

Journal

For services to children and Families

Journal Vol 7



The Alberta Association
of Services for
Children and Families



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The AASCF Journal for Services to Children and Families (the Journal) is published two times a year by AASCF; a membership based provincial organization of child and family service agencies. The AASCF works to strengthen member agencies and promotes 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 AASCF.

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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 Journal particularly encourages papers from people who are working in the field, students who are doing some interesting research and as often as we can we would like to hear from children, youth and families that have experienced a particular program, a challenge or great success and feel that it is worth sharing with the sector in order for all of us to learn from.

At this time the AASCF Journal for Services to Children and Families is published two times per year. We ask for your help in this effort. We have brought together a group of academics and practitioners to be our Editorial Committee. As the Editorial Committee reviews articles we are looking for academically sound work that is well written and relevant to our sector. We welcome contributions in the form of research and practice papers, case studies, brief communications and correspondence from readers. Guidelines have been developed that the editorial board follows and those are available to anyone who wishes to contribute to this Journal. Authors should follow guidelines as outlined in the Publication Manual of the American Psychological Association (5th edition). Authors should not simultaneously submit a paper to more than one publication. The editors will edit papers for



length, clarity and consistency. The Journal editorial committee reserves the right to alter the format of all articles to ensure that they are formatted consistently within the Journal. More complete guidelines can be requested from Rhonda Barraclough at RBarraclough@aascf.com. Articles are the responsibility of the authors and do not necessarily reflect the views of AASCF.



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Editorial

Balance required when examining the child welfare system

Dorothy Badry, Chris Lee, Bruce MacLaurin & Jackie Sieppert

The investigative series published by the Calgary Herald and Edmonton Journal in November 2013 highlighted some troubling aspects of Alberta's child welfare system, including the lack of a transparent, coordinated review process into child deaths.

Before we go any further, we must note and acknowledge that the death of any child is a tragedy. We extend our deepest sympathy to each family who has experienced such a loss. However, while we agree with the call to overhaul the child death review process and appreciate the in-depth focus on an aspect of the system that needs improvement, we have a number of concerns about the coverage.

First, the child welfare system has made significant improvements over the last few years. For example, the Office of the Child and Youth Advocate's mandate recently changed and the position now reports directly to the legislature, thus supporting independence and autonomy in child death reviews. Additionally, based on recommendations of the 2010 Child Intervention Review Panel, there is consensus on the need to address inequity for First Nations people in the system. As well, a Child and Family Service Council for Quality Assurance was developed to assess service quality and report findings publicly. Recent revisions



to front-line practice have occurred, with a mandate to provide early support and intervention for families in need. These are critical elements of reform that are currently in progress. Moving forward, we must ensure that the pendulum of child welfare change continues to be influenced by promising research and practice, as well as the tragic events that have been reported.

Second, the series failed to acknowledge the tireless advocacy and support individuals both within and outside of the system provide to vulnerable and marginalized families. Such a one-sided approach creates the impression that the child welfare system and the people who work in it are deliberately apathetic and neglectful of the very families they are committed to supporting. This couldn't be further from the truth. The vast majorities of people working in the child welfare sector dedicate their lives to helping families and protecting children, and are constantly looking for ways to improve the system in which they work. We were especially concerned about the one-sided coverage given the possibility that it will further alienate families that need support, causing them to avoid a system they have been told is uninterested, unresponsive, and ignorant of their needs.

Third, the series examines child protection work by focusing on a single, very regrettable outcome: death in care. It does not fully examine the larger context in which the work occurs, the complexity of the work at hand, nor why children need protection in the first place. Children and youth are reported to child welfare for myriad of circumstances, often layered one on top of the other. They include incidents of physical abuse, sexual abuse, neglect, emotional maltreatment and parental addiction problems, in addition to systemic issues such as poverty, homelessness and exposure to domestic violence. Keeping children and youth



with their family or extended kin is a priority for child welfare. However, this priority is balanced with concern for the safety of the child, within the immediate family, extended family and larger community. Apprehension and placement in care are frequently last considerations when balancing the risk and protective factors at play in the child's life. When limited resources and workers with high caseloads are added to the picture, you begin to see the complex environment in which the child welfare system operates.

So, where do we go from here? We were encouraged to see the Nov. 30 article suggesting six steps Alberta can take to fix the child welfare system, especially Cindy Blackstock's recommendation to end the funding disparity for aboriginal child welfare agencies. We would add that the system must attract and retain the very best social work professionals to meet the needs of those at risk. About 60 percent of staff in Alberta's Ministry of Human Services do not have a Bachelor of Social Work degree, which provides the education and practicum experience needed to prepare for working effectively with children and families.

The recent child intervention roundtable organized and hosted by Alberta Human Services was a good first step, and we were honoured to have three faculty members participating. But it was only a first step. We support the ministry as it continues on this course.

Are there improvements needed in Alberta's child welfare system? No question. Is there good work being done? Absolutely.

Protecting children is a community issue. Every Albertan, including those of us involved in child welfare, must look at the entire system – the good and the bad –



and commit to working together for the sake of vulnerable and marginalized children, families and communities in our province.

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IMAGINE

A System Willing and Able to Protect Children and Support Families

Chris Boyle

Introduction

With over 16 years' experience as a social worker in frontline child protection services; I understand the constant dilemma for today's child protection worker is often the choice between exposing a child to abuse or neglect through either their family or the 'system'. How can one practitioner, service or government end the "vicious cycle" of abuse and neglect that children are exposed to with each passing day?

Despite the best efforts of committed staff and services, existing policies, systems and structures have proven ineffective in addressing the multiple and complex needs of our most vulnerable children and their families. Regrettably, it is the children and families who frequently bear the consequences of our risk averse system, to which the demand for intensive supports and out of home care placements has long surpassed the supply.

The hardships that families endure and the challenges for the communities, people and services that work to address these issues are, not surprisingly, very similar. In Australia, numerous Inquiries into the child protection system identify the dire need for change, especially to address the growing number of children placed in out of home care and the significant over representation Aboriginal and Torres Strait Islander people.¹

¹ Australian Institute of Family Studies; Child Protection and Aboriginal and Torres Strait Islander Children, June 2012



In 2012, the Winston Churchill Memorial Trust provided me with the most adventurous, challenging and rewarding experience of my life when approving my project into studying the effective use of intensive family support services to address child and abuse and neglect.

During my 10 weeks of travel across the United Kingdom, Denmark, United States of America and Canada, I heard from some of the world's foremost experts on child protection who have shared their valuable time, experiences and knowledge with me. With their help, I have developed an insight that in order to achieve change, one must first seek to understand what maintains our existing rules. As Dr William Bell (President and CEO Casey Family Programs) states:

“The pull of history is powerful! We need to recognize it, understand it and make conscious effort to change it. Historically, we have separated the child from the family and the child/family from the community. We need to re-think the paradigm to one of inclusiveness that sees the child/family and community as a whole - as the “client”.

It is with this consideration that my recommendations into the effective use of intensive family support services to address child abuse and neglect are framed. Whilst a necessary addition to the Australian system, a simple transportation of services that are effective in preserving families is in itself, insufficient to address the concerns of growing rates of children in out of home care, especially for Aboriginal and Torres Strait Islander children. A philosophy of family preservation is also essential, along with a new way of conceptualizing a system that protects children and supports families. A political and public will must be established in order to challenge the hearts and minds of the community to assert that our most

vulnerable children and families are worthy of respect, care and support - whatever it takes.

This article provides an overview of my Fellowship Report, titled **IMAGINE - A System Willing and Able to Protect Children and Support Families**. A copy of the report can be downloaded through the Winston Churchill Memorial Trust website (<http://churchilltrust.com.au/>) at <http://churchilltrust.com.au/fellows/detail/3689/christopher+boyle>.

A Conceptual Model that Reflects a System that Protects Children

Child abuse and neglect does not occur in isolation, rather in contexts. It cannot be easily disentangled from individual, family and community issues such as poverty, mental health, drug and alcohol dependency, domestic violence, homelessness, and social isolation.

Contemporary thinking about child protection systems no longer views the responses to families along a continuum, rather, as a 'whole system' that shares responsibilities to ensure children and families receive services and support in a seamless and timely manner.

Indicators such as the significant increase in the rates of reporting to child protection authorities and the projected growth of children entering out of home care² (with an Aboriginal or Torres Strait Islander child being eight times more likely to be in out of home care than any other child in Australia) suggest that further work is urgently required to address these issues.

² Queensland Government State Budget 2012-13



Governments across the world are actively seeking options to support families so that more children and young people can remain safely at home. It is clear that the solution to alleviate the existing and mounting pressure on the tertiary system is not found in funding 'more of the same' or 'one-size fits all' approaches.

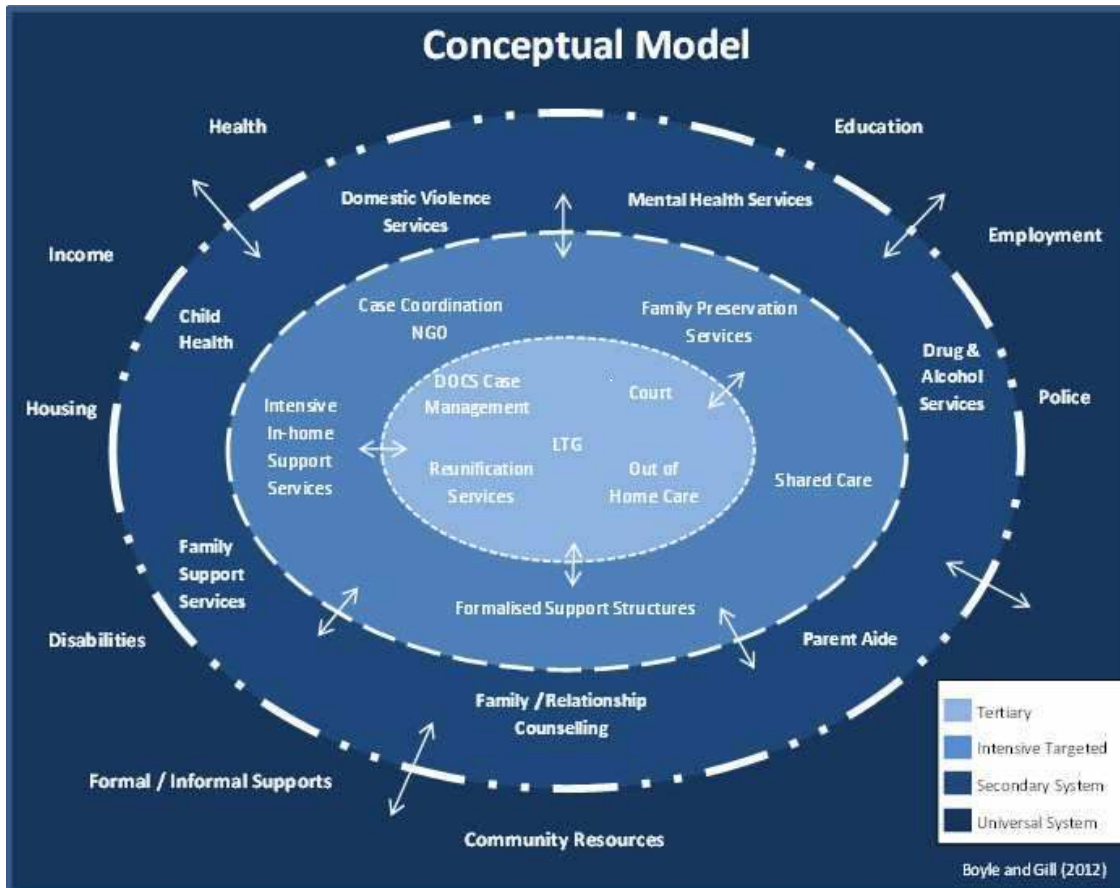
The designed Conceptual Model reflects an ecological systems approach, designed to establish a system that protects children. In accordance with the Australia National Child Protection Framework, the model is designed to demonstrate the fluidity in which families can transfer between non-stigmatising systems, accessing the required services to address their needs in a responsive and timely manner. The filters between each level are symbolic of how each respective level will 'capture' families and prevent them from slipping through the gaps. The goal is to engage families within well-resourced universal and secondary systems, where they voluntarily access early intervention and prevention services.

The model reflects the work of McCroskey (1998) in that *“no service program can provide all that is needed to support and strengthen every family. A system of well-coordinated, accessible, family centred services must rest on a foundation of a healthy community that affords adequate basic services and opportunities for education, housing, and employment. Efforts to strengthen family-centred services will be insufficient unless the basic needs of families are met.”*



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The model acknowledges the current and apparent, growing gap that exists between those voluntary families who access supports willingly and independently and those families who are resistant, incapable or involuntary. These families represent the largest cohort of families referred to statutory authorities and sadly, over time, it is the children within these families with multiple and complex needs who represent the highest risk of entering the out of home care system.



To reduce the gap between the secondary and tertiary system, the conceptual model proposes the development of an **Intensive Targeted Secondary System**.

This level of systems response is non-existent in the Queensland context and it is within this system, that Intensive Family Support Services (IFSS) and Family Preservation Services (FPS) can address the growing rate of children in out of home care, including the over representation of Aboriginal and Torres Strait Islander children.

Child protection authorities often refer to family preservation services to deliver intense in-home supports at a time where there is an imminent risk of children being removed. Family preservation services have the ability to respond in times of crisis in order to address the immediate needs of the children and family.

Once the crisis has been resolved and a comprehensive safety plan has been developed between the family, extended support network and the FPS, interventions can then focus on addressing the ongoing harms experienced by the children through engaging with the family and building on their strengths and community supports.

If families are unable to provide safe households for children and parental/ family capacity is inadequate, then a **Tertiary System** response is required. This response should always be viewed as a last resort, and the Conceptual Model views out of home care as a non-stigmatising *intervention* rather than an *outcome*. The role of the Tertiary System service is an important one and should strive to engage with families who are involuntary to provide reasonable and practicable supports to address the identified risk factors.



Tertiary services are case managed through the statutory agency, with frontline workers' persistence and assistance overcoming the families' resistance; transforming involuntary into voluntary. The range and intensity of supports provided to children and families in the Tertiary System should reflect that of the level on offer to those in the Intensive Targeted Secondary System. This is vital to ensure that children do not drift in care and families can be quickly diverted to the less intense services, that they can readily access supports through their volition.

In summary, the Conceptual Model proposes a system that provides a different response to children and families in times of crisis, especially when children are at imminent risk of removal. The Conceptual Model also highlights the importance for services across the Universal and Secondary Systems to provide ongoing access to services for children and families, rather than shifting responsibilities (and blame) to the Tertiary System.

IFSS - "We Build it, They WON'T come!"

In relation to outcomes for children, research has suggested that tertiary-level child protection services are not as successful as is often assumed. Twenty-one Australian research studies on the issue of outcomes for children and young people in care were completed between 1994 and 2006. All of the studies provided evidence that children and young people in care experienced relatively negative outcomes when compared to other children not in care. (*Osborn & Bromfield, 2007*) Furthermore, research states that the cost-effectiveness of early intervention programs has shown that \$1 spent early in life, can save \$17 by the time a child reaches mid-life (*Blakester, 2006*).



Legislatively, child protection statutes around the world define that the primary responsibility for a child's wellbeing rests with the family. Regardless of the level of intrusiveness, if the statutory authority decides to intervene, then it remains legally obliged to ensure that the family receives a level of support considered to be reasonable and practicable to meet the child's needs. The disparity that exists between resources and supports available to families with children in-home and to those supports provided to out of home care providers is significant. Recent reports in Queensland indicate that it costs over \$1000 per day to place some children in an out of home care residential. To those on the outside of the system, this is shocking. To those within the system, this is the reality of an overwhelmed, risk adverse child protection system created by the policies and practices of the past.

Whilst the temptation is to propose quick-fixes to reduce spiraling costs, such as containment models and secure care facilities, caution should be taken and lessons learnt from other jurisdictions who have been faced with similar challenges, as the likelihood is that, *"if we build it, they will come!"*

Unless we seek to understand and address the cause of families increasingly coming to the attention of child protection authorities, then more children will be harmed and more costs will be incurred by the community and tax payer. The question needs to be asked; What if these children did not have to come into care?

The answer is found in the philosophy of family preservation and through the provision of intensive family support services. Imagine if we could bring families, community and government together under one symbolic roof to ensure families



receive the right support at the right time; for *if we build this system, they won't come!*

What IFSS?

Just as there is not a 'one type' of family, nor is there a 'one type of service' that can address all of the families' needs. Family preservation services have a significant role to fulfill in a system designed to protect children and support families. Throughout my travels, I was fortunate enough to meet inspiring people and visit a wide range of committed services across the world. Through this, I have developed an understanding that family preservation is not just a service, but also a philosophy, with the potential to provide community-based interventions for families with a much broader range of issues and problems.

Unlike Family Support Programs, Family Preservation Services provide a combination of intensive therapeutic case management along with the provision of concrete supports. Although some services are specifically designed to work with families at their time of crisis and when there is an imminent risk of children being removed, others are designed to work with families over a longer period of time to overcome more chronic issues. Both types of models are proven to be equally effective when working with families from diverse cultural backgrounds, including Aboriginal, African American and American Indian.

The following provides a brief description of the programs I visited throughout my travels:



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Outcome Based Service Delivery (OBSD) Models – Alberta, Canada

OBSD was initially designed as a funding model for child protection services. The intention of moving to outcome based approach across child protection services was to see the families within a broader context and improve the effectiveness of services that children receive across the system.

Traditional contracting measures allowed little flexibility in funding, with a strong focus on inputs and activities (effort). This method often had unintended financial disincentives for services to move children through their program. The OBSD contracting model focuses on outputs and outcomes (achievement), allows greater flexibility for services to redirect funding and provides clear financial incentives to move children through to less structured services.

Outcome Based Services have:

- More Focused on the purpose of the work;
- Less emphasis on the how; and
- Are concerned about what happens (outcomes)

OBSD models all share a consistency in practice frameworks, which are:

- Solutions focused
- Engagement based on relationships
- Strength-based
- Evidence-based
- Community-based



OBSD provides an opportunity to deliver fundamental change in how child protection services are delivered in order to provide quality outcomes to children and families. OBSD provides a framework for working with families and viewing them in a broader context of a system that is capable of meeting the needs of their children through building on strengths and developing community supports. This framework is culturally aligned and relevant for services who are working with Aboriginal and Torres Strait Islander families, as it seeks to de-individualise the 'blame' and promotes shared responsibilities and understanding. The implementation of OBSD requires collaboration across government and the non-government sector and requires a great amount of time and resources to achieve a shift in systemic practices and culture.



HOMEBUILDERS® - <http://www.institutefamily.org>

HOMEBUILDERS® provides intensive, in-home crisis intervention, counselling, and life-skills education for families who have children at imminent risk of placement in state-funded care or who need intensive services to safely return home. It is the oldest and best-documented Intensive Family Preservation Services (IFPS) program in the United States. The goal of the program is to prevent the unnecessary out-of-home placement of children through intensive, on-site intervention, and to teach families new problem-solving skills to prevent future crises.



Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)

<http://mstservices.com/>; www.mstcan.com

MST-CAN views individuals as nested within a complex network of interconnected systems that encompass individual, family, and extra familial (peer, school, neighborhood) factors. These systemic factors often serve to maintain problems experienced by children and families and therefore, interventions may be necessary in any one or a combination of these systems. The use of multiple service providers to address these issues commonly results in families experiencing difficulties in meeting numerous appointments, often resulting in 'overload' and disengagement. MST-CAN provides a single service to achieve goals to mobilise informal child, family, and community resources that support the long-term treatment gains.

MST-CAN works with families to keep children at home with increased safety. The focus is providing treatment to the whole family with special attention given to parents to overcome some of the challenges they face to parenting. In MST-CAN programs a great deal of safety planning is included in addition to treatment for anger management difficulties, parental or youth substance abuse and family communication problems.

The MST-CAN team delivers treatment in the family's home at flexible times, with a 24/7 on call service to help the family manage crises after hours. Treatment lasts for 6 to 9 months.



(Operating in the Australia as Key Assets)

Edge of Care – CORE ASSETS <http://www.coreassets.com>

Edge of Care seeks to work closely with the local authorities to identify families early in their crisis to provide a supportive response to ensure safe, sufficient and sustainable parenting. As the program title suggests, the local authorities would often refer to the Edge of Care program if the risk of children being removed is imminent. By providing supports and interventions in a timely manner, the less likely the intensity of the response required. The provisions of concrete supports are usually a priority when developing a plan to alleviate the immediate stressors the family may be experiencing. Families and their support network are involved in the development of plans to address the short and long term goals.

The Family Intervention Model is targeted towards the unique needs of each family and is delivered to the intensity required to ensure safety for the children and outcomes for the family. The program is delivered in-home, responsive 24 hours a day/ 7 days a week and has a strength based and solutions focus. The program generally runs for 12 weeks, however, this is negotiable on an assessment of the needs of the family and may be extended at the request of the local authority. Direct in-home contact can also be up to 52 hours/ week.

The Edge of Care program is delivered through a multi-disciplinary team, comprised of social workers, support workers, therapists and teachers. Core Assets recognizes that the relationship established between the worker and 'client' is a vital element in achieving positive outcomes.



Prevention Initiative Demonstration Project (PIDP)

In February 2008, the Los Angeles County Board of Supervisors approved the Prevention Initiative Demonstration Project (PIDP) as a \$5-million one-year child abuse and neglect prevention project. The network design was intended to facilitate the creation of a comprehensive, strengths-based, locally relevant child abuse and neglect prevention system extending beyond County government and beyond the jurisdiction of any one County department. PIDP networks were asked to devote about 50 percent of their resources to primary prevention, supporting and engaging families and strengthening social networks so that child abuse/neglect would not occur. They were asked to devote about 30 percent of their resources to secondary prevention, involving parents with unfounded and inconclusive referrals as decision-makers in promoting their children's development, learning, and wellbeing, and addressing potential risk factors so that re-referrals were reduced. And the networks should devote about 20 percent of PIDP resources to strengthening the capacity of parents with open DCFS cases to care for and protect their children.

Each of the PIDP networks focuses on achieving outcomes associated with the prevention of child abuse; decreased social isolation, decreased poverty and lack of resources, increased protective factors, and more effective collaboration between the County's public child welfare system and community-based organizations. The framework for interventions focus on increasing families strengths, developing capacity, establishing community networks and providing flexibility in achieving desired outcomes.



Blackpool Springboard Project - <http://www.blackpool.gov.uk>

Blackpool's Springboard Project is a multi-agency partnership, based in Children's Services. It is comprised of a partnership between multi-disciplinary professionals across children and adult services, including; social workers, police, mental health nurses, corrective services, substance misuse specialists, employment officers, housing providers and support workers. In addition, a budget was made available to buy in additional and, in some cases specialist, support where necessary.

The project aimed to offer an intensive service to 60 families at a high threshold of need. The team itself was constructed by the local strategic partnership to work over a two year period with a group of 60 families which were of particular concern to the Council and its partners as being "chaotic" or difficult to support effectively.

It was recognized that establishing another layer of intervention was not the answer. These families often have several agencies working with them and access to services is not the problem. What appeared to be missing was a holistic approach to families that involved good sharing of information, joint strategies and continued support after the 'crisis' has been managed. This was a determined attempt to break the cycle of dependency and the pattern of intervention, closure, and reopening of cases.

The benefits of a multi-disciplinary response for families in a true collaborative sense cannot be underestimated. The co-location of the team is essential in developing a strong culture and the lessons learnt regarding the shifting of

traditional boundaries are important to consider, especially if a conceptual model of child protection is to be achieved

IFSS we could 'Indigenize the System'

In order to address the issue of over representation, there must first be recognition of the factors which have contributed to this and then, the political and public will to do something about it. Many argue that the problems encountered by Aboriginal and Torres Strait Islander families and communities are as a direct result of colonisation. These communities face significant and multiple challenges including the impacts of past policies of forced removal, loss of culture, social exclusion and racism. These issues contribute to the high levels of poverty, unemployment, violence, and substance abuse seen in many Indigenous communities. These issues have a negative impact on children who demonstrate poor health, educational, and social outcomes when compared to non-Indigenous children.

The evidence is very clear ever since data on the rates of Aboriginal and Torres Strait Islander children in child protection was first collated in 1990. Between 2010/11, Aboriginal and Torres Strait Islander children were 7.5 times more likely than non-Indigenous children to be the subject of substantiated reports of harm/risk of harm than non-Indigenous children. (AIHW, 2012) As it stands today, 38% of children in Queensland's child protection system are from Aboriginal or Torres Strait Islander families and this significant over representation is also reflected across the youth justice and criminal systems. This high rate of over representation is also reflected across international jurisdiction with a child protection orientated approach.



Although the factors contributing to the over representation have been well known for many years, the most recent campaigns to deliver improved outcomes for Indigenous children, families and communities has included the Council of Australian Governments' (COAG) National Framework for Protecting Australia's Children 2009–20 and Indigenous reform agenda (2010), referred to as "Closing the Gap". The defined goal is to build the capacity of families and communities to take part in reducing the over-representation of Indigenous children in Australian child protection systems, through increased access to services, the promotion of safe and strong communities and the delivery of culturally appropriate services and care.

Research shows that the characteristics of successful family preservation services are equally applicable to families from Indigenous or Culturally and Linguistically Diverse (CALD) backgrounds. The elements of effective programs reflect values inherent to Indigenous culture, including family participation in developing plans, the delivery of service in a natural environment and a focus on building community linkages.

Whilst the merits of family preservation services to address the needs of Aboriginal and Torres Strait Islander families can be championed (and rightly so), the chronic issues faced by these families and communities are so ingrained into the fabric of Australia, both our past and present, that a philosophy of family preservation is also required.

A family preservation philosophy recognises the interconnectedness between capacity building of families and communities, or in other words, *Children must be served in the context of families; and families must be served in the context of communities.* (Casey Family Programs) The need for this philosophy to reach its potential to provide effective community-based interventions to address child



maltreatment is never more critical than for Aboriginal and Torres Strait Islander families.

Conclusions

In these times of austerity, the child protection sector is currently experiencing significant challenges, however, there are also multiple opportunities presented to shift resources to achieve better outcomes for children and families. The most challenging changes are not the most costly either; they are to do with the hearts and minds of the people.

A paradigm shift is required that re-conceptualizes the child protection system into one that works with child, family and community as one. A non-stigmatizing system that addresses the needs of children and families at every opportunity; a system that provides supports to children and families at the intensity required; and a system that shares responsibilities and not shifts them.

The transportation of effective and sustainable alternative strategies can benefit Australia through redirecting future funding, policy and programs areas that better target services to vulnerable children and families. Resources must be shifted to fund research-based, effective family preservation services to address child maltreatment.

Although essential, the solution to the multiple challenges faced in the child protection sector are not as simple as the transportation of Intensive Family Support Services and Family Preservation Services to the Australian context. If these programs are to be successful and a conceptual model of a system that



protects children is to be achieved, then the entire system needs to adopt a philosophy of family preservation and embed these approaches.

Queensland can benefit from the learnings of initiatives such as Alberta's Outcome Based Service Delivery (OBSD) to promote the safety of children through the building of family and community capacity.

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Queensland Government State Budget 2012-13



The Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2008): Select Findings

Bruce MacLaurin, Nico Trocmé, Barbara Fallon, Vandna Sinha, Richard Enns, Richard Feehan, Hee-Jeong Yoo & Morgan DeMone

Introduction

The Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2008) is the second provincial study examining the incidence of reported child maltreatment and the characteristics of children and families investigated by child welfare in Alberta (MacLaurin, Trocmé, Fallon, et al., (2013). The primary objective of the AIS is to provide a reliable estimate of the incidence of reported maltreatment and the initial 2003 cycle of the AIS serves as a baseline on which to compare findings of the AIS-2008 (MacLaurin, Trocmé, Fallon, et al., 2006). In addition, the AIS examines the severity of maltreatment, determinants of health associated with maltreatment; and short-term investigation outcomes related to substantiation, placement in child welfare care, referral to child welfare court and criminal prosecution.

Funding for the 2003 and 2008 cycles of the AIS was provided by the Public Health Agency of Canada's Injury and Child Maltreatment Division, as well as the Government of Alberta. The third cycle of this study, currently underway, is funded entirely by Alberta Human Services and the final report is scheduled for release in the spring of 2016. This paper will provide an overview of key findings



from the 2nd cycle of the AIS that was released in 2013. Some comparisons will be made between the first two cycles.

Methodology

The AIS-2008 used a multi-stage sampling design to select a representative sample of 14 child welfare offices in Alberta and then to select a sample of cases within these sites. Information was collected directly from child protection workers on a representative sample of 2,239 child protection investigations conducted during a three-month sampling period in 2008. This sample was weighted using two weighting procedures to reflect provincial annual estimates. The incidence rate is then calculated using the child population numbers from the most recent census data to determine the rate of investigations per 1,000 children in Alberta in 2008. The incidence rate provides an accurate comparison between cycles of the AIS as this rate controls for change in the child population.

The AIS-2008 differed from the previous cycle in that this cycle differentiated maltreatment investigations from risk-only investigations. Risk-only investigations were those in which a specific incident or event of maltreatment was not alleged to have occurred but rather a constellation of factors lead to concerns that a child might be maltreated in the future (e.g., caregiver with a substance abuse issue). For further information, refer to the methodology chapter of the Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2008): Major Findings Report, located at the Child Welfare Research Portal at <http://www.cwrp.ca>.

The main data collection instrument for the AIS-2008 is the Maltreatment Assessment Form – a three-page form collecting information describing the



situation leading to the referral, information about the household and up to two caregivers residing in the home, and child specific information related to the investigated form of maltreatment. Maltreatment Assessment Forms are completed by the primary investigating child welfare worker at the end of the initial assessment period (generally 3-4 weeks). All participating child protection workers are involved in a 2-3 hour training session on study protocols to ensure comparability across the province.

The AIS study team is made up of a team of researchers from the University of Calgary (Bruce MacLaurin, Rick Enns, Richard Feehan), McGill University (Nico Trocmé and Vandna Sinha) and the University of Toronto (Barbara Fallon). The AIS-2008 was conducted at the same time as the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008) as well as several other provincial studies (Trocmé, Fallon, & MacLaurin, et al., 2010). The study design, including enlistment strategies, instruments, and report formats, was developed in consultation with a National Steering Committee, provincial and territorial Directors of Child Welfare, and the Public Health Agency of Canada and builds upon the previous cycles of the CIS.

There are a number of study limitations that need to be identified. The AIS-2008 does not include information about unreported maltreatment, or cases that were only investigated by police. Reports that were made to child welfare authorities but screened out before they were investigated are not included, and reports on cases currently open at the time of case selection are also not included. The



study does not track longer service events that occur beyond the initial investigation.

Select Findings

The estimated number of maltreatment-related investigations (i.e., maltreatment and risk-only investigations) conducted in Alberta in 2008 was 27,147 or 35.02 per 1,000 children. This was a decrease from the 2003 cycle which found that 32,453 or 43.16 children had been investigated in the province of Alberta (see Figure 1). These investigations include both traditional child intervention investigations as well as investigations for cases that are described as alternative response (Yoo, DeMone, et al., 2013). Rates of maltreatment decreased for most age cohorts with the exception of children under the age of 1, and children between the age of 1 and 3 years which increased between 2003 and 2008. It is known that younger age groups will present different child, caregiver and household risks (DeMone, Yoo, et al., 2014). As seen in previous cycles, there is an overrepresentation of Aboriginal children at the assessment phase of child welfare involvement. As noted in previous research, this overrepresentation reflects the impact of structural factors related to housing and income on the lives of children (Sinha, et al., 2011).

Eighty-four percent of all investigations focused on a concern of abuse or neglect (an estimated 22,761 investigations) while 16% of investigations were about risk of future maltreatment (an estimated 4,386 investigations). Fifty-three percent of all investigations were substantiated. In a further eight percent of investigations there was insufficient evidence to substantiate however maltreatment remained suspected at the conclusion of the investigation. Twenty-three percent of all investigations were unfounded. A review of substantiated maltreatment

investigations indicates neglect as the primary category of maltreatment for 37% of all investigations, followed by exposure to domestic violence (34%), emotional maltreatment (14%), physical abuse (13%), and sexual abuse (2%) (see Figure 2). Children investigated for maltreatment in Alberta in 2008 live in households that are often known to child welfare. In 2008, 55% of child investigations had a previous child welfare investigation for their family, a decrease from 60% for 2003 (see Figure 3).

Investigating workers were asked to indicate a range of child functioning problems that would be apparent during the initial assessment phase. This included concerns that had been confirmed by a diagnosis and/or directly observed by the investigating worker or another worker, or disclosed by the parent or child, as well as issues that they suspected were problems but could not fully verify at the time of the investigation. Academic difficulties were noted for 27% of all children followed by depression, anxiety or withdrawal (21%), intellectual or developmental disabilities (20%), and aggression (18%) (see Figure 4). Documented caregiver risk factors were reported by investigating workers using a checklist of nine items that were asked about each caregiver. Risk factors included victim of domestic violence (52%), few social supports (46%), mental health concerns (36%), alcohol abuse (33%) and drug or solvent abuse (25%) (see Figure 5).

During or at the completion of the assessment and investigation phase, workers determine whether a placement in child welfare care is required to ensure safety for the child or children. Formal placements can include formal kinship care, family foster care, group homes or residential treatment. There was an increase



in the number of formal placements in Alberta for 2008 compared to 2003 (see Figure 6). There was a slight increase in group home and residential treatment placements from 534 to 555 as well as an increase in family foster care (or traditional foster care) from 1,177 to 1,430. A decrease occurred however for formal kinship care from 473 to 398 over this five-year period.

Conclusions

The Alberta Incidence Studies of Reported Child Abuse and Neglect for 2003 and 2008 provides a unique opportunity to examine changes in child maltreatment investigations and practice over the last decade. The current cycle of the AIS that is underway will provide a third point of comparison and further analyses will continue to inform policy and practice in this province. For updates on the three cycles of the AIS, please visit the Child Welfare Research Portal at <http://www.cwrp.ca>

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Figures

Figure 1: Incidence of Maltreatment-Related Investigations: AIS-2003 & 2008

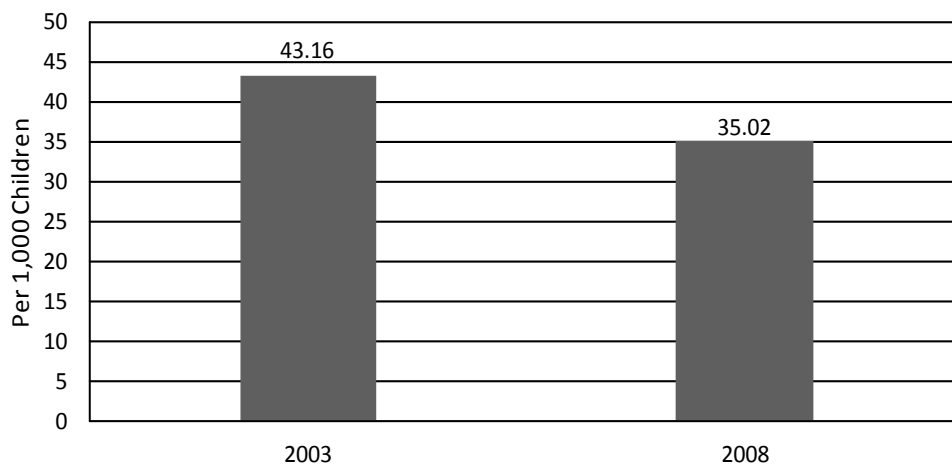


Figure 2: Primary Category of Substantiated Maltreatment: AIS-2008

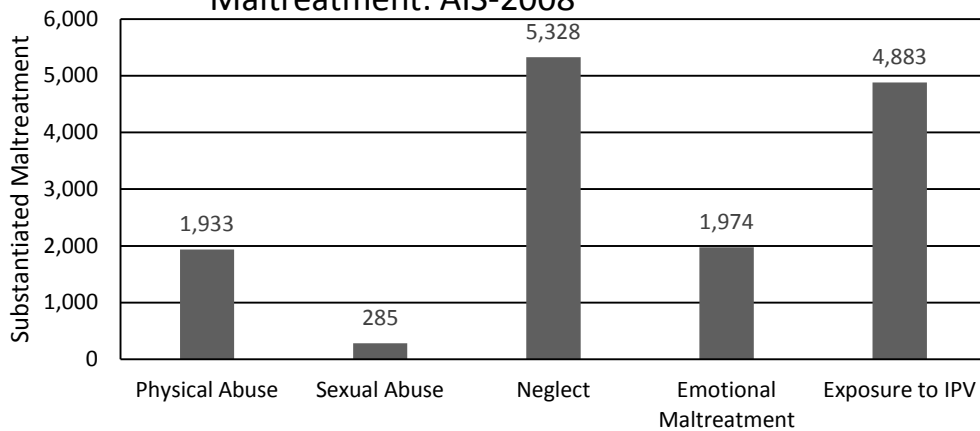


Figure 3: Previous Investigations by Child Welfare: AIS-2003 & 2008

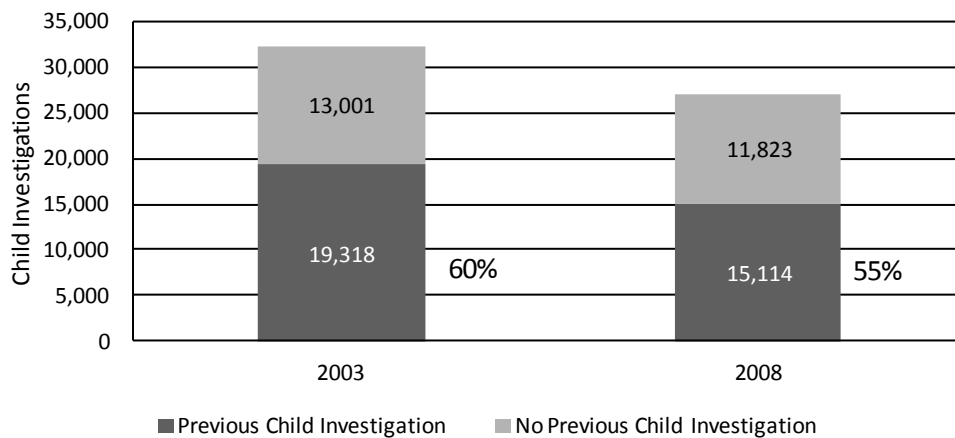


Figure 4: Child Functioning, Substantiated Maltreatment Investigations: AIS-2008

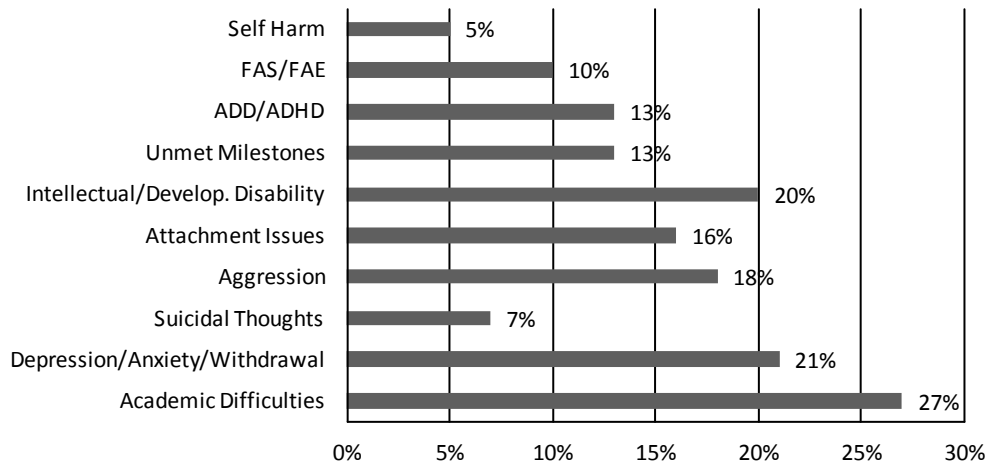


Figure 5: Primary Caregiver Risk Factors, Substantiated Maltreatment Investigations: AIS-2008

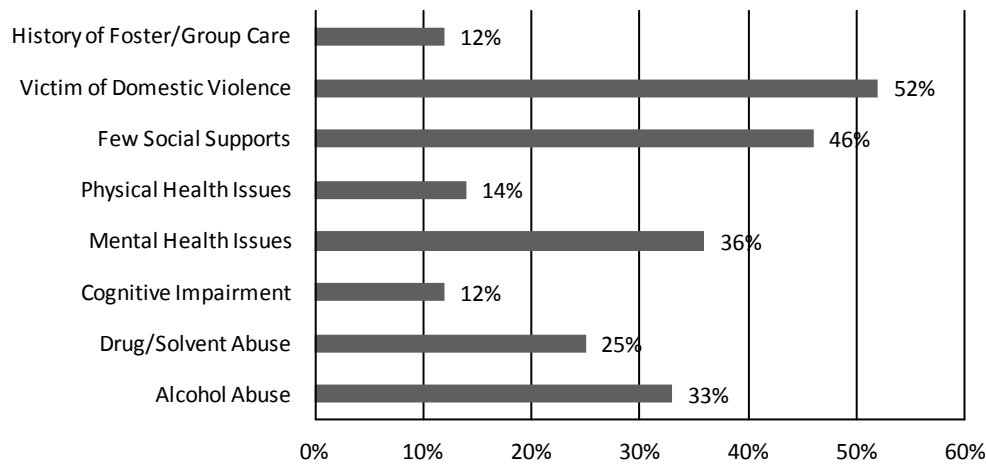
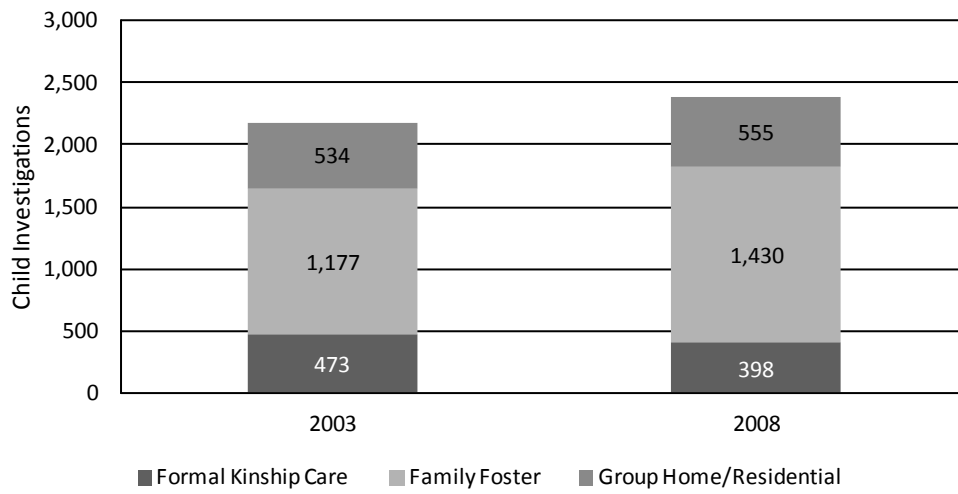


Figure 6: Formal Out-of-Home Placements: AIS-2003 & 2008





Caregiver turnover in Alberta accredited day care programs

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Author Note

This study is based on data provided by the Government of Alberta. The interpretation and conclusions contained herein are those of the researchers and do not necessarily represent the views of the Government of Alberta.

Abstract

In child care settings staff/caregiver turnover is related to child outcomes, with high staff turnover associated with lower quality service and poorer child outcomes (OECD, 2012). Accreditation is a voluntary mechanism through which the quality of child care can be raised above the minimum standards set in legislation. In Alberta the accreditation process makes funding available to assist in the recruitment and retention of trained and qualified child care staff (e.g., by providing wage top-ups). The objective of this study was to investigate if there was evidence of lower staff turnover in Alberta day care programs following accreditation. Pre and post-accreditation staff turnover data were compared for the period 2005 to 2010. During this time period 404 day care programs were accredited, with the highest number (n=133) of accreditations occurring in 2008-



09 and the least number ($n=32$) in 2005-06. The combined average staff turnover rate for all programs from 2005-06 to 2009-10 decreased by 5.6% ($p<0.001$). The largest overall average caregiver turnover decrease (8.8%; $p<0.001$) was observed in childcare programs accredited in 2008-09. From 2005 to 2010 staff turnover post-accreditation decreased in 61% of programs, increased in 38% programs and did not change in 6% of programs. Focusing only on the programs that experienced a decrease in turnover, the highest (20%) annual average post accreditation turnover decrease was observed in 2009-10. These findings suggest that accreditation may play a role in reducing turnover and subsequently improving the quality of child care programs.

Keywords: staff turnover, caregiver, childcare, accreditation, quality childcare

Introduction

Childcare studies from various countries (e.g., USA, Canada and Australia) consistently report annual staff turnover somewhere between 30 and 50% (Fenech, Sumsion & Goodfellow, 2006; Smith, 2004). This turnover far exceeds that of comparable settings; for example, it is well over four times the turnover found among elementary school teachers (Whitebook et al., 2004).

High staff turnover in childcare facilities is of concern as it can compromise the development of children (Whitebook & Sakai, 2003). This may be readily observable where pre-existing mitigating factors exist in a child's development and family life. Research has shown that lack of teaching staff continuity and

stability are related to poor child outcomes in early childhood learning and care programs (Loeb, Fuller, Kagan & Carrol, 2004). Children in centres with high staff turnover spend less time engaged in social activities with peers, more time in aimless wandering, exhibit more behavioral problems, exhibit insecurity and anxiety, score lower on assessments of language development and perform poorly in school (Huntsman, 2008; Whitebook & Sakai, 2004; Doherty, Lero, Goelman, LaGrange & Tougas, 2000).

In early education, high staff turnover contributes to a worsening of teacher shortages and is also associated with higher rates of centre director turnover (Whitebook et al., 2004). As a result, high staff turnover compromises the quality of care and education services that young children receive (Doherty et al., 2000). Teachers in centres with high staff turnover tend to provide activities that are less developmentally appropriate compared to those provided by staff in other centres (Doherty et al., 2000). Furthermore, centres with high turnover tend to obtain lower scores on global measures of quality and/or the quality of interaction between teachers and children (Huntsman, 2008; Doherty et al., 2000; Phillips, Mekos, Scarr, McCartney & Abbott-Shim, 2000).

High staff turnover is also a major challenge for program management as replacing qualified staff is time consuming and costly (recruitment and training). It also increases the workload for remaining staff, and puts further pressure on management who must also ensure that provincial requirements for child/staff ratios are met. In the literature (Smith, 2004; Blau & Mocan, 2002) the key factors that are linked with people leaving the childcare industry and the high caregiver staff turnover include low wages, a lack of or poor benefits and adverse working conditions.



In Alberta, Human Services established a voluntary program - the Alberta Child Care Accreditation Program (ACCAP) to address child care quality (Lirette, 2012). The Alberta Child Care Accreditation Program initiative includes goals aimed at raising child care standards, improving best practices and addressing staff recruitment and retention in child care programs (Alberta Government, 2005). The program provides different types of funding to support childcare programs to become accredited and to maintain accreditation. A significant component of accreditation funding (90%) is available to assist in the recruitment and retention of trained, qualified staff (e.g., wage top-up and professional development grants). In Alberta accreditation is a process by which a representative body (e.g., ACCAP in Alberta), recognized by both the service community and the community in general, establishes standards for services (e.g., ACCAP Quality Standards (AQS)) that are above the mandatory regulatory licensing requirements (Doherty et al., 2000). Child care programs apply on a voluntary basis for evaluation against these standards and are granted an accreditation certificate where their program meets or exceeds these standards (Doherty et al., 2000) Childcare accreditation in Alberta began with a pilot in 2004-2005. In March 2005, the first day care program was accredited. By the end of the 2010-2011 fiscal year 96% of day cares and family day homes were participating in accreditation, with 81.4% of participating programs achieving accreditation. The purpose of the current study was to investigate if there was some evidence of lower staff turnover in Alberta's day care programs following accreditation.

Methodology

To address the study question of whether there was evidence of lower turnover rates following accreditation, a retrospective pre/post design was employed. For day care centres that had data available turnover rates prior to accreditation and after accreditation were compared for day care programs accredited from 2005-06 to 2009-10. Turnover was based on the date staff began working and stopped working at a particular day care. These data were used to determine the staff turnover for each licensed and accredited day care program in Alberta for each fiscal year from 2005-06 to 2009-10. For each day care program, pre-accreditation turnover was calculated for one year before the date the program was accredited. Post-accreditation turnover was calculated a year from the date of accreditation of that program. Turnover in this case was calculated by determining the percentage of staff that had ceased employment during the year reviewed.

Statistical analyses were conducted using SAS[®] Enterprise Guide[®] (V 4.1). Descriptive statistics included calculations of means, standard deviation and variance. Paired t-tests were conducted to determine if there were significant differences between pre-accreditation and post-accreditation staff turnover rates (Zar, 2005). Statistical significance was set at 0.05.

Findings

From 2005-06 to 2009-10 there were 404 day care programs that successfully completed the accreditation process in Alberta. The paired t-test showed that turnover for all 404 accredited programs combined (2005-06 to 2009-10) decreased by 5.6% (from 42% to 36.4%, $p < 0.001$) (Table 1) following accreditation. Programs accredited in 2005-06 and 2006-07 showed no

significant change in turnover ($p > 0.05$). For the time period between 2007-08 and 2009-10 turnover significantly decreased. At post-accreditation the largest turnover reduction of 8.8% (from 43.3% to 34.5%) was observed in programs accredited in 2008-09 ($p < 0.001$).

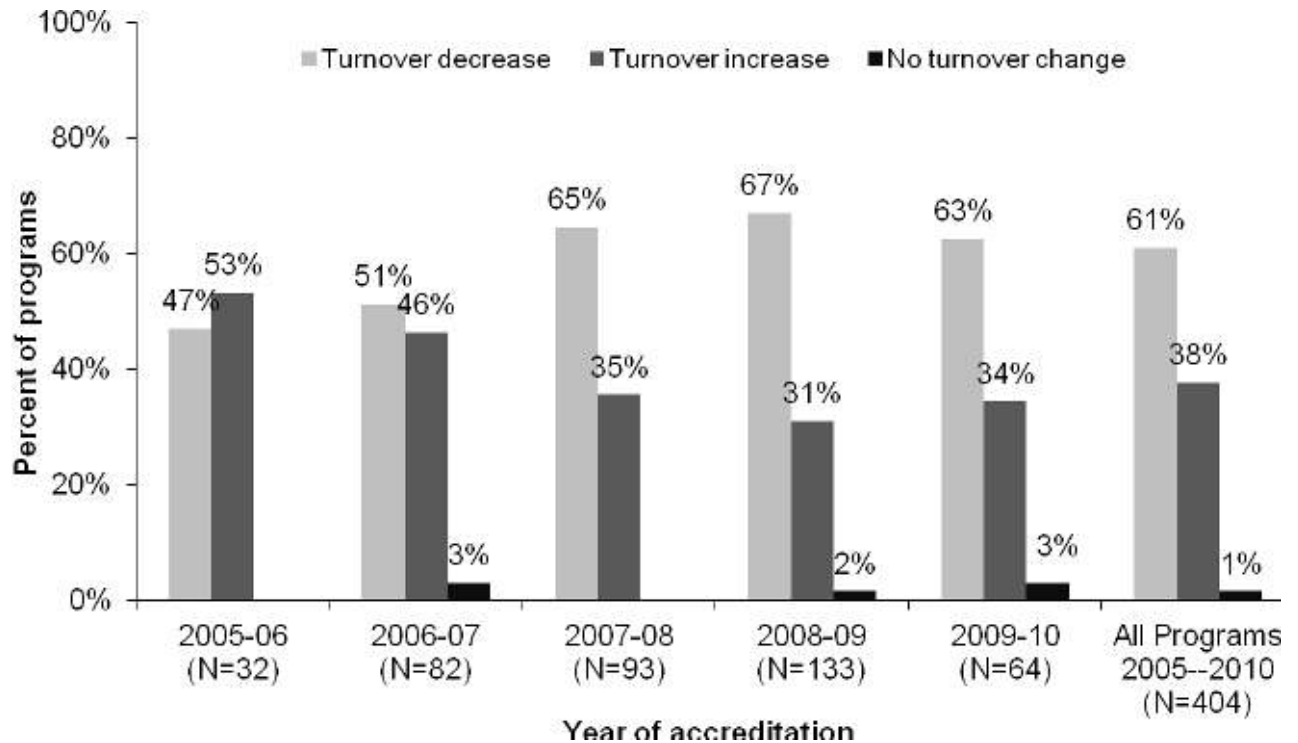
Table 1: Paired T-test results for day care program turnover rates

Year of accreditation	Number of programs	Turn over at Pre-accreditation (%)	Turn over at Post-accreditation (%)	Turn over Difference (%)	P-value
2005-06	32	33.5%	33.8%	0.3%	0.886
2006-07	82	40.2%	38.6%	-1.6%	0.423
2007-08	93	44.9%	40.0%	-4.9%	0.002*
2008-09	133	43.3%	34.5%	-8.8%	<0.001*
2009-10	64	41.5%	33.8%	-7.7%	0.009*
All programs (2005-2010)	404	42.0%	36.4%	-5.6%	<0.001*

Significant $p < 0.01$

Among the 404 programs, staff turnover decreased in 246 (61%) programs, increased in 152 (38%) programs and in 6 (1%) programs no change in turnover was observed following accreditation. The lowest percentage of accredited programs with decreased staff turnover following accreditation was observed in 2005-06, the first year of accreditation. Of the 32 programs that were accredited that year, 47% (N=15 programs) observed a decrease in staff turnover (Figure 1). In 2008-09 the largest number of day care programs were accredited (N=133), and the largest percentage of day care programs with turnover decrease was also in this year (89 programs, or 67%). Turnover increase rates were highest in day care programs accredited in 2005-06 and 2006 at 53% and 46% respectively. Turnover increase rates were relatively lower for programs accredited from 2007-08 onwards (all below 35%; Figure 1).

Figure 1: Proportion of day care programs with turnover decrease, increase or no change by year of accreditation



Programs with turnover decrease at post accreditation

Focusing only on the 246 accredited programs that observed turnover decrease from 2005-06 to 2009-10, at pre-accreditation turnover for these programs ranged from 43% (2005-06) to 50% (2006-07) (Table 2). Following accreditation the range in turnover decreased to between 28% (2009-10) and 34% (2007-08). The difference in turnover from pre to post ranged from 9% to 20%. The biggest turnover decrease of 20% was observed in 2009-10. The overall turnover reduction (2005-06 to 2009-10) observed amongst these 246 accredited programs was 16% (Table 2).

Table 2: Programs with **decreased** turnover following accreditation

	Number of programs	Turnover Pre-accreditation (%)	Turnover Post-accreditation (%)	Turnover difference (%)
2005-06	15	43.3%	33.9%	9.3%
2006-07	42	50.0%	34.4%	15.5%
2007-08	60	47.3%	34.8%	12.5%
2008-09	89	47.4%	28.8%	18.6%
2009-10	40	48.3%	28.1%	20.3%
All programs 2005-2010	246	47.7%	31.4%	16.3%

*Significant $p < 0.01$

Programs with turnover increase at post accreditation

Focusing only on the 152 accredited programs that observed turnover increase from 2005-06 to 2009-10, at pre-accreditation turnover for these programs ranged from 24.9% (2005-06) to 40.6% (2006-07) (Table 3). Following accreditation the range in turnover increased to between 33.7% (2009-10) and 49.5% (2007-08). The difference in turnover from pre to post ranged from 8.8% to 14.6%. Among these programs the biggest turnover increase of 14.6% was observed in 2009-10. The overall average turnover increase (2005-06 to 2009-10) observed amongst these 152 accredited programs was 11.6% (Table 3)

Table 3: Programs with **increased** turnover following accreditation

Year of accreditation	Number of programs	Turnover at Pre-accreditation (%)	Turnover at Post-accreditation (%)	Turn over Difference (%)
2005-06	17	24.9%	33.7%	8.8%*
2006-07	38	30.4%	44.1%	13.7%*
2007-08	33	40.6%	49.5%	8.9%*
2008-09	42	34.7%	46.2%	11.5%*
2009-10	22	29.2%	43.8%	14.6%*
All programs (2005-2010)	152	33.0%	44.6%	11.6%*

*Significant $p < 0.01$

Discussion

The average staff turnover for the study period (2005-06 to 2009-10) decreased from 42% to 36.4% following accreditation, suggesting that accreditation reduces turnover. The Alberta pre-accreditation average turnover rate of 42% is comparable to that found in previous studies of non-accredited programs. For example, a Canadian multisite childcare survey conducted in 1991 and repeated in 1998 reported an annual staff turnover of 42.0% and 44.8% respectively among Alberta-based programs (Doherty et al., 2000). The Alberta turnover was consistently higher than other provinces (turnover ranged from 15% to 32.2%) and the Canada-wide turnover rate, which was reported as 26% in 1991 and dropped to 21.7% by 1998 (Doherty, et al., 2000). In the current study the turnover of 36.4% observed following accreditation is significantly lower than that



observed in Alberta in previous studies, suggesting that accreditation has some positive effect in reduces turnover.

When the focus is on only those programs that observed a decrease in turnover (N=246), the reduction in turnover was more substantial (ranging from 9% to 20% reduction). The average turnover dropped down to levels below 30% for programs accredited between 2008-09 (29%) and 2009-10 (28%). When looking at those programs that observed an increase in turnover (N=152), the findings show that the increase was not as substantive as the reduction observed in programs where turnover decreased. The turnover increase was low and ranged from 8.8% to 14.6%. Moreover these programs had a much lower average turnover rate at pre-accreditation, 33% (turnover range across study years from 24.9 to 40.6%), while programs that had turnover decrease had an overall pre-accreditation average turnover for 48% (turnover range across study years from 43% to 50%). Furthermore, the early adopters of accreditation, that is day care programs that were accredited in 2005-06 and 2006-07, had a higher proportion of programs that observed an increase in turnover compared to later adopters of accreditation (2007-08). Some of the increase in turnover in the early adopter day care programs could be attributed to the 'economic boom' that ended in 2008. The economic boom resulted in labor shortages and increased competitive wages in many sectors, so that caregivers may have left the day care field to join better paying occupations.

The observed increased turnover may also be due to planned turnover rather than the absence of any encouragement to remain in the sector. In the literature childcare has been identified as a low-wage secondary labor market (Helburn, 1995) where staff are young, high school educated, less experienced, often



secondary earners in the household, and may work part-time. These workers are more likely to turnover rapidly, so that any programs with a higher proportion of workers with any or a combination of these characteristics is likely to have high turnover (Bertram & Pascal, 2000).

Between 2005-06 and 2009-10 the provincial government implemented several initiatives to attract and retain childcare staff. These strategies included:

- Increased staff support funding wage top-up grants by 40% in 2007-08 and then by 60% in 2008-09 for eligible staff working in licensed day programs and approved family day homes
- The 2008-09 expansion and enhancement of childcare staff equivalencies enabling people from related human services disciplines to be certified at a higher level, and hence receive a higher hourly wage top-up
- The continued expansion and enhancement of the Staff Attraction Incentive Allowance in 2008-09 and
- The expansion of accreditation to licensed out-of-school care programs effective April 2009.

During the study time period (2005-06 to 2009-10) there was a global economic downturn which began in 2008 and the downward trend continued into the first two quarters of 2009 (Nichols Applied Management, 2009). This economic downturn may have contributed to turnover reductions observed in programs accredited in 2009-10, as employment opportunities are reduced and workers tend to hold onto their jobs. Furthermore, practice standards have also been augmented relative to the introduction of accreditation placing increased emphasis on continuous quality improvement and best practice, which can positively impact staff working conditions.

The findings from the current study suggest that incentives associated with the accreditation process have contributed to the decreased staff turnover rates observed in the current study. However, what is unknown is to what extent the decreased staff turnover rates in the daycare programs considered can be attributed to the accreditation process alone or to a combination of factors.

Limitations

There are limited published studies of staff turnover in accredited child care settings in Canada or internationally that can be used to compare to the current study. The current retrospective study did not have control comparison groups of day care programs that had not gone through the accreditation process. Turnover in the control group may vary in different ways to turnover observed in the current accredited programs. It was difficult to obtain a control comparison group for the current study because in 2005 when accreditation was introduced, approximately 95% of day care programs in Alberta had requested and some started the pre-accreditation self-study process.

The study focused on turnover a year before and a year after accreditation only. As such it is beyond the scope of this study to determine whether the turnover decreases/increases observed have been sustained over time, since accreditation. Trend analysis would provide better insight into the patterns of turnover over time. Furthermore, no other variables were available to help explain or interpret observed differences in turnover between the programs that observed decreased or increased turnover.

Conclusion

The objective of the current study was to determine if there was any evidence of lower staff turnover in Alberta's day care programs following accreditation during the period 2005-06 to 2009-10. The data showed that overall average staff turnover decreased following accreditation. Future prospective pre and post design studies with controls (e.g., daycare centres where accreditation is not implemented) are needed to better assess the impact of accreditation on staff turnover rates in day cares centres. Studies that include staff and daycare centre characteristics would provide further evidence on the impact of accreditation staff turnover rates compared to other contributing factors.

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Indigenous concepts and frameworks vital for human service workers: The practice of *omanitew*.

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Abstract

Over a number of years, Leona Makokis, Ph.D., and Ralph Bodor, Ph.D., R.S.W., have developed and delivered a variety of training and teaching courses that have focused on the provision of Indigenous human services. Often, non-Indigenous service providers, agencies and programs, are providing these services. At times, the services provided in this context are not based in Indigenous worldviews and practices. This is often not the fault of the service providers or agencies. Instead, most service providers are eager and willing to provide appropriate services. The issue is not willingness but is based in a two-pronged lack of knowledge. First, service providers are often not providing Indigenous-based services, and secondly, there also seems to be a lack of understanding of what those services could be. This situation is often referred to, as “they don’t know what they don’t know”. In an effort to identify a number of specific knowledge areas, the following material has been developed.

Introduction

There is an increasing awareness in the human service profession that the provision of *iyiniw* (people of the land, first people) human services has room to improve and become more relevant. Three important factors contribute to the



need for change: most human service agencies are western-based, the majority of service providers are non-*iyiniw*, and there is a significant lack of awareness or understanding of *iyiniw* reality. Many agencies resort to the concept and practice of Cultural Competency Training, a response which entrenches western-based clinical service delivery with minimal cultural components instead of a cultural program with clinical components. The challenge is two-fold. First, to provide agencies and personnel with the resources to access effective and knowledgeable education and, second, to provide those teachings in a respectful and effective manner that shares, not only knowledge, but also teaches ceremony, relationship, and spirituality.

This article is an introductory discussion to address only two of the areas aforementioned – knowledge and practice. In this context, while “what” is taught is important, “how” it is taught is even more vital. In the following material, after exploring what is taught, we will share some experience-based thoughts around the meaning of how. We want to be clear that this article is not provided as a comprehensive list, a set guideline, or substantive teaching material. This is only intended as a helpful resource with brief descriptions meant to convey some of the essence of what should be required knowledge for human service providers working with *iyiniw* individuals and communities. Also, it would be important to note that this work has been developed only within the context of a *nehiyew* (Cree) worldview. Although some of the concepts may be helpful in other contexts, they are not intended to be applied cross-Nationally.

1) Language

An essential element of culture, language is a marker of individual identity, however, knowledge of an *iyiniw* language is not viewed as central to most



expressions of contemporary *iyiniw* identities in Canada (Jedwab, 2011). Across Canada there are 50 or more individual languages and these languages reflect distinctive histories, cultures and identities linked to family, community, the land and traditional knowledge (Norris, 2007). Colonization and the governments' intent to assimilate us has contributed to the suppression of *iyiniw* languages (Makokis, 2009). It is important for service providers to understand how the connection of language to identity plays a role in the lives of *iyiniw* service users.

Iyiniw languages do not have the same foundations as English and its connection to the linguistic bases of French, Italian and Spanish. Consequently, *iyiniw* languages do not share the same historical roots, development process, worldview, beliefs, and values as these languages. Language creates reality and the social connection that we feel towards the Land manifests itself in language (Schreyer, 2008). As stated by Makokis (2009), "...these [*iyiniw*] languages convey a sense of distinctiveness, a sense of responsibility, and a sense of spiritual relationship to the universe: plants, animals, Mother Earth, rocks and people" (p. 9).

The intentional and law-enforced suppression of our languages has caused a loss of traditional knowledge systems. A loss of language means a loss of diversity and other ways of knowing. It is important that both community-based organizations and higher learning institutions, with the support of communities and governments, work together to preserve the cultural diversity of *iyiniw* communities through the support of our languages (Settee, 2009). *Iyiniw* languages should be recognized as official national languages and offered at all educational institutions (Settee, 2009).



Revitalization of our languages is an essential component of decolonization. While service providers may not need to be fluent in a particular *iyiniw* language, an understanding of the meaning and impact of language and specific terms relevant to the profession and the clients is vital. For example, “What is your name?” is a common question. In *nehiyaw*, however, *tansesiyihkasoyan*, often translated/colonized into English as “What is your name?” actually asks “Who are you connected to?” – and refers to the umbilical cord at birth. The appropriate response is to share your family connections/relationships and community connections

2) *Iyiniw* Kinship Concepts

Many *iyiniw* people order their understanding of the world by the significance ascribed to familial relationships, or the concept of relatedness (MacDougall, 2006). In addition to being related to our immediate family, we are also connected to all of our relations, which includes everything supported by Mother Earth. We are responsible for living in harmony and balance with all of our relations. The importance of community plays out in our understanding of kinship because whom our family is, goes beyond only the immediate members.

Practices carried out in residential schools, including the separation of boys and girls, have been a systematic assault on our cosmologies of kinship structures (McKegney, 2013). Western genograms are based on specific concepts of family and relationships that emphasize the specific family unit – often referred to as the “nuclear family”. Cree kinship mapping includes similar information to genograms, however, the terms and connections for family members are understood differently. In addition, kinship maps are different for male and female children. The use of Western genograms with traditional *iyiniw* families becomes



an unintended process of colonization and assimilation rather than understanding and assessment. Western family terms such as aunt, cousin, and uncle do not carry the same meaning – and are not “lived-out” in the same way - as traditional *iyiniw* family terms like *nikawiy* (my mother), *nohtawiy* (my father), *nimis* (my older sister), *nimosom* (my grandfather).

3) *Iyiniw* Child and Family Development Models

Dislocation of *iyiniw* peoples and the forced alteration of traditional ways of parenting have had a major impact on our communities (Berlin, 1987). The challenges that *iyiniw* children face today have been shaped by historical events that have severely affected the broader context of their lives, disrupting traditional sources of support for successful development (Sarche & Whitesell, 2012). Language, culture, and the home environment, tell children who they are and how to construct their learning (Ball & Simpkins, 2004). Understanding the interconnectedness of all living things is essential for *iyiniw* children’s social and emotional development, and it is the centerpiece for the development of the self (Ball & Simpkins, 2004).

Western worldview-based developmental theories and models (i.e. Freud, Kohlberg, Piaget, and Bowen) commonly used in Human Services contain contextual beliefs and values that are not relevant to an *iyiniw* worldview. All of the western-based life and family cycle theories and/or models do not include the trans-generational impacts of Residential Schools and colonization, nor do they acknowledge the traditional teachings that have been guiding families during the pre-contact era. For example, Cree people have their own traditional childhood and family development models that are community-based, historical, and reflect the beliefs and values of the community (i.e. Turtle Lodge teachings).



4) Colonization, Decolonization, Assimilation and Structural Colonialism

Colonization refers to the political, economic, social, and cultural oppression of one people over another (Scully, 2012). Affecting more than 150,000 children from the 1870s until 1996, the residential school system was an arm of colonization aimed at assimilating First Nations, Métis, and Inuit children into settler society (Nagy & Kaur Sehdev, 2012). The sixties scoop and the inordinate number of *iyiniw* children that are part of the child welfare system in Canada are other examples of colonizing and assimilating practices that are underpinned by prejudiced assumptions and settler nationalist imperatives (Moran, 2005; Jones, 2010; Milner, 2001).

Structural colonialism and cultural imperialism have always existed and, unchallenged, as time goes by they become more deeply entrenched in our social systems. The existence of colonial structural injustice in our society perverts systems of norms and entitlement. It enables, legitimizes and normalizes individual wrongdoing and produces unjust outcomes ranging from unfair distributions of the burdens and benefits of social cooperation to mass violations of human rights against *iyiniw* groups (Lu, 2011). A structural account of colonial injustice acknowledges the legalization and normalization of colonial practices, views colonial legality as a hallmark of the structural nature of colonial injustice, and recognizes the consequences of many individuals and institutions acting in pursuit of their particular goals and interests within given institutional rules and accepted norms (Lu, 2011).

Part of understanding the colonial experience is connecting how the different terms imposed on *iyiniw* people (Indian, Aboriginal, First Nations, Indigenous,



Cree, and Blackfoot etc.) names the “other”. It is important to understand the detailed process of colonization in order to be able to identify the continued process of systemic colonization and oppression. Offering services from an *iyiniw* perspective is the only way to move forward and honor the ways of knowing that were here first. Questions that can help guide this process include: What would a de-colonized agency or context look like? How are *iyiniw* worldviews and governance models integrated into services provided to *iyiniw* peoples? Much of what is taught in social work and human services is western-based and, applied in an *iyiniw* context, may not be helpful, and in some cases can cause harm. How can agencies ensure they do not support systemic colonization and use delivery models that promote decolonization and *iyiniw* ways of knowing?

5) Trauma and Attachment

The high levels of historical and current trauma experienced by *iyiniw* people are well documented (Royal Commission on Aboriginal People, 1996; Solanto, 2008; Sotero, 2006; Yellow Horse Brave Heart, 2003; Yellow Horse Brave Heart, Chase, Elkins & Altschul, 2011; Fast & Colli-Vezina, 2010; Gone, 2013). *Iyiniw* groups have experienced devastating collective and intergenerational massive group trauma with present day compounding discrimination, racism, and oppression (Yellow Horse Brave Heart et al., 2011). The sustained impact of colonial intrusion and related trauma on *iyiniw* families results in rapid cultural change, adjustment and loss (Denham, 2008).

All Human Services work with our people must include an awareness and understanding of the impact of trauma. Recent work in trauma, brain development and addictions suggests that there are extremely strong connections between trauma and long-term impacts on the developmental



experiences of *Iyiniw* children and adults (Duran, Firehammer & Gonzalez, 2010; Duran & Walters, 2004; Yellow Horse Brave Heart et al., 2011; Ungar, 2013; Desjarlais, 2012; Turner & Pope 2009). Service Providers should have a deep understanding of what creates and defines trauma and how the trans-generational experiences of trauma must be mediated so that *iyiniw* people can live “miyo pimâtisiwin” (the good life). From Residential School, to the 60’s Scoop, to current levels of children in care, trauma continues to be a lived experience for our peoples.

6) *Iyiniw* Governance

Western worldviews, economic, and governance models have been forced on our *iyiniw* people for hundreds of years. Once thriving economies based on gathering, hunting, fishing, trapping and trade are no longer able to sustain our communities (Kuokkanen, 2011). At the center of the economic activity is the sustenance of individuals, families, community and the land, not an exchange for profit or competition. Sustainability, balance, and reciprocity are the cornerstones of an *iyiniw* economic system. *Iyiniw* economic systems need to play a more central role in envisioning and shaping meaningful, comprehensive, and sustainable systems of contemporary *iyiniw* self-governance (Kuokkanen, 2011).

There is an important connection between the principle of reciprocity and political equality so that when this principle is consistently violated in the democratic decision-making procedures of a political community, the legitimacy of that community is seriously undermined (Valadez, 2010). Under these circumstances the just response is to grant *iyiniw* groups powers of autonomous governance that remove the source of the political disadvantages they face by being forced to be a part of a common civic body with the settler society (Valadez, 2010).



The foundational differences between the circular shared model of governance that emphasizes varied roles, equality, the inclusion of women, and is focused on the care of the aged and children, when compared to the linear, hierarchical “power over” model used by western euro-centric beliefs and values, presents deep and complex challenges in providing appropriate services. *Iyiniw* governance is “nested” within the same intricate web that includes *iyiniw* child and adult developmental theories, spiritual beliefs and meaning making. Western governance models, and the decisions that result from these models, have influenced the design and delivery of human services and will always have a lack of an appropriate “fit” for *iyiniw* communities.

7) *Iyiniw* Teaching Stories

Storytelling is how language, culture, traditions, and identity is preserved, lived out and experienced. Stories provide a sociocultural and historical account of community knowledge from elders to youth ensuring its survival with new generations (Fixico, 2003; McKeough, Bird, Tourigny, Romaine, Graham, Ottmann & Jeary, 2008). Stories have many layers of meaning, giving the listener the responsibility to listen, reflect, and then interpret the message. Stories incorporate several possible explanations for phenomena, allowing listeners to creatively expand their thinking processes so that each problem they encounter in life can be viewed from a variety of angles before a solution is reached. Storytelling includes responsibility on the part of the listener, is a creative search for solutions, and is a political act of liberation and self-determination (Baskin, 2005).

Traditional *iyiniw* learning and epistemology is based in the use of stories as teaching and learning tools. Stories are shared and the experience of “hearing”



the story is where learning – and often healing – takes place. Healing occurs as a result of the “active hearing of the story” instead of the telling of the story. The effectiveness of the listening and understanding determine the quality and depth of the healing, making each listener responsible for their own learning. Traditional stories teach values, beliefs, parenting skills, social skills, integrity, sexuality etc. In addition, understanding the basic concepts of gender differentiation, the differentiation between “animate and inanimate” and the processes for problem resolution are all story based. Finally, specific stories can only be shared at certain times of the year – as the stories are directly related to and impact the living actors spoken about in the story.

8) The Importance of *iyiniw* Ceremony, Protocol, and Spirituality

At the center of *iyiniw* life is the lived experience of spirituality, ceremony, and protocol. Everything we encounter, both animate and inanimate, has a Spirit. Ceremonies create the framework of life and each ceremony (examples include: Give Away, Sundance, Traditional Adoption, Four-Fire Ceremony, Sweat Lodge, and Pipe Ceremony) has its own meaning, teaching, and role in the community. Each person’s role in the ceremony, from Elder to adult to child, is part of the teaching process and is embedded in the spirituality of the community. Daily actions, like smudging before a meeting, are directly linked to the processes and decisions that are the purpose of the meeting.

Whenever a person seeks help from another, the mind, the body, the emotions and the spirit are engaged. One of the underlying assumptions of conventional therapy is that it works well when dealing with one person at a time, however, from an *iyiniw* worldview it is only part of the solution because the whole community is an integral part of the healing process (Hunter, Barton & Goulet,



2004; McCabe, 2008). Ceremonies, teachings and spirituality are essential components of healing and are directly linked to the quality of the outcome. Healing through ceremony actively links our past, present and futures to meaningful relationships and grounds us in who we are. Service providers should honor the importance of *iyiniw* ceremony, protocol, and spirituality, and support and provide their clients with opportunities to participate in expressions of their culture.

9) *Iyiniw* and Traditional Parenting/Child roles and Child Raising Models

When Europeans moved into North America they forced their punitive based systems of child rearing on *iyiniw* peoples. Children were taken away from their traditional cultures and educated in Residential Schools, which operated in a militaristic way focusing on obedience and punishment. The attempts by Europeans to acculturate these children resulted in generations of youth who were culturally marginalized from both *iyiniw* and western perspectives and unable to function in society (Brokenleg, 1999).

Children are sacred beings and highly respected as gifts to us from the spirit world. Each child has gifts and it is both the parents' and the community's responsibility to help each child develop those gifts. Traditionally, stories, observation of elders, personal creativity, and competition in a noncompetitive spirit of shared adventure were used to teach children (Brokenleg, 1999; Ball & Simpkins, 2004).

Encapsulated within human service governance and regulations, the western world has very specific beliefs about appropriate parental roles and effective



child-rearing. Those codified roles and beliefs are often more damaging than helpful in the context of *iyiniw* families. Western models of childcare, based on western beliefs about concepts like attachment, often result in the interpretation of *iyiniw* child-raising practices as inadequate or inappropriate. It is important for service providers to be able to identify child-rearing roles and responsibilities within a family system and to understand a family's pattern of care. The success of human service encounters is largely dependent on the service provider's understanding of the clients' values (Gerlach, 2008).

10) Relational Accountability

Relationships are the key to *iyiniw* epistemology and ontology. Nothing exists outside of relationship. Knowledge does not and cannot exist without relationship between at least two beings. The relational aspect of Circle Process is vitally important. Without the relationships embedded in the circle, the knowledge cannot, and does not, exist. Consequently, attention to the sacredness of the relationships within the circle is paramount. Ethical accountability in an *iyiniw* research methodology takes on a broader and deeper meaning to include accountability to the ancestors who transmitted the knowledge, to the participants in the circle process, to the larger community, and to future generations. Creation and transmission of knowledge is a sacred trust.

Human service organizations operate in a very hierarchical and often bureaucratic manner, reliant on job titles and policies to dictate human behavior. The ability to respect divergent worldviews and understand relational accountability is not only a mental capacity or skill, it is also a spiritual and emotional capacity that calls for both explicit instruction and experiential learning (Kajner, Fletcher & Makokis, 2012). Balancing both of these methods enables



awareness of the link between self and other and calls on all partners to act in the best interest of self and other equally (Kajner, Fletcher & Makokis, 2012).

11) *Iyiniw* Research Methodology

Research and evaluation based within an *iyiniw* research methodology begins, occurs, and ends in Ceremony. From this ceremonial place of centeredness, research comes from a place of humility, respect, honesty, and determination. The need for research and program evaluation from an *iyiniw* worldview is a movement against colonization, and is necessary because only through *iyiniw* methodologies can we fully understand the consequences of oppression and colonization. It is only through *iyiniw* methodologies that we will understand the appropriate responses to oppression and colonization.

Western models of research tend to not only reinforce the concepts and process of colonization; they may also exclude other methods of knowing and learning. Using an *iyiniw* research methodology is committing to process-oriented methods and recognizing that transformation within every living entity participating in the research will be one of the outcomes of each project (Wilson, 2007). The reason for doing the research must be one that benefits the community and all theories must be grounded in *iyiniw* epistemology (Wilson, 2007).

12) Transferability within the *Iyiniw* Community

The majority of this material is based within a *nehiyaw* (Cree) worldview and it is appropriate to ask if it applies to other *iyiniw* worldviews. The foundational paradigms of many *iyiniw* worldviews include the essence of the Seven Teachings, the Natural Laws, Circle Process and Ceremony. As long as these values are included as foundational concepts in the provision of human services



to *iyiniw* people, transferability to other *iyiniw* groups should be seamless and without problems. These teachings include love, honesty, courage, respect, wisdom, humility, and truth with the natural laws including sharing, reciprocity and determination. As long as *iyiniw* human services are based within these concepts, there should be no concerns regarding transferability to other *iyiniw* communities.

Discussion - *Omanitew* and cultural competency

In most cases non-*iyiniw* service providers offer services to *iyiniw* peoples. One institutional response has been to create “cultural awareness” training, usually referred to as “Cultural Competency Training”. In some cases, this has resulted in the requirement that service providers complete an eight-hour workshop once a year. It is concerning that service providers believe that this minimal training will result in cultural competency when non-*iyiniw* workers are providing services to *iyiniw* clients. As may be evident from the concepts presented in this article, becoming an *iyiniw* ally requires a deeper understanding of an *iyiniw* worldview, values, beliefs, and teachings. One of the teachings involves the doing of *omanitew*. Dr. Makokis shares this story:

As a child, much of our food was provided through hunting and fishing. My dad was a good hunter, and provided well for us. I remember that we would often have visitors, and when the visitors arrived, we made sure that they were well fed and had a place to sleep. Even if we had just finished washing up from supper, if visitors arrived we would stop and prepare an entire meal for them. We would give the visitors the best beds, and make sure that all of their needs were met. Space was made for them, for their



stories and for each member of their family. We knew that, at some later date when we travelled to their home, we would receive the same treatment. When they left, my mom and dad would make sure the visitors had enough food to last them, and that they had blankets to keep them warm. I remember that my dad would sometimes give them his gun, so that they could provide for themselves as they travelled. As a child, I sometimes said to myself, “Dad gave away his gun – what are we going to eat now?” (L. Makokis, personal communication, February 1, 2014).

This is the practice of *omanitew* – to celebrate your visitors, to make space for them physically and spiritually. To make sure they have the best, both while they are with us and when they leave. We suggest that, in conjunction with everything else we have covered in this article, this is “cultural competency.” That is, to practice *omanitew* with our clients. To celebrate when they enter into our programs, and to make sure that they get the best, always.

Many human service workers have received a very western-based education. This is not, in itself, a bad thing. It does become problematic however when most clients, as in Child Welfare, are from an *iyiniw* background. Human service workers working with *iyiniw* clients should have an advanced knowledge of *iyiniw* worldviews, beliefs, and values (Beecher, Reeves, Eggertsen & Furuto, 2010). It has been our experience that this learning can occur, and that both *iyiniw* people and non-*iyiniw* people benefit, in surprising and unexpected ways when they have this experience. We believe that a more intentional process of educating human service workers would be of benefit to everyone, especially to the *iyiniw* children and families in care.



This is not an exhaustive list and there are many more concepts that could be added. Each section reflects a larger educational process. This document is only meant to be a helpful resource towards the discussion and development of future human services to *iyiniw* families and communities.

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Thank you...Ekosi maka....Hai Hai.

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ACCREDITATION MATTERS

Choosing the right accrediting body is essential.

Choose an accrediting body that is the best fit for your unique blend of services. Choose an accrediting body that is internationally recognized for its independent, external peer review process and relevancy of standards in the field of health and human services. Choose an accrediting body that will add real value by helping your organization achieve positive outcomes for the children, youth, and families served.

*Have Confidence
in Your Choice*

Consultative survey: CARF surveyors are leaders in their fields and share best practices from around the world with each organization.

International consensus: CARF's standards development and revision process engages Canadian and international experts, including consumers.

Ongoing innovation: Continuous quality improvement of delivery models based on evidence-based practices.

Person-centered standards: Strengths-based approach to meeting the needs and desires of the persons served.

