



RESPONSE TO THE MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT'S CHILD, AND FAMILY SUPPORT, ASSESSMENT, PLANNING AND PRACTICE (CAPP) DESCRIPTION AND DISCUSSION PAPER

BC ASSOCIATION OF SOCIAL WORKERS

September 2010

The following comments represent the views of the BC Association of Social Workers on CAPP for consideration by MCFD as the ministry moves forward with changes to service delivery. It is our goal to provide a constructive perspective and also to highlight areas of concern that our members have identified. We offer our support and a commitment of collaboration for the best possible outcome of this change process. In general, the document is to be complimented on the principles and goals as outlined; however we want to draw your attention to areas in which concerns have arisen and where, in our assessment, greater detail and clarification would benefit both the process and the outcome of the initiative.

THE DEVELOPMENTAL AND STRENGTHS APPROACH

First, CAPP proposes a developmental approach to child welfare practice and commits the Ministry to implement this approach. A developmental approach is based on a number of principles including a focus on the strengths of the people being served, respect for these individuals and an intent to include them in the development of plans. Essentially CAPP represents a determination to "move away from the risk adverse approach which is quite pervasive in the Ministry's culture" (p.18). The developmental approach to practice has been used in jurisdictions around the world and there is considerable evidence that identifies it as appropriate and effective (p. 17). However, CAPP makes no reference to this literature and hence is silent about the benefits to those being served and to ministry staff and also about difficulties incurred in the implementation of this approach. For example, CAPP fails to offer evidence of its effectiveness in relation to integrated models of multi-disciplinary, multi-service delivery. The document also fails to cite research relevant to the Canadian context. It is silent about its application and potential effectiveness with diverse client populations, including those with severe mental health conditions and youth involved with probation or parole for serious and repeat offences. Inclusion of such evidence may address some of the questions and concerns we have been hearing.

CONSIDERING THE IMPACT OF ENVIRONMENT

The 'person in environment' is a perspective which for over fifty years has been foundational to professional social work. This is the starting point, the 'world view' from which all social workers are expected to apply their assessment and intervention skills. Social work graduates have been introduced to both eco-systems theory and strengths based practice, and are well versed in this approach.

CAPP is anchored in an ecological view of the world which places people in their environment. Such a view commits the Ministry to undertake assessments which "capture a full ecological context" (p.25) and recognizes that people have needs for food, clothing, shelter, safety and health/medical services. Further CAPP recognizes that people have differing access to meeting these needs and states that the Ministry "will remove barriers and respond to identified needs"(p.18).

Given the severity and extent of the environmental needs facing the majority of the families served by MCFD, it is not sufficient for CAPP to rely on a strategy of assisting individuals to cope with and overcome these needs. Issues of poverty and substandard housing are public issues and will require all levels of governments to implement legislation and programs to end poverty and ensure that adequate housing is available for all citizens.

BCASW recognizes that the Ministry alone has neither the mandate nor the resources to eliminate poverty or to solve the issue of inadequate housing. But MCFD could on a regular basis report on the impact of poverty on the lives of the families and children it serves and in so doing educate the public, the press and legislators to appreciate the enormous difficulties faced by its clients and program participants. In these reports MCFD could draw attention to the fact that a large percentage of Ministry clients are also receiving income assistance and that these rates are totally inadequate to meet the needs of families. It must also be emphasized that children in care come disproportionately from Indigenous families as do those involved in any of the Ministry services.

A second role for MCFD could be to take leadership at an inter-ministerial level to ensure wide awareness of the issues at stake and engage all ministries in the important work of creating solutions.

According to Statistics Canada, "in June 2010, BC has had the worst child poverty record of any province for seven consecutive years from 2002 through 2008. The BC rate remained higher than the national child poverty rate of 9.1 percent in 2008, and has been higher than the national rate since 1999."

<http://www.firstcallbc.org/pdfs/currentissues/press%20release08stats.pdf>

The connections between poverty and the neglect and abuse of children have been established in numerous studies and research reports dating back to the study by the National Council of Welfare in 1975 and continuing through inquiries by the Caledon Institute (1992 and 1995); the Canadian Council on Social Development (1994); the Senate of Canada report, *Children in Poverty* (1991) and by *Making Changes: A Place to Start* (1992), a document produced by the Ministry itself. *Making Changes* concluded that "poverty is the number one problem facing families, youth and children today. Poverty is a child welfare issue and when governments allow children to live in poverty, they are in effect committing systemic child neglect" (1992). There is also a correlation between low income, youth justice and children's mental health outcomes (Hertzman and Keating; Offord, *Canadian Longitudinal Study of Children and Youth*).

CAPP fails to mention any of these studies and hence is silent about the impact of poverty and on the responsibility of MCFD to assist in its eradication.

THE KEY WORKER CONCEPT

According to CAPP, The key worker is a staff member who will be the primary person responsible for case management of multiple services working with children, resources and caregivers. This is an important innovation since it seeks to dissolve practice boundaries between child welfare services, mental health, youth justice and contracted agencies. CAPP also recognizes the need for collaborative team work and for staff with specialized knowledge and skills particularly in service areas such as mental health, addictions and risk assessment. Achieving

a balance between these roles and responsibilities of key workers and specialized personnel will not be easy, but the search for an appropriate balance is well worth the effort.

BCASW strongly supports statements in the CAPP document regarding the need for staff to apply professional knowledge and judgement in decision making. For example: “[working from a] developmental approach places considerable confidence in the professional capacity and decision making of practitioners who are supported by effective clinical supervision and continued professional development” (p.18); and “Practitioners will be supported and encouraged to draw on their professional knowledge and skill in their work and take responsibility for appropriate professional judgement and decisions as well as continually improving that knowledge and skill” (p. 39).

However we are concerned about what supports will be available given the funding constraints within MCFD. It is our understanding that there will be no new staff positions, no new program dollars and no funds for staff training. Our members and their associates in the child protection field already describe large, complex caseloads, high staff turnover, high risk of burnout and a real inability to focus on prevention. We also know that there are significant inconsistencies in service delivery across the province and that the factors influencing that are complex.

The CAPP transformation plan appears to include deploying mental health therapists, youth justice workers and others to child welfare teams where all become generic workers. The proposal for combined roles of 'key worker' (case manager) assessing child safety, providing mental health services, and even for arranging voluntary care agreements gives us great concern. There are distinct differences in training and expertise required in the roles of assessor, therapist, youth justice worker and so on. It is not at all clear how specialized supervision will be provided for each of these unique roles.

Further, it is not made explicit if this plan will entail any changes to legislation pertaining to the delegation of child protection workers. We would like to know if any changes to delegation are planned, and if so, what is the rationale.

SERVICES TO ABORIGINAL FAMILIES

The stated priorities for First Nations provide ample examples of the lack of concrete strategies within the CAPP paper.

First, attention must be given to the inequities in funding and resources facing the delegated agencies. On-reserve agency funding is supported by Federal Funding formula 20-1 which provides 22% less funding for services than is allocated to MCFD offices to provide services. The agencies do not have similar supports including policy development, quality assurance, managerial support etc. on top of service delivery funding. What are the linkages between MCFD and the federal government to ensure this is taken into consideration?

In urban delegated agencies, the diverse urban population and the cultural and linguistic implications are a service delivery issue which must also be considered in the allocation of funding to offset inequities. This is a federal/provincial policy issue that has never been addressed. Métis agencies will also want to be assured of specific funding. We are interested in knowing more about the process for allocation of resources and how MCFD will take into consideration the funding for services to nations that are independent of the delegated agencies. Overall funding transparency is essential.

Supporting Aboriginal self-determination will take time and money to implement successfully. The Aboriginal communities cannot be expected to bear the cost and workload of developing and evaluating service delivery initiatives.

COMMUNITY-BASED SERVICE DELIVERY

CAPP does not mention the move toward community governance models of service delivery, yet all the major provincial inquiries into the organization of child welfare services have unanimously and forcefully recommended that these services should be governed by local boards composed of citizens. These reports include *Making Changes*, *Making a Start* (1992), *Liberating our Children* (1992), *The Gove Report* (1995) and the *Hughes Report* (2006). There is also substantial academic support of community governance; see for example, *Connecting Policy to Practice in the Human Services*, Wharf and McKenzie, (1998). Indeed, a number of First Nation agencies have already adopted the community governance model.

Despite these consistent recommendations, CAPP completely avoids discussion on delegation. Does CAPP's silence mean that the long struggle to establish community control of services for families and children is over? If so, in the view of BCASW this is a regrettable step backwards in the journey to improve services to children and families.

COMMUNITY DEVELOPMENT

CAPP fails to focus attention on community development - a strategy which brings individuals together to address environmental issues facing families. CAPP does note that "as time goes by there will be an increased emphasis on working with communities" (p.36) but this document fails to share its strategy, if any, to incorporate advocacy and community development into the 'new' child welfare approach. The prevention work that takes place within community agencies keeps children from coming into care. Many of these valuable programs are being eliminated or are working with reduced funding despite the steadily growing need for services. Community based non-profit family service programs provide the bulk of abuse prevention work. Building community capacity should be a major commitment within MCFD, requiring a dedicated staff and a dedicated program. If the Ministry can move away from its present risk dominated approach to practice, it can also move to include community work and find strategies to address public issues.

IN CONCLUSION

It is the view of the BC Association of Social Workers that CAPP represents a necessary but certainly not sufficient step forward. We encourage greater transparency of the components of the plan including how CAPP will be evaluated. Sharing this working document with the academic community, poverty experts, mental health clinicians, child protection/family advocates, and consumers of service would invite the community to be actively involved in creating solutions. The result could be a service delivery plan that is inclusive and effective.

The BC Association of Social Workers looks forward to the opportunity to be a part of this ongoing consultative process.



BC Association of Social Workers
402 – 1755 West Broadway
Vancouver BC V6J 4S5
bcasw@bcasw.org
www.bcasw.org