD, using a transformational organization change lens

OBSD programming, and agency business systems are transforming. But the system policy and management systems largely retain the traditional (linear mechanistic) approach. If implementation sites are to sustain and advance that transformational innovation, and their approaches are to be adapted to suit other agency/authority collaborations¹⁸ throughout the child intervention system, these policy and management systems must also transform. Otherwise the result is a kind of 'popcorn innovation', where individual innovations at the operational level remain limited to the original champions, since their characteristics and culture are key factors in making it work. The system as a whole doesn't change, and the innovative approaches never are developed to the level of routine operation, so remain dependent on individual champions.

Also, transformational innovation is not a one-shot event. No 'three-year special project' will achieve a transformative change, since it requires innovation in all three domains of an organization and in all roles and organizations in a system. Continuing to support the transformational process, and the learnings associated with all stages, requires particular management systems, funding, and evaluative systems to fully realize the transformative potential.

¹⁷ Cook-Greuter, S.R. (2004) Making the case for a developmental perspective. *Industrial and Commercial Training*. 36 (7),pp275-281; Kegan, R. (1998) *In Over Our Heads: The mental demands of modern life*. Harvard University Press.

¹⁸ In complex systems generally, and transformational innovation specifically, it is not possible to 'adopt' or 'copy' an approach that is successful in one setting or context directly. The basic framework and principles must be adapted to suit the particularities of the context in the new setting.

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But approaching a system-wide change in a traditional way is not appropriate. In the same way as the programmatic innovations require an iterative DAAL approach, so to does the innovation to policy, human resource, information management and funding systems. Thus, the 'bottom up, top down' DAAL iterative approach is an important mental model to use in designing the approaches to transforming the

In such an approach, the practice innovations in multiple implementation sites¹⁹ are examined closely to see what program policy parameters, management systems (HR, finance, information management etc), planning and evaluation processes would truly support the desired actions.

When considered for an individual Region - lead agency partnership, it may be visibly clear what management systems require changing, in one or more of the associated organizations. In some cases, or in a system-wide application to Ministry program policy or

management systems governing the system as a whole, a developmental or strategic learning evaluation may have illuminated the policy and structural impediments. Additional factors will be introduced from the governance and management domains, which need to be incorporated in the thinking. A creative, design thinking approach will be helpful to identify various options, which can be developed as prototypes and tested in their own right in a DAAL (Design, Action, Assess, Learn) process, with associated learning, and refinement to subsequent iterations. A facilitator or learning coach can be useful for this process, especially as changing work processes is a long term process. The process may also identify required innovations in the funding and monitoring of future implementation sites.

These changes in program policy and /or management policy, planning and evaluation processes in the Ministry gradually ease, or motivate increasing numbers of system players to change practices. Over time (measured in years) practices and management systems aligned with OBSD principles thus become more and more routine in all regions and the new 'way we do things'.

There are a range of directions that the Ministry of Human Services and the Alberta Association of Services for Children and Families (AASCF) could pursue, if there is a desire to use OBSD as a lever to transform the child intervention system for the benefit of children and their families, professionals and the system itself. Three suggestions give a taste of the possible next steps:

1. Some implementation teams now have about two years of experience operationalizing the principles of OBSD, others about a year. This has illuminated a number of practical and policy issues that cannot be resolved at the local level (the region / lead organization partnership) for



¹⁹As mentioned, OBSD Implementation sites have been established in multiple regions - the examples given in this paper from Regions 4 and 6 are intended to be illustrative, not exhaustive.

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anything but a short term fix. It would be instructive to start to gather groups from the Department, Authorities, lead agencies and other related nonprofit organizations together with the implementation teams, to begin to 'mine' their experience and get a sense of the necessary policy environment to sustain the efforts in the short run. The key is to work with patterns, rather than waiting for precise 'proof' that the change is effective. The narratives and 'buzz' suggest that this is an initiative whose impacts are 'headed in the right direction' and the value proposition is sufficiently high to move to the next steps. Some of the areas that might be useful to consider in this process are:

- a. The learnings in both the practice and the business aspects of OBSD are important to 'mine' for necessary policy and management innovations in the Department or Ministry - to make it straightforward for an Authority to use OBSD principles whether or not they are an official implementation site. In addition, it may be that taking policy action to resolve the challenges to business practices of agencies and authorities is most critical to helping OBSD sustain and scale to more routine operation. For example, one lead agency's experience suggests that the financial policies in another sector (justice) can influence the funding required for a particular child. Another issue flagged is the changing relationship of the lead agency with other nonprofit service providers in the region. Lead agencies may need particular systems or practices to help that changing relationship be generative rather than destructive.
2. Another idea might be to identify and fund 'coaches' from the first wave of implementation / pathfinder projects who can work with the next wave of organizations and help them navigate predictable challenges in .

Some organizations now have experience working through the number of initiatives in child intervention over the last decade (e.g. Alberta Response Model, the IT initiative, the Child and Family Enhancement Act) and have begun to identify the capabilities required of professionals and managers to work in, and supervise the collaborative, adaptive models of practice associated with OBSD. Some of these capabilities will be associated with effective collaboration, others with making sense of experience through the lens of complexity theories, such as technical skill development using some of the mental models described in this paper. While these might be seen as applicable only to lead agencies, they are likely required across the governance and management roles of the Child Intervention System, and into other sectors.

3. It is also important to note, that the child intervention system is itself a 'holon' of a larger child development system - which covers many sectors. Since the child intervention system is not an island, its transformation will begin to influence the transformation of linked systems. Transformation in one inevitably affects all the others, since the children and their families engage with all the systems- justice, health, education for example. Also, some experiences of transformational change in those sectors might inform some of the challenges that OBSD will create for the child intervention system. Developing learning and innovation ecosystems that

cross sectors would be one strategy, but in the short term, it is more likely to be successful to develop small connector teams that can pick up on specific issues as they arise²⁰. These teams could work to create even short term fixes while considering the larger policy and management system transformations that need to be undertaken.

Overall, the discussions and questions in the Leading Transformational Organization Change session in the Learning Our Way There Symposium suggest that the OBSD principles resonate more broadly than the initial implementation sites. This suggests that there is an impetus to continue to expand the ways in which OBSD principles are the guidance for the Alberta Child Intervention system - requiring an ongoing commitment to system innovation, to structure, restructure, evaluate and respond in order to more effectively meet the needs of children and families while balancing and sharing resources within the system.

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²⁰ A learning from another sector might be illustrative. The consortium leading the City of Toronto initiative to reduce poverty incorporated a 'system busting table', comprised of members from all City Departments. When practitioners flagged a policy or practice that was impeding their ability to implement the desired philosophy, the table would be convened and charged with developing a way to change the policy or find a different way to enable the front line to do what it needed to do to achieve the poverty reduction aims.

Community Capacity Building and the Adaptive Challenge

Mark Holmgren

Note: this article represents an expansion of a presentation done at the Learning our Way Symposium in 2011. The presentation was entitled Community Capacity Building and the Adaptive Challenge, presented by Mark Holmgren, Liz O'Neill, Rod Rode, Anne Smith, and Nancy Petersen. While this paper was built on the presentation, its contents are the work of Mark Holmgren and do not necessarily imply agreement or disagreement of those who were a part of the original presentation.

Capacity building is a term used so frequently these days that its meaning is more assumed than discussed. Add the word, “community” in front of it and we have but another term that most professionals understand and use, but two questions emerge. First, is there a common understanding of the term, “community capacity building?” And, second, how does our understanding of it translate into strategies to achieve it, especially within the context of the range and scope required to effect transformative change throughout community.

I am going to use three suggested definitions to begin. First a definition of community, adapted from the work of John Ott and Rose A. Pinard: Community consists of people whose relationships are sufficiently strong and synergistic to provide tangible and ongoing support to one another¹. This may occur one-to-one as in a neighbor helping another neighbor or through group actions aimed to address a common concern or challenge. Implied in this definition is that such a definition speaks of a community that is “healthy,” “vibrant,” and also responsible for its own members.

Community capacity is defined as “the combined influence of a community's commitment, resources, and skills that can be deployed to build on community strengths, identify common aspirations, and address community problems”² (adapted from the work of Steven E. Mayer).

Community capacity-building is defined as strengthening the ability of communities to act on their own behalf to promote the well being of their members.³ The assumption here is that community sees itself as responsible for addressing its challenges and building a stronger future. Community members are not just recipients of help or support but rather are active in the provision and receipt of support.

While capacity building should be contextual to issues, challenges and aspirations, it is also the case that community capacity building is an approach that is bigger than any one issue. It is not just a bunch of techniques but acknowledges and identifies the conditions which stop people from achieving their aspirations and meeting their needs. Then, through participation that reflects the diversity of people and groups, capacity building becomes a means to moving people to action.

Action-oriented capacity building within a community typically has to do with “change.” The change-connection could involve straightforward approaches to improving the health and skills of children through sports, for example, and the capacity building actions might focus on ensuring there are sufficient community facilities, low or no cost access, volunteer coaches, and so forth.

¹ John G. Ott, Rose A. Pinard, “California Institute for Mental Health, Community Capacity-Building Learning Collaborative, Emerging Lessons Report”, Luminescence Consulting, 2010, page ii.

² Steven E. Meyer, “Building Community Capacity: How Different Groups Contribute”, Effective Communities, 2002, page 2.

³ Ott and Pinard, op. cit., page ii.

In some cases communities may wish to build capacity to resist unwanted change. We see examples of this when communities voice opposition to social housing development in their neighbourhoods, especially among those communities that already believe they host their fair share of housing aimed at low income families or persons with mental illness or disabilities. Of course communities rise up to resist other kinds of development, too: hi-rise development, undesirable business development, widened roadways, and so forth.

Community action in opposition to such things is to a large extent community addressing change from a reactive, positional point of view, typically based on self-interest. Such an approach to community development and change tends to limit our overall sense of community to those factions we support, resist, or simply ignore.

It's not that self-interest is wrong or that it should be taken off the table. Rather, as a society we tend to operate in an arena of opposing self-interests rather than working with and through them to find and implement common strategies that produce win-win results.

This leads to the calling to see and experience community differently than we do currently, especially as human service providers and governments. This calling is expressed simply in the notion that changes in perception about community and our collective roles advance understanding and lead to changes in individual, collective, and cross-sector actions that, over time, contribute to improving lives and social conditions.

These “changes in perception” call us to shift from societal habits and perspectives that tend to segment, if not totally separate, responsibilities, accountabilities, and roles toward a collective mindset that sees families and communities as being in the best position to take primary responsibility for the health and well-being of their members. This responsibility is shared with helping professionals, governments, and funders, all of whom are a part of community, not separate from it.

This perception shift implies that helping professionals, governments, and funders should include two key roles in their mandates:

1. strengthening the ability of communities to promote the health and well-being of their members, promoting interdependence in order to break the cycle of dependence on services; and
2. providing bridge services to people who do not have natural communities of support, or whose needs are beyond the capacity of their families or communities to meet, while helping to establish or strengthen their ties to natural communities of support.⁴

⁴ Adapted from Ott and Pinard, op. cit., pages 4 – 5.

These perception shifts have value for at least two reasons: First, they reflect a common sense approach to building and sustaining strong, resilient communities and community members. Second, they are, in effect, two fundamental strategies to address what John Ott calls the Adaptive Dilemma⁵, which is simply stated in the following formula:

Steadily Declining Revenues
 + Steadily Increasing Costs
 + Steadily Increasing Demand and Expectations
 = the Adaptive Dilemma.

While there are compelling arguments to be made that the Alberta Government should invest significantly more money in social programs, Ott's formula goes beyond such debate.⁶ Rather, the Adaptive Dilemma is a formula to be applied and understood within the following context:

- What we have done traditionally to address community issues and aspirations is not working to the extent that we want it too. The cost of living has been outpacing the earnings of workers for years. The complexity of community life is such that governments, no matter how wealthy they might be, cannot on their own spend sufficient funds to achieve desired results. There are just too many people struggling with unemployment, health issues, poverty, lack of education and training, addictions, and abuse for anyone to truly believe such problems will be resolved by some magical level of funding.
- Revenues – whether tax revenues to governments, oil revenues (in the case of Alberta), or revenues allocated to social programs – will never be sufficient if we continue to operate as we have been.
- Those who think the government is responsible for everything will always be disappointed and governments will always be seen to fail.
- Those who think the business sector will steer us to a place where all are welcome and all participate will also face disappointment, and the private sector will continue to be seen through disparate community lenses.
- Those who think the charitable sector is where “doing good” should reside most likely know in their hearts that “doing good” is everyone's responsibility. Our mistake perhaps has been to somehow allocate this responsibility to one sector that relies on the good will of the other two sectors for its economic engine.
- What appears to have happened is that community has become something abstract or something outside of or different from government, business, and the voluntary sector. This has led to expectations that all of us have of each sector that in many ways has removed us from taking responsibility as a community for the things we hold the three sectors accountable for.

⁵ I had the privilege of being in the audience at the 2010 Tamarack CCI Conference where John Ott presented on the Adaptive Dilemma.

⁶ While writing this paper the Alberta Government announced significant increases to AISH, Child Care Subsidies, Homelessness interventions, and other programs. In some cases the increases were dramatic and I was encouraged to see this improvements. Even so, these significant increases are insufficient on their own to overcome poverty, eradicate homelessness, and so on.

⁷ Adapted from Ott and Pinard, op. cit., pages 4 – 5.

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Change in perceptions about community necessarily mean changes in self-perception as well as moving toward the very obstacles that stand in our way. There is an old Zen saying that goes like this: “the obstacle is the path,” and that short profound saying represents precisely what we should be doing.

Here are a few of the big obstacles, community must address:

- Our communities face increasing work force challenges. An inadequate birth rate will not fuel our work force. Thankfully, immigration can help do that but will add to the complexity of work environments in terms of cultural influences, expectations, as well as increased incidence of prejudice that typically accompanies increased diversity. Add to this, generational differences between boomers and the Millennium generation, and the complexity widens and deepens. Workforce challenges will also escalate as the capacity of educational systems to teach what is necessary for tomorrow's jobs continues to be an issue.
- Life and living have become increasingly complex and will continue to be complex. Human service agencies are working with families with complex needs; schools are challenged by the growing diversity in their schools; making a living has become much more of a challenge today, requiring two-parent working families more often than not; the wealth of the haves in our society is growing exponentially while the majority of the population is seeing decreases in income and assets. Our successes in healthcare have contributed to longer lives for citizens, resulting in a population that lives longer but also requires levels of care and support never required before.
- We are seeking ways to do things differently but still relying on old ways of viewing data and information. Narrow views of social problems are maintained by restricting ourselves to outdated analytical mindsets. Point in fact: unemployment rates do not count everyone who is unemployed; LICO rates do not account for the significant number of economically vulnerable families living above the poverty line but nevertheless are a pay check or two away from being destitute. Far more people are living on the edge of instability than is reported in society's official statistics.
- It is reasonable to assume that more people in our community need and receive help than what is provided by social institutions. In other words, many – likely thousands – are being helped within community through family, faith institutions, or informal channels, not through institutional processes and programs. Understanding just how many people experience this and how it all works would add to our understanding about demand as well as how community helps and could help in ways not fully considered by institutions. The implication is that community itself is likely an enormously untapped source of evidence-based practice.

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- From a systemic perspective, helping people is typically – and perhaps unavoidably – framed by ideology. At government levels, we have political platforms pitted against other political platforms to the degree that a common approach to improving quality of life often seems subservient to positional players wanting to be “right” or prove others “wrong.” This practice creates political filters through which social issues are viewed, discussed, and addressed, and too often it appears quality of life initiatives from governments ebb and flow with the timing of elections.
- Within the human services sector we are faced with the challenge of trying to collaborate and partner on social good while also operating in an increasingly competitive funding and donor market. Pressures to partner are accompanied by pressures to reduce duplication, the latter often being proposed like a simple recipe for an answer to the challenges faced throughout our communities and the former positioned as the key metric to be assessed by funders.
- While it is unrealistic to think all it will take to solve community problems is more and more money, it is also true that current practices result in thin, incomplete, time-limited, and punitive funding arrangements with community organizations. Community issues and problems are on-going and not nearly parceled into one year budget plans or political cycles of ruling parties. As well, the desire of funders to support a breadth of services dilutes the capacity to focus on priority issues. Too often governments contract with non-profits to do the government's work but fail to fund the full costs of the efforts. Too often funders arbitrarily determine what an appropriate wage is for non-profit staff and too often what is set is considerably beneath what they pay their own staff.
- Considerable talk and efforts around transforming the sector have trouble finding sufficient traction because of the threats posed by big change not only to how we think about our work but how we think about ourselves. Big change threatens our very identities as professionals, especially when it comes to facing changes that place the aspirations of community above the expertise of those of us who are supposed to have the knowledge and the answers required to achieve and sustain social good.

These obstacles complicate the community's capacity to address five fundamental elements of social well-being that few I imagine would argue against. Basically, they are expressed below as five outcomes community as a whole seeks to address²⁸:

- **Individuals** are physically and emotionally healthy and have the capacity to engage with one another and with systems.

⁸ Adapted from the work of Marvyn Novick, Ryerson University.

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- **Families** nurture children effectively and are safe, functional havens for their adult members.
- **Institutions** function effectively and honestly as creatures OF community.
- **Communities** are safe and functional and foster meaningful connections among members.
- **Economies** work for the large majority.

Building community capacity is inseparably tied to the fundamental principle of social inclusion. Community is about all who are a part of it, no matter gender, age, ethnicity, income, or what position a person might have or not have within particular sectors of society.

- Social inclusion gets at the heart of what it means to be human: belonging, acceptance, and recognition. Social exclusion, at the other extreme, is what is done to those who are vulnerable, considered 'disposable' or inferior, or, even less than human (e.g. through devaluation, incarceration, institutionalization, ghettoization).
- Social inclusion and exclusion, as both processes and outcomes, are at opposite ends of the continuum.
- But exclusion and inclusion are also metaphors: social inclusion for how we are alike as human beings, for what binds us together as persons; social exclusion for what divides us and the distances that separate us, whether they be economic, social or physical.
- Social inclusion is not just about the periphery versus the centre; it is about participating as a valued member of society. Inclusion makes the link between the well being of children, our common humanity, and the social, economic, political and cultural conditions that must exist in a just and compassionate society.⁹

None of the challenges mentioned above can be met if we continue to assign them to particular sectors or sub-sectors to address, much less resolve. The Adaptive Dilemma John Ott has identified is actually the community's to address. Handing down social policy formed by a few policy analysts won't cut it. Arguments that suggest the private sector will resolve our social problems through strengthening profits are insufficient in their proof: the financial condition of citizens is getting worse, not better. Thinking that if only there were fewer, bigger, more efficient non profits in our community, all would be well – who really believes it is that simple?

In order for community to increase its capacity to strengthen itself, all of us must understand that community needs to see itself as responsible and accountable for what is going on, what should happen in the future, and how to muster efforts across sectors to make it so.

⁹ Christa Freiler (2001). What needs to change? Towards a vision of social inclusion for children, families and communities. A concept paper written from the perspective of the Laidlaw Foundation.

This is where transformation comes into the picture, not just in terms of identifying the new, big ideas we need as a community, but also – and perhaps more so – the big changes that are required in how we do our work in our respective roles as well as how we do our work together.

Here are some ideas on how to do that:

1. All three sectors work with community to create authentic mechanisms for community to dialogue together about issues and aspirations and those mechanisms must be crafted in a manner that facilitate and support community action on what has been identified.
2. The traditional view of consultations, focus groups, and surveys as the basis for understanding community needs to be replaced with a commitment to inviting diversity to the table, building and fostering on-going relationships between institutions and community members in order to create and sustain genuine partnerships to address community needs.
3. Governments – in particular Provincial and Municipal – should organize themselves in ways that allow government representatives to plug into the organic nature of community gatherings, grass root efforts, and relationship building. Requiring citizens to fit into the time-limited, highly structured, and all too often narrowly focused regimens of institutional approaches to making change is no longer a fitting solution to the complexities community members face. The very nature of government should include ensuring there are a variety of mechanisms that ensure the engagement of citizens in planning and decision-making processes, including policy development, funding priorities, neighborhood development, health care, education, and so forth.
4. Non-profit organizations should continue to seek out innovative partnerships, but not because of facile arguments against duplication but rather to leverage know-how, abilities and resources to scale up efforts that work for community members. As well, all too often non-profit organizations appear to operate outside of (or beyond) community, which has resulted in many cases unneeded tensions between social housing groups and area residents or between community leagues and human service groups whose focus on clients has distanced them from the reasonable calling to be good, participating members of the communities in which they operate.
5. The private sector's engagement of community has to consider more than its relationships to customers and to governments. Economic well-being across community cannot be fully realized through shareholder value, the number of jobs a company provides, taxes paid, and the extent to which a company contributes to charity. Without a healthy community where everyone has opportunities to participate in the economic, social, and cultural aspects of community life, the climate for business and growth will be restrained.

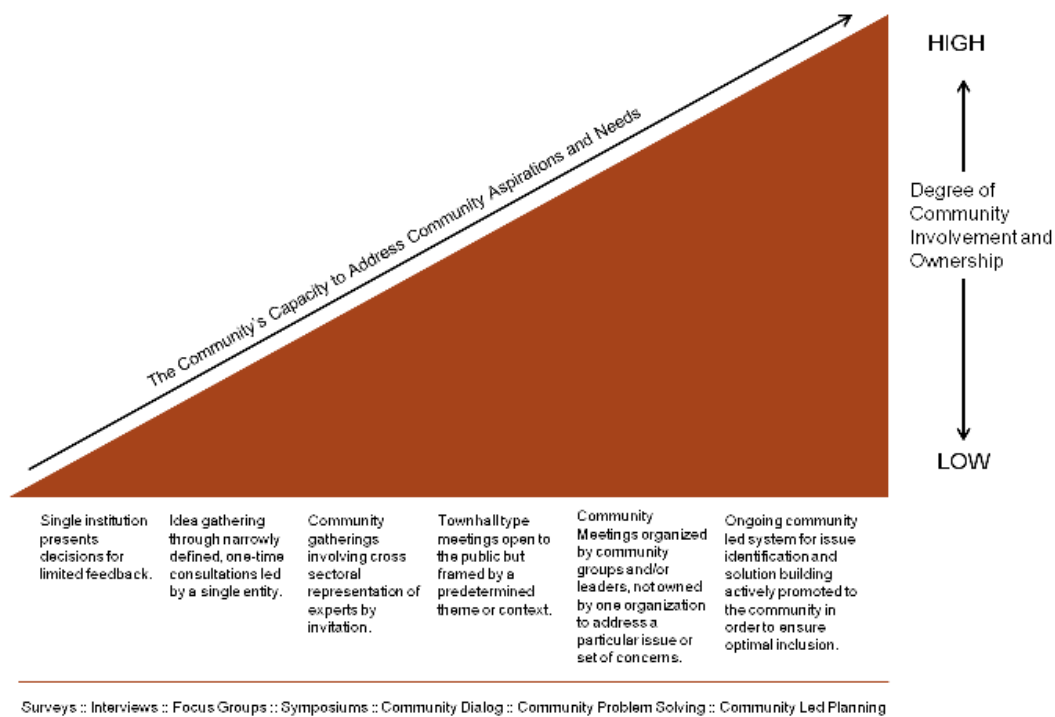
Ultimately, our success as a community to take charge of ourselves is dependent on some key things. As individuals we must change not only how we see and experience community as a “governance” entity but must also change how we think and act out our individual roles in community. Whether based in government, business, or the non-profit sector, many if not most of us will need to set aside our notions of leading because we are experts. Knowledge experts are needed of course but perhaps not as leaders of aspiration-driven community dialogue or even in terms of framing what a community problem is.

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As well, community members likely need to change their perception of government as a provider of a quality life to one more like that of a partner, steward, and animator of community development and change. This goes hand in hand a changes in perception required of governments: to see their roles as much broader than regulators, law-makers, and deliverers of financial and technical assistance to their constituents.

Outsiders cannot build community capacity, but outsiders can do at least two things. They can stop being outsiders and join community efforts, but even if they are unable to do that they can deploy strategies and methods for community engagement that facilitate capacity building, as in the diagram below.

Figure 1 – The Role of Government in Community Capacity Building¹⁰



How we choose to communicate with and engage community impacts the extent to which the community can understand, explore, build ideas, and act. If we are serious about community capacity building, then we are serious about community having ownership of its current challenges and of its future. The role of governments becomes less about controlling community engagement and much more about inviting it and helping to make it happen through the sharing of government resources (human and financial).

However, if community capacity building is seen to be primarily the means by which governments, non-profits, and business get what they want from community, the challenges and obstacles that make up the Adaptive Dilemma will continue to escalate and increase in number, fed by insular and positional mindsets and preserved by our collective unwillingness to change.

10 Cavaye, J. The Role of Government in Community Capacity Building, Retrieved October 1, 2011 from <http://www.health.qld.gov.au/capir/documents/19721.pdf>. The diagram was also influenced by the private notes of the author of this paper

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On the other hand, if we are serious about the transformative work we all need to do, we can make community life more alive, healthier, safer, and more economically sound than we ever have been able to do through sector-focused mindsets.

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The Power and Potential of Social Work Supervision

Jane Matheson PhD, RSW

This paper and the presentation that accompanied it would not have been possible without the contributions of: Teri Basi at Wood's Homes, in Calgary, AB; Pauline Smale of the Family Centre in Edmonton, AB and Gary Kearns and Colleen McCord of Child and Family Services in both Edmonton and Calgary. I thank them for stepping in for me and also for their help with reviewing this document

Background

Supervision has been a part of social work practice since the early beginnings of the profession in the late 1800's. (Kadushin,1992; Munson, 1993; Tsui & Ho, 1997). "At this time, groups of volunteer social workers gathered around experienced leaders and through a process which has been likened to an apprenticeship, learned through observation and instruction" (Davys & Beddoe, 2010, p12).

In these early days, supervision was a process to educate and support individuals doing social work as well as organizing the work that needed to be done (administration). Kadushin defined these three components as supervisory functions (education, support and administration) more formally in 4 editions of Supervision in Social Work (1976, 1985, 1992, 2002) and they have stood the test of time.

Through the decades, supervision both continued and changed – concentrating at various points on remedying the mistakes of students and new professionals, focusing for some years on the psychological reasons for these mistakes, and then drawing clearer boundaries between the "work" and the "personal". At times, supervision was seen as an unnecessary expense and thus, both oversight and skill development suffered.

Accountability emerged as an important supervisory job in the 1980's and 1990's and this has continued particularly for the administrative function of supervision. Today, there is interest in "career-long" supervision (Davys & Beddoe, 2010) due, in some measure to the above focus on accountability, outcomes and risk management but also because professionals wish to be the best at their jobs that they can be and as a result, provide the best service to clients that they can.

Today, the term "supervision" is again changing and being defined and re-defined using terms that are both creative and confusing: peer supervision or consultation, clinical supervision, reflective supervision, professional supervision, external and internal supervision, cultural supervision, supervision of supervision, group or team supervision are just a few examples. On the one hand, this variety speaks to the many ways supervision has been adapted to fit the needs of many different groups; on the other, more definitions are required!

The work of social work is also becoming increasingly complex and the need for both assistance as well as oversight is even more important. Social workers desire help, support and training to do their job well and they also know that accountability is required and should be welcomed, even if these two processes may, at times seem to be in conflict with each other.

This paper will outline the basics of a presentation prepared for the *Outcome-Based Service delivery (OBSD) Learning Our Way Symposium* held in Edmonton, AB on November 16th, 2011. At this conference, supervision was one of four topics deemed to have importance for the successful implementation of the outcome-based services or partnerships initiated throughout the province over the past few years. This paper delineates some of the beginning principles of supervision from a social work perspective and offers some suggestions about how supervision can be used to encourage growth and development as well as manage risk and encourage accountability, particularly in child welfare-based or partnering organizations.

First Things First

Social work is a practical profession. Learning how to be a social worker involves engaging with clients as part of one's educational experience quite early on and entering into at least one supervisory relationship via a practicum, inside an organizational context. The role of the field or educational supervisor is to support the student to undertake the client work and educate him or her about interventions, dynamics, strategies, organizational demands and culture and the like while providing some kind of quality and administrative oversight as part of the completion of a degree or diploma. For some social workers, student supervision is the only "supervision" of this nature that they ever receive; even though there may be yearly evaluations, performance reviews, tasks that need to be completed in a timely manner and meetings about mistakes or changes that need to be made at their chosen organization.

Having a supervisor does not necessarily mean that one receives "supervision". As well, few supervisors have been trained in the practice of supervision either through on-the-job training, professional education or taking a course as part of a degree or diploma. Research notes that most supervisors have been promoted into their positions because they show an ability to work well with clients or have contributed to the organizational culture – not due to any observed supervisory, leadership or managerial skills (Holloway & Brager, 1989, p.25; Russell-Chapin & Chapin, 2012, p.5).

Hence, for any organization that supports and wants to create a supervision mandate, a foundation needs to be created first – one that outlines:

- the contexts inside and outside the organization that affect the clients, the supervisees, the leaders and ultimately creates the organizational culture.
- the skills, knowledge and abilities that are required for the designated supervisors to implement the supervision mandate.
- a definition of supervision (relevant to the above),

Understanding Context

All human service organizations exist within political and economic contexts that need to be carefully attended to and managed. These organizations hire professionals from multiple disciplines, cultures and genders who are at various different ages and stages of their own development, with different personalities, needs and expectations. As well, these organizations provide specific services to clients in need and their mandates and values both drive and affect all of the decisions that are made both inside and outside the organization.

Leaders of the organization both directly and indirectly determine the organizational culture, much of the contextual framework and management and ultimately “how” the organization functions. In the case of supervision, this might include defining it (or not), determining need and training, determining the people who will be supervisors and how evaluation or accountability will occur. Supervisors are leaders and thus are instrumental in operationalizing the meanings behind the context. The power of context must not be underestimated.

The People

The raw materials of supervision are the intrinsic qualities of both the supervisor and supervisee. How we use our own strengths and weaknesses to create relationships, guide and support others, manage conflict, accept feedback, make change, take measured risks and be able to learn from our mistakes is key to the success or failure of a supervisory relationship and ultimately to the vibrancy of an organizational culture. The supervisor's role is of course a key factor here as he or she sets an example to follow – right from the top down. But supervisees are not powerless – they can be open or closed to change and contribute or take away from new ideas and plans.

All of us have idiosyncrasies and talents that we bring to any interaction. Teaching supervisors how to become self-aware and use the best and challenging parts of themselves to create teams, develop new employees, assist seasoned ones to continue to grow and change and also to suggest organizational changes is a key component for a thriving agency climate. Helping supervisees find their voices, creating a space for them to make errors, correct them and learn from the experience, encouraging a high standard and sought-after results will also add to both personal satisfactions and strong, collective environments.

Defining Supervision

Defining supervision, while it may seem elementary is one of the most important first steps in developing any new supervisory practice. A definition is a key starting point in any discussion or intention as there are multiple perspectives. All people come to new experiences with past memories and may think supervision will be the same as what they have experienced in the past. For example, if a supervisee comes with a past experience of “snoopervision” (an oft-used phrase to describe a supervisor who meets only to “check up” on work and it being perceived that the supervisor is only trying to find mistakes, not help with them or look for positive action), he or she will naturally expect the same, unless this is discussed openly before supervision starts. When not asked and then discussed, all actions might be perceived through this lens of feeling distrusted, fear of failure and a need for protection. It goes without saying that it is difficult to form a relationship when this happens and can be enormously frustrating for the supervisor, let alone adding to the new supervisee's already developing anxiety. Defining what supervision is in a policy or procedure paper provides a structure for what will happen, how often it will happen and the intention behind it. This sets the stage for a clear understanding right from the first interaction.

At its simplest – supervision is “oversight” - ensuring a job is done that in the end benefits the client system. This definition is over-simplistic and also can result in supervisees and supervisors interpreting supervision as “power-over” – the supervisor telling the supervisee what to do and how to do it. This was never the intention of social work supervision even from the earliest days. In some newer articles, readers will see the terms “shared supervision” (Austin & Hopkins, 2004), “reflective supervision” (Davys & Beddoe, 2010; Morrison &

Wonnacott, 2010;), “transformative supervision” (Weld, 2011) and “mindful supervision” (Shohet, 2008) . These terms are being used to better explain what might be called the true intentions of supervision. Others simply try to define the difference by outlining the different roles of administrative and clinical supervision – the latter term used here to define the support and education aspects of supervision as outlined by Kadushin, not just the more narrowly defined use of the term for case supervision. Social work supervision (as outlined in the literature) should be comprised of three functions – administrative oversight, support for the supervisee in a whole variety of ways and teaching the supervisee various aspects of clinical work, interventions, organizational cultures and such. (Kadushin, 1992).

A definition might include a type or types of supervision - individual, field, group, peer, clinical, supervision of supervision, or the supervision of volunteers that could be used within the organization. It might include the way in which supervision is offered – online, face-to-face, behind the mirror, in a team meeting, regularly or informally. The definition might include a description of a supervisory model (feminist, shared or reciprocal, solution-focused, competency-based) that everyone follows or it might include references to theory that underpins the supervisory practice (psychoanalytic, transformational, strength-focused). But really it is the process of supervision occurring within the many contexts and guided by the definition that matters – the way in which relationships are created between people and how the interactions inside that relationship occur (Kaiser, 1997).

A Word About Group Supervision

In the workshop, there was a discussion about group supervision. I offer here a few suggestions:

- a. Group supervision is a particular type of supervision with its own elements. It is not just leading a team meeting or having case consultation in a group setting. It is not individual supervision with a collection of people and it is not therapy in a group. It is a delicate balance of all of these that pays attention to all of the functions of supervision and uses a particular style and form of intervention. Reading about the concepts of group supervision, understanding the basic elements, practicing with others and ensuring that all supervisors who undertake group supervision know what they are doing and how to do it is a very important part of good group supervisory practice.
- b. Group supervision is often used as a peer support process and while it may be that, it is not JUST that.
- c. Group supervision is not simply a time-saver. While pulling groups of people doing like-minded work together to review their work and find out how things are going is a very good idea for team-building, oversight and accessing/imparting a lot of information in a efficient way, the group supervisor must see the essence and power of the group as the main reason for undertaking group supervision.
- d. Group supervision can be used very successfully to enhance individual supervision as long as all supervisees know and are prepared for the upcoming discussions in the group - discussions that usually involved things discussed individually.
- e. Sometimes group supervision is the name used for team building. The latter also requires some knowledge, skill and ability. It is important for all supervisors to understand the components of each and what might be needed from the group of people in question.

The Functions

Presently, there is a major focus for human service organizations on accountability, efficiencies and being able to prove success - let alone manage the threat of public criticism. As a result, of the three functions of supervision, administration gets the most attention. "Supervision thus becomes a locus for output and performance measurement and risk management, rather than a place for reflection and development" (Davys & Beddoe, 2010, p. 16).

On the other hand, high quality supervision is also seen to be one aspect of building the workforce, reducing risk and improving outcomes in child welfare systems (Davys & Beddoe, 2010, p.16). Incorporating all three functions into an hour time-slot of supervision is a terrific way to teach a new supervisor or re-focus a supervisory session. All three areas are important.

- Administration is the review of tasks, evaluating, time management and the like – the doing of things.
- Education is teaching the ways of doing and of course the "best" ways or new ways. Sometimes managing mistakes and re-directing. A focus on learning for the future is important here, not just this one moment in time
- Support is assisting with the why of doing, how we feel about it; why we can't do it or do not want to; problems with others when doing something; consequences, risk-taking levels; resistance, etc. Ultimately striving to help others be the best they can be.

Make a Contract

It is easy to assume that if one has a policy on supervision and clarity around "how it works around here", that new employees will by osmosis figure out how supervision works. Many people can pick up what is happening quickly, however, sitting down to outline the parameters of how supervision will work just increases the potential of success. This "contract" or agreement does not necessarily need to be a written formal document but discussing the following topics and reaching some understanding and agreement on them is a good way to begin:

- ask about the supervisee – where they come from, what is important to them, what dreams they have for the future;
- ask about their previous experience with supervision and any concerns, worries or thoughts/hopes they have about this new supervisory relationship. Asked the supervisee about what worked and what did not work for them in previous supervisions;
- talk about yourself as a supervisor – how long have you been supervising, what do you like about it, what informs your practice;
- ask about what you can do for the supervisee (at the beginning they may have no idea as they are so new but in time, if this question is asked periodically, it opens doors for self-evaluation and the opportunity to give feedback);
- be honest about what you know and what you do not know and thus, what you can offer; and
- talk about when supervision will happen, how it will occur and where, who brings the agenda, how long it will be each time, how frequently.

As well, asking these questions opens doors to “getting to know” the supervisee, encouraging them to get to know you as the supervisor and setting the stage for both people to look forward to this developing relationship. More often than not, this process is missed and all that one has is a missed opportunity.

Starting from Scratch

If a leader or group of leaders perceives social work supervision to be a chosen agent for change within an organization, the above beginning steps could be undertaken. To review:

- investigating and naming the context and the organizational definition of supervision;
- choosing the most capable supervisors or training potential supervisors; and
- setting aside time for supervision within the work environment so that the three functions of this process can be addressed.

This would set a strong foundation.

In child welfare-based or partnering organizations, a comprehensive understanding of the many political, legislative, economic, professional, ethical and risk-averse contextual pressures is extremely important for all supervisors and supervisees. The ability to work with these challenges and not simply react to them, to implement a “mistakes as opportunities”, reflective, learning environment in the midst of pressures of shame and blame is very difficult but important for the health and well-being of both clients and employees. The demand on supervisors is very high, that is certain. Creating a safe place – in supervision – to review problems, worries and learn from errors can only help future clients and improve skills in the workforce – as long as leaders set good examples.

As well, the multi-disciplinary and multi-organizational nature of the work adds more layers of complexity to this process. Supervising people from different education backgrounds and different organizations requires everyone to step outside their own knowledge base and experience and appreciate the differences that abound – working through the challenges and learning from the inevitable new ideas. This is also hard work and can be frightening to some as there is, as a result, a lot of unknown and an abundance of disagreement or spirited debate.

Twenty Tips

A list of twenty tips was given at the presentation – ideas that could help a leader or beginning supervisor with initiating a reflective or shared supervisory practice.

1. Supervision is a relationship that needs to be cultivated over time and with dependability.
2. The same things that happen in other relationships happen here: trust, shame and humiliation, honesty and lies, forgiveness (or holding grudges), conflict, jealousy, anger, fear, silence, dysfunctional politeness...the list goes on.

3. The supervisor is key here and MORE responsible to resolve all of these things. Remember that resolving these issues may mean confronting, may mean understanding and delving into the background. In the end, it just makes for a better relationship.
4. There is a power differential – regardless of “sharing” or “reflecting” descriptors. This needs to be addressed and given attention and clarity. Some supervision /supervisors separate the administrative and professional or clinical supervision in order to make the sharing of problems easier. This has other problems however, as two supervisors for one person can be expensive, confusing and has the potential for triangulation.
5. Make a space for mistakes, differences of opinion and spirited debate. Try not to become defensive. Do not lose your temper.
6. No one is perfect and mistakes – often big ones – will happen – especially with human beings. Acquiesce when you can with grace. Stand your ground when necessary even if you stand alone. Do what is right and good even if it is not popular or the “party line”
7. Learn how to forgive what needs to be forgiven quickly and also what is difficult to forgive. Take the high road always.
8. Leave your sword and your shield at the door of any conflict. regardless of how right you think you are.
9. Ask questions that you know you should ask. Avoid dysfunctional politeness
10. Push past your fear (and your supervisees) or being shunned, anger, injustice, confrontation, arguing
11. Listen carefully. Collect data; don't jump to conclusions and call it hypothesizing
12. Don't talk too much except when telling a story but make sure you learn how to tell a story well – keep them on the edge of their seats and make sure the lesson is clear.
13. Do not give advice unless asked
14. Disarm people with stories, reframes and opposite reactions. You will get the truth.
15. Understand what inspiration is – what inspires you and how people get inspired. Try to be inspiring once per day with someone.
16. Ask very good questions
17. Listen deeply for understanding and hints of worry or dissonance.
18. Practice mindfulness if you cannot lessen your anxiety (supervisees make lots of mistakes!)

19. Even one good supervisor can make a difference to a team, a unit, a program, an organization.
20. It's a relationship – cherish it. Don't hire anyone you do not like or cannot grow to like. You have to like them for their idiosyncrasies and vulnerabilities – that is where the power is. And your vulnerability is your power too.

Conclusion

One hundred years later, social work supervision is still being written about, researched, talked about and practiced all over the world. Social workers still have an inherent desire to improve their skills, share their experiences with another in order to resolve issues and learn new ways of looking at things. Supervisors and leaders of human service organizations may not always know what they are doing and how to perform supervision well but social workers know that the problems people face every day are complex and one person does not know everything that needs to be done. We need help and supervision is one very good way to get that help and in turn, help our clients.

Regardless of what name “supervision” is given, its power to enhance the knowledge, skill and abilities of helping professionals, create teams and units that function collaboratively, improve organizational culture, improve outcomes for clients and provide a space for lessons learned, new ideas and stronger partnerships is there for the taking. Encouraging aspiring supervisors to gain experience and knowledge through practice and training, developing entrenched policies and guidelines for supervision processes, accessing feedback from supervisees on their supervisory practice with the intention to improve it and providing regular, thoughtful supervision time to people using the three functions as a guide are all simple yet powerful ways to make change. It is not a simple, quick idea but with patience, results will unfold.

This short paper is but an introduction to the world of supervision from a social work perspective. Perhaps some of these ideas are worth considering for the potential needs of outcome-based service delivery providers in a variety of settings in Alberta.

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Kadushin, A & Harkness, D. (2002). *Supervision in social work. (4th Ed)* Columbia University press: New York.

Kadushin, A. (1992). *Supervision in social work* (3rd ed.). NY: Columbia University Press.

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Russell-Chapin & Chapin, T (2012) *Clinical supervision*. Belmont, CA: Brooks-Cole.

Shohet, R (2008). *Passionate supervision*. London: Jessica Kingsley.

Tsui, M. S. & Ho, W. S. (1997). "In search of a comprehensive model of social work supervision" in *Clinical Supervisor* 16, 2, 181-205.

Weld, N (2011). *A Practical Guide to Transformative Supervision for the Helping Professions: Amplifying Insight*. London: Jessica Kingsley.

AN ANNOTATED BIBLIOGRAPHY

This annotated bibliography is a collection of resources used over time for the writing of this paper but not referenced in the body of the document. These resources are offered here for anyone interested in understanding supervision more deeply.

Austin, M. & Hopkins, K. (2004). *Supervision as collaboration in the human services*. Thousand Oaks: Sage.

This is an excellent book with chapter after chapter of differently-authored, easy to read and relatively short topics on supervision. It also has some interesting chapters on managing a human service organization.

Borders, L. and Brown, L. (2005) *The new handbook of counseling supervision*. Lahaska Press: Mahwah, NJ.

This revised edition of The Handbook of Counseling Supervision of 1987 continues in the tradition of presenting the best principles and practices of supervision by including the newest empirical research available. Directed at master's-level practitioners, it covers supervision models and principles, initial supervisory sessions, supervision interventions, group supervision, supervisory relationships and process issues, ethical issues in supervision, evaluation of those supervised, and technology in supervision, including live and video technologies and cybersupervision.

Bourne, A & Brown, I. (2002). *The social work supervisor*. Philadelphia: Open University Press.

This British publication (and two others with Shoet below) is very interesting books that deal with specific topics in supervision (power, relationship, group supervision and team building in this one). They take an emotional tack.

Burns, G. (2001). *101 healing stories*. Hoboken: Wiley.

An excellent resource for those who use stories in supervision.

Campbell, J. (2006). *Essentials of clinical supervision*. Hoboken: Wiley.

This is an easy to read resource chock full of information. It also has boxes on every other page or so that outlines key points – for the person in need of a quick fix.

Caspi, J & Reid, W (2002) *Educational supervision in social work*. Columbia University Press: New York.

An academic book. Outlines a model of educational supervision the authors call Task-Centered.

Davys, A & Liz Beddoe, (2010). *Best practice in professional supervision: a guide for the helping professions*. London: Jessica Kingsley Publishers.

Electronic reproduction. Palo Alto, Calif. : ebrary 2011. Available via World Wide Web. Access may be limited to ebrary affiliated libraries.

Best Practice in Professional Supervision is an authoritative guide to being an excellent supervisor, covering the role, functions and dispositions involved.

The authors consider basic skills, the practicalities of forming and maintaining the supervision relationship, and the organizational context and culture of supervision. The book offers practical examples and a model of supervision which draws together ideas from adult learning theory and reflective practice. Viewing supervision as a place for learning, this guide considers how supervision can assist practitioners to develop professional resilience and manage the stresses of complex work environments. It also includes specific chapters on supervision of clinical student placements and in child protection settings.

This book covers a range of professions including social care, nursing, counselling, social work and allied health professions, and is an essential guide for all those in these and related professions undertaking supervision or supervision training.

Fleming, I & Steen, L. (Eds.) (2004). *Supervision and clinical psychology*. Brunner-Routledge: Hove and New York.

Although not related directly to social work, this book gives some good descriptions of supervisory models and also perceptions of supervisees about supervision.

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Journal Special Edition
 For services to Children and Families

Hawkins, P & Shohet, R. (2005). *Supervision in the helping professions* (2nd edition). New York: Open University Press.

This book addresses the concept of “good enough” supervision as well as other issues of power, group, team and also a process model of supervision.

Haynes, R, Corey, G & Moulton, P. (2003) *Clinical supervision in the helping professions: A practical guide*. Brooks/Cole: Pacific Grove.

A nice general book that is used in many courses in the US. It is well organized and deals with a broad range of basic supervision issues.

Holloway, E. (1995). *Clinical supervision: A systems approach*. Thousand Oaks: Sage.

Another academic book that outlines a particular model of clinical supervision

Kaiser, T. (1997) *Supervisory relationships: Exploring the human element*. Pacific Grove: Brooks/Cole.

This thin book is an excellent resource for those interested in the development of relationship in supervision. It is written from a Marriage and Family Therapy perspective but sounds like social work and deals with issues such as shared meaning and shame.

Munson, C. E (1993). *Clinical social work supervision*. 2nd edition. New York: The Haworth Press:

O'Donoghue, Kieran. (2009). *Restorying social work supervision*. Dunsmore Publishing: New Zealand.

This book is brand new and I have not yet read it but it looks very interesting.

This is what is written about the book in its review.... “Restorying Social Work Supervision marks a paradigm shift in how we story and practice supervision and invites the practitioner and supervisor to undertake a participant researcher stance in relation to the characters and context of their supervision story”

Russell-Chapin & Chapin, T (2012) *Clinical supervision*. Belmont, CA: Brooks-Cole.

Quite a good book on clinical supervision – for all of the helping professions. Unfortunately, is supposed to come with a DVD that always seems to be missing when ordered. Still, the information and workbook-like format is good.

Shohet, R (2008). *Passionate supervision*. London: Jessica Kingsley.

This small book is a compilation of different author's sense of supervision – the key things they feel are important. It is a good resource for those with a background or interest in philosophy and a seasoned supervisor.

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Stoltenberg, C.D. & Delworth, U. (1987). *Supervising counselors and therapists, a developmental approach*. San Francisco: Jossey-Bass.

An academic book as well that outlines the developmental model of supervision – these authors were the originators of this model.

Todd, T.C. & Storm, C.L. (1997). *The complete systemic supervisor*. Boston: Allyn & Bacon.

A great and very practical book written from a Marriage and Family Therapy perspective. Chapters are written by various people on a wide collection of supervisory topics

Tsui, M. (2005). *Social work supervision*. Thousand Oaks: Sage

This is a short-form compilation of what many of the Masters have written and for that reason is a good resource.

Tsui, M. S. & Ho, W. S. (1997). "In search of a comprehensive model of social work supervision" in *Clinical Supervisor* 16, 2, 181-205.

Weld, N (2011). *A Practical Guide to Transformative Supervision for the Helping Professions: Amplifying Insight*. London: Jessica Kingsley.

Supervision is a valuable protected space for personal and professional development that has the potential to contribute greatly to positive transformative change.

This book explores what is meant by transformative supervision and how it can be undertaken. It examines the key factors that contribute to the transformative function, such as the role of observation and questioning, the importance of working with emotions, and exploring intuition. The book takes an in-depth look at the supervisory relationship and offers real examples from practice to illustrate the ideas in action. Offering a range of practical strategies, techniques, and approaches to enhance current supervision practice, this book brings a new voice to the topic of supervision by emphasizing how it can contribute to continuous learning and self-development.

Articles

Bennett, S & Deal, K (2009) "Beginnings and endings in social work supervision: The interactions between attachment and development processes". *Journal of Teaching in Social Work*, 29: 101-117.

Bennett, S. (2008). "Attachment-informed supervision for social work field education". *Clinical Social Work Journal*, 36: 97-107.

Bennett, S et al (2008). "General and supervision-specific attachment styles: Relations to student perceptions of field supervisors". *Journal of Social Work Education*, Vol 44, No.2: 75- 94.

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All three of the above articles take attachment theory principles and meld them with supervisory practice particularly related to the development of students. Quite interesting.

Bogo, M, Globerman, J & Sussman, T (2004). "Field Instructor competence in group supervision: Student's views". *Journal of Teaching in Social Work* 23, 1/2, pp. 199-215.

This article is an easy read and holds some interesting feedback on the use of group supervision for students. The qualitative research study turned up a variety of themes related to supervisory ability and style. The article also offers a short outline of the literature in student supervision. Also Canadian.

Deal, K & Clements, J (2006) "Supervising students developmentally: Evaluating a seminar for new field instructors". *Journal of Social Work Education*, Vol 42, No 2: 291-306.

The above collection of articles utilizes attachment theory as a basis for field supervision. Many good ideas here for supervising students and understanding their needs.

Fox, R (1989). "Relationship: The cornerstone of clinical supervision". *Social Casework*, March, pp 146-152.

Quite an old article that has stood the test of time.

Morrison & Wonnacott (2010) *Supervision: Now or never. Reclaiming reflective supervision in social work.*
<http://www.in-trac.co.uk/reclaiming-reflective-supervision-php>.

A short article on the need for supervision, its challenges and changes that need to be made. This is written from a UK perspective but is excellent as a short-form version of ideas for change.

O'Hara, Agi and Zita Weber (2006) Eds. *Skills for human service practice : working with individuals, groups and communities.* South Melbourne, Victoria: Oxford University Press.

The chapter on supervision is good as a basic outline of what is important in supervision.

(2004) *Clinical supervision: A practice of specialty of clinical social work* American Board of Examiners in Clinical Social Work.

This is a very good outline about Clinical Supervision. There is also a document created by the Task Force on Supervision in about 2007-2008 that outlines key skills required to be a Clinical Supervisor. This is available through the ASWB, perhaps on their website.

Electronic Resources (may also be in book form) (Notations quoted are from reviewers)

Barnett, J (2011) "Utilizing technological innovations to enhance psychotherapy, supervision, training and outcomes". *Psychotherapy*, Vol 48, #2 103 - 108.

This is about online supervision

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Gould, Nick and Mark Baldwin (2009) Eds. *Social work, critical reflection, and the learning organization*
 Aldershot, Hants, England: Ashgate

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 Available via World Wide Web. Access may be limited to ebrary affiliated libraries.

“A critical characteristic of human service organizations is their capacity to learn from experience and to adapt continuously to changing external conditions such as downward pressure on resources, constant reconfiguration of the welfare state and rapidly changing patterns of social need”.

“This invaluable, groundbreaking volume discusses in detail the concept of the learning organization, in particular its relevance to social work and social services. Contributors join together from across Europe, North America and Australia to explore the development of the learning organization within social work contexts and its use as a strategic tool for meeting problems of continuous learning, supervision and change. The volume addresses a range of important topics, from strategies for embedding learning and critical reflection in the social work learning organization, to the implications of the learning organization for the new community-based health and social care agenda.”

Pack, M (2011) “Two sides to every story: a phenomenological exploration of the meanings of clinical supervision from supervisee and supervisor perspectives”. *Journal of Social Work Practice* September 2011.

This is quite a good article.

Pease, Bob and Jan Fook (1999)Eds. *Transforming social work practice: postmodern critical perspectives.*
 New York : Routledge, 1999. Mode of access: World Wide Web.

“Transforming Social Work Practice shows that postmodern theory offers new strategies for social workers concerned with political action and social justice. It explores ways of developing practice frameworks, paradigms and principles which take advantage of the perspectives offered by postmodern theory without entirely abandoning the values of modernity and the Enlightenment project of human emancipation. Case studies demonstrate how these perspectives can be applied to practice.

Using Evidence to Inform Practice

Bruce MacLaurin, David O'Brien and Tom Miklos

Introduction

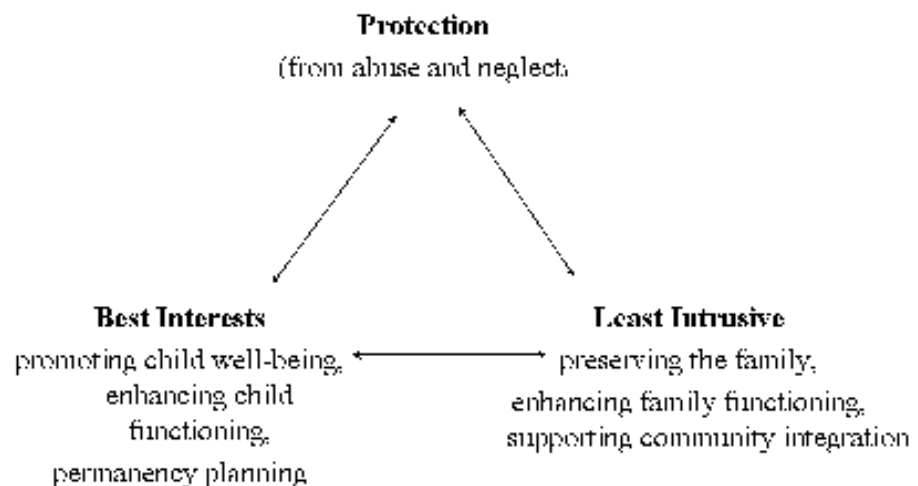
This paper provides an overview of a presentation developed for the *Learning Our Way Symposium on Outcome-Based Service Delivery (OBSD)* held in Edmonton, AB on November 16th, 2011. Using evidence as a foundation to inform policy and practice has gained traction over the past 2 decades in North America and this topic was identified as an important contextual foundation for the current and ongoing implementation of the outcome-based services in Alberta. This paper highlights: the evolution of the National Child Welfare Outcomes Indicator Matrix (NOM) and the emerging need for an evidence-based approach to child welfare practice; the process and key elements of building a collaborative practice model for OBSD in Region One; and the integration of client measures in the evolution of OBSD in Alberta.

Need for an Outcomes Oriented Approach to Service delivery

In Canada, more than 200,000 children and youth are referred to child welfare for an investigation of alleged child abuse or neglect annually (Trocmé, Fallon & MacLaurin, et al., 2010), and on any given day there are more than 65,000 children living in out-of-home care (Mulcahy & Trocme, 2009). Historically the question of how well children and families are served by this involvement has been overshadowed by the urgency to help children at risk and until recently there was no common framework to track how well children did while receiving child welfare services (MacLaurin & Bala, 2004). Over the past fifteen years, an increasing demand to demonstrate effectiveness has supported greater consensus on the priority of outcome measurement by funders and service consumers, and additional attention and resources have been devoted to measuring the outcomes of children involved with the child welfare system.

The National Child Welfare Outcomes Indicator Matrix (NOM) was developed through a series of consultations initiated by the Provincial and Territorial Directors of Child Welfare and Human Resources Canada, and provides a framework for tracking outcomes for children, youth and families involved in child welfare interventions using a common set of definitions across all jurisdictions (Trocmé, MacLaurin, & Fallon, 2000; Trocmé, MacLaurin & Fallon et al., 2009). This framework identifies the potential tensions between competing objectives in legislation, policy and practice that includes safety of the child, the development and well being of the child and supporting children to live within their own family and community (see figure 1).

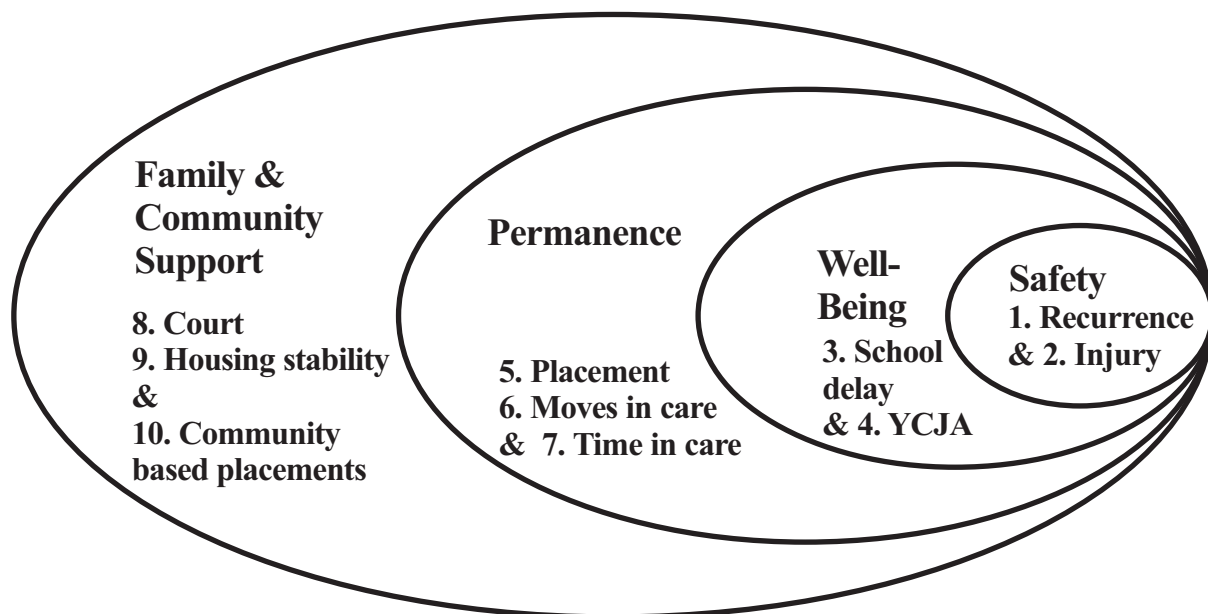
Figure 1 Tensions in Child Welfare



This outcome framework uses four nested domains related to child safety, child well-being, permanence and family and community support. The selection of the final ten outcome indicators was based on whether the information could be documented using readily available, non-identifying aggregated client data and indicators were designed to provide an overview of the complexity of children and families involved with Canadian child welfare services. It should be noted that each indicator should not be examined in isolation as this runs the risk of one indicator being emphasized to the exclusion of others (Trocmé, MacLaurin & Fallon et al., 2009) (See figure 2).

The NOM framework is designed to be a first step in an incremental process of developing meaningful outcome measures for child welfare in Canada. The ten indicators have been selected as proxy measures of successful outcomes for the four domains, however as the use of standardized clinical measures continues to develop over time, there will be increased use of alternative and improved measures to demonstrate outcomes for children and families. During this transition period, the NOM is a theoretically grounded ecological framework relying on existing and improving information systems to inform policy and practice (Trocmé, MacLaurin & Fallon et al., 2009).

Figure 2 – NOM Outcome Framework



Alberta Children and Youth Services adapted this framework as a foundation for Outcome Based Service Delivery (OBSD), a collaborative effort designed to better meet the needs of vulnerable children and families. Descriptions of the intent and implementation of OBSD have been published previously (Brodziak, 2010; Gardiner & Hachkowski, 2011). The remainder of this article highlights some of the key elements of the development of a collaborative practice model and a systematic method of outcome measurement for the OBSD partnership in Region One of Alberta.

Building a Collaborative Practice Model for OBSD in Region One

A key theme in the policy direction governing OBSD pilot projects in Alberta was the following: “Authority, agency and family will work collaboratively to identify needs, develop a single plan, and achieve agreed upon outcomes. Collaboration will be supported by clear and defined roles, transparency, and honest communication.” Clearly this speaks to different kinds of relationships between caseworkers and clients and between authority and agency workers than has been the case in the past. Indeed it speaks to principles of inclusion, interdependence and joint responsibility for outcomes.

In developing a pilot project for the Southwest Alberta Child and Family Services Authority we understood this to mean authority and agency staff would co-author a new joint practice model, and in the process identify the behaviours on the part of workers which would characterize collaborative practice. Joint practice represents a significant shift for Children's Services. Assessment and planning processes within the ministry had been developed within the medical model; that is, ministry employees using their legal authority and knowledge of maltreatment conducted an assessment resulting in a “diagnosis” of the problem (child's unmet needs), and then developed an intervention plan to mitigate risk. When the authority of the courts was used this process tended to become directive. Caseworkers then let one or more contracts deliver the service while directing what was to be done. Agency workers then developed a plan to specify how they would achieve their assigned tasks. Thus the “deciding” and “doing” work was separated through a hierarchy of workers and plans.

In October of 2010 Wood's Homes became the OBSD Lead Agency in Region 1 and the process of developing a joint practice model began. Our approach has been founded upon the belief that the expertise of the authority and agency for practice is embedded in the hard won knowledge, skills and experience of front line staff in facilitation of communication and intervention processes with clients. This expertise is viewed as our primary resource in the process of developing the new practice model. The process involved getting all front line agency and authority workers in the pilot together at regular intervals to reflect on what they are learning through applying the principles in practice, and about their reflections upon doing assessment and planning jointly. A running record of these discussions has been captured and is being built into a joint practice model. In the meantime the ongoing dialogue has allowed workers to negotiate roles and responsibilities based upon actual practice. We see these as contextual and relational. The emerging practice model respects the principles of the CYFE Act, is outcomes focused, provides clarity of roles for all of the players, and is the product of learning through practice.

Another principle embedded in OBSD is that all families, no matter how challenged, have strengths and aspirations, and have expert knowledge of their internal structure and culture. Our task is to draw out that knowledge and the family's strengths and ensure these are applied to the process of building safety for children. In this way family voice and choice is brought forth during the process and is reflected in the product. Further, accountability is enhanced when the family comes up with its own solutions. In practice it has been found that this approach leads to faster and deeper engagement and we expect that as the pilot unfolds this will be reflected in better outcomes.

Thus under OBSD assessment and planning are the joint product of the authority and agency working together with the family. When a family is referred to the OBSD program the ministry caseworker only describes the desired end state which would allow for file closure. What we are working to accomplish: safety, security and healthy development of children are defined by legislation and therefore will not change. How we go about accomplishing this is for discussion amongst the authority, agency and family. When the plan has been completed the agency worker is then able to work much more independently to achieve the agreed upon outcome than has been the case in the past.

It is important to note that OBSD does not turn two workers into one. Delegated workers retain their legal authority, and because of their training in child protection retain the risk/safety focus in their interactions with family members and the agency. Agency workers bring family system and community resource network thinking to the work with families. Thus OBSD practice respects differing perspectives which are seen as complementary. The best descriptor of this relationship is interdependence, rather than integration.

We believe that our pilot is affording opportunities for both clients and workers to become more engaged in the joint work of change, more responsible for their own learning, and more accountable for outcomes. All three parties to the process have become more interdependent.

Integration of Client Measures and the Collaborative Process

With the development of a collaborative process that includes a broader emphasis on family participation and a closer relationship between the case worker and the in home worker, an examination of the use of assessment tools was needed. To respect OBSD principles the integration of the tools had to be a part of the engagement and relationship with the family. To meet the goals of OBSD the use of the tools had to have a positive impact on the work of all members of the process.

One principle of OBSD is greater engagement with the family, to give their voice more emphasis and invite them to become authors of their own goals. With this in mind the assessment tools should capture the day-to-day functioning of the family to give more depth to their portrayal; capturing and identifying strengths and safety within the family as well as the risks and concerns. Respect for the family within the collaborative relationship means that the tools should be presented and administered so that the family understands their purpose and process. Furthermore the results must be provided to the family so that meaningful discussion can be generated. The use of the tools needs to be inclusive of all members of the family and culturally sensitive.

The introduction, process and results of the assessment tools should help the family understand the reasons for Children's Services involvement. They should also assist the family to see strengths and supports that they already possess yet of which they may not have been aware. The family should be able to see a clear connection between the goals they have developed and the results they have achieved as measured by these tools. The use of these measurements brings a level of objectivity to a potentially emotional situation. Measurement tools may also help identify other areas of possible concern not directly associated with risk to the children however these concerns could still have an impact on their well-being. Incorporating measurement tools into the assessment process can assist workers to genuinely engage with children and families through ongoing conversations about the purpose and process of the assessment. This can support workers and family members in their collaborative work as they create priorities and a clear focus for the work

to be done. Previously, families and workers have often waited for an external assessment to provide the guidance or direction on priorities for services. External assessments may always be added later to support the collaborative planning process established in the early stages. In developing the priorities the workers can see the areas where education may be needed and where additional supportive resources within the family would be effective. The follow through on priorities would lead to identification of potential support for the family after closure through referrals to community resources. Information provided by assessment tools can inform workers and families about which community resources would be most useful to a family during and following services.. Further, the continued review of child and family needs, as well as the community resources most useful to meet these needs will inform the development of additional current services or new initiatives to meet the evolving needs of children and families in a region.

Conclusions

Initial work examining OBSD services in Alberta suggest that the reorientation to practice discussed in this article is yielding promising results (Brodziak, 2010; Gardiner & Hachkowski, 2011). A continued long-term commitment to this research and evaluation agenda will allow analysts to examine the immediate and longer-term outcomes related to child safety, well-being, permanency, and family and community support for families being served by OBSD. As well, the opportunity to examine and compare select systems-based outcome indicators (safety and recurrence of maltreatment or service) for OBSD and non-OBSD sites exists during this start-up period. This evidence will continue to inform decision-making for policy and program design over the upcoming years.

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