**Confused**

Moulting and melting fire inside;
Moments of fear, frozen ice, tension and pride.
Cries of the scorching
Burning and tearing.
Laughter from the one not caring.
The moans, the tears in these lifeless teenage years.
A moment in time worth less seconds passing
by making a slow, even rhyme.

Tell me one so young, so confused
Is there a future, full and amused?

When the crying stops
What shall I say?
I am too young to know the future reads this way.

by Chris L, age 16

---

**Blank Thoughts**

A plain sheet of paper
Sits without meaning in front of me.
I stare.
As a child, this paper would have been alive.

Jumping in and out of worlds
Moving so vividly
Adulthood is near
I see no pictures
My mind remains
Blank and black
I stare.
New ideas are out of reach.
Too deep.
My head aches.
I think nothing.

by Sheldon M, age 8

— poetry by Joanne Cindy Allen

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Association Contacts

Past-President: Margot Herbert, MSW, RSW  
(780) 492-0943

Council Members:  
Brenda Gladue, SW Diploma, RSW  
(403) 343-3422  
Eugene Ip, MSW, RSW  
(780) 944-5503  
Marilyn Jeske, MSW, RSW  
(780) 946-9473  
Judith Mason, BSW, RSW  
(780) 944-1100  
Anne-Marie McLaughlin, MSW, RSW  
(780) 849-6267  
Lana Wells, MSW, RSW  
(780) 538-0409  
Vince Steinshauer, Public Member

CASF Representative:  
Margot Herbert, MSW, RSW  
(780) 492-0943

Edmonton Area Coordinators:  
Dianne Addy, BSW, RSW  
(780) 415-2619  
Jennifer Bruno-Mark, BSW, RSW  
(780) 415-1159  
Dyls Collier, BSW, RSW  
(780) 439-5044  
Cindy deBruijn, BSW Student  
(780) 460-1400  
Bryan Sandlinds, BSW, RSW  
(780) 422-1095

Calgary Area Coordinators:  
Christopher Austin, MSW, RSW  
(403) 261-1544  
Naido Brotherston, MSW, RSW  
(403) 290-1552

Linda Edney, MSW, RSW  
(403) 270-8228  
Joanne Morcom, MSW, RSW  
(403) 249-8915  
Susan Raveagluh, MSW, RSW  
(403) 266-1601

Red Deer Area Coordinators:  
Colleen Palmchuk, SW Diploma, RSW  
(403) 343-6074  
Derryn Yomans, MSW, RSW  
(403) 346-5725

Bow Valley Area Coordinator:  
Shelley Currie, MSW, RSW  
(403) 678-5597 or 678-5656  
Elaine Spencer, MSW, RSW  
(403) 762-2990

Grande Prairie Area Coordinator:  
Naghma Najmi, MSW, RSW  
(780) 532-7176

High Prairie Area Coordinator:  
Verna Wittigo, SW Diploma, RSW  
(780) 523-3769

Lethbridge Area Coordinator:  
Richard Sheldon, MSW, RSW  
(403) 381-5260  
Lesley Rodie, BSW, RSW  
(403) 329-7221

Medicine Hat Area Coordinator:  
Kelly Buckley, BSW, RSW  
(403) 529-3607

Peace River Area Coordinator:  
Joan Wahl, BA, RSW  
(780) 624-6363

Slave Lake Area Coordinator:  
Anne Gauthier, MSW, RSW  
(780) 849-4396

Advocate Ad Rates and Sizes

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Please note: We prefer ads in 1-color camera-ready format. Please provide color separations for 2-color ads. If extensive design or graphics are required, an extra charge will be added ($50/hr) for designing display ads. Ads placed in successive issues will be given a discounted rate:  
2 issues - 10% 3 issues - 20% 4 issues - 30%  
Ad changes are acceptable as long as these are received by the deadline date.

Advertising copy should be sent directly to Elaine Paras at the AARSW office.

The Advocate Editorial Policy and Style Guide

The Advocate seeks to serve as a “meeting place” for Alberta social workers by publishing information about social work research, theory, practice and education; professional affairs; social issues; the work of the Association; books, journals, and other media of interest to social workers; continuing education and job opportunities; and the comings and goings of Alberta social workers.

Feature articles should be kept to a maximum of 750 to 1,000 words. The Editorial Board reserves the right to reject any advertising.

Advertising space is available. Advocate rates are $400 per full page. Please call the AARSW office for details, or to place an ad. The Editorial Board reserves the right to reject any advertising.

Deadline for Spring 2000 Issue is February 1, 2000

Subscriptions are $20 per year.

Canadian Mail Product Sales Agreement No. 0528803  
ISSN 0847-2890

Please notify the AARSW office immediately of any address changes.  
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Planning for our millennium conference is proceeding well. The committee is very pleased with the response of members and others to the call for presentations. We are also pleased to announce that we have commissioned Kathleen Allingham, a local social worker and quilter, to create a quilt as a commemoration of the conference and of this important year. It will form the graphic for the conference poster and will remain in the AARSW office for years to come. We invite AARSW members to submit nominations of older social workers, whether practicing or retired, to be honored in a “fireside chat” at the conference. Nominees will be invited to share their wisdom and experiences, whether in the public realm or on the front line. Please send nominations to:

Emily Katherine Drzymala at Red Deer College Social Work Program, E-mail edrzymala@rdc.ab.ca

Just what is grandparenting and how does it work?

The voluntary grandparenting amendment applies only to individuals who are currently working in social work and who do not have formal academic qualifications in social work.

A one-time opportunity to apply to become a registered social worker (RSW) under a grandparenting provision came into effect on September 1, 1999, and extends to September 1, 2000. Applicants must meet the following criteria:

- provide verification that they are actively engaged in social work in Alberta,
- provide two references from RSWs attesting to the applicant’s social work practice,
- meet character, reputation and other requirements, and
- complete additional training in social work ethics and standards of practice.

The grandparenting opportunity was created by an amendment to the Social Work Profession Act passed by the government in May of 1999. This follows an earlier amendment that introduced mandatory registration for qualified social workers in Alberta. Both of these amendments reflect the current transition to the recently passed Health Professions Act, which is scheduled to be proclaimed in the fall of 2000.

Applicants who are approved for registration through the grandparenting provision will be encouraged to pursue social work education under the continuing competence requirements for all RSWs currently under the HPA.
With the completion of AARSW’s legislative agenda, Council is now fully engaged in the work of implementation. Mid-December is the deadline for submitting the policies required by the Health Professions Act (HPA). AARSW’s current legislation, the Social Work Profession Act, anticipated some of the provisions in the HPA. The proposals each of us received in the mail in early November reflect areas where changes or new policy is proposed for inclusion in the regulations for the Alberta College of Social Workers (ACSW)—the new name for AARSW—and may come as early as the spring of 2000.

Promotion of the profession
Council and staff are finalizing arrangements for an initiative to promote the profession. Council increased the Honorable Lyle Oberg’s $50,000 donation for promotion of the profession by a further $50,000. Recognizing the value of participating in this initiative, a number of other social agencies and educational institutions have also become participants; others are still welcome. Promotional efforts will begin in the early part of 2000.

Advocacy
With the reorganization of a number of provincial government departments, Council and I met with the Honorable Iris Evans, Minister of Children’s Services, to discuss a number of issues related to our legislation and the current exemptions for employees of what was Alberta Family and Social Services. Council also engaged in a wide-ranging discussion about current issues related to the delivery of Child Welfare services in Alberta.

Our Executive Director and I also met with the Honorable Clint Dunford, Minister of Human Resources and Employment, to update him on our plans with respect to the Health Professions Act. We also advised the Minister of a decision by AARSW Council to engage the membership of AARSW in meeting and educating all MLAs about the need to increase the welfare rates in Alberta.

The Calgary Police Services have proposed that, once a crime scene is safe, community volunteers take on the responsibility of responding to crises involving personal tragedies and traumatic events such as murders, sexual assaults, suicides, deaths, rape, etc. If the proposal goes ahead, volunteers will replace the highly skilled registered social workers who presently do that work. On behalf of the profession, I wrote to Chief Constable Christine Silverberg outlining the professional concerns of AARSW with the prospect of turning over such key services to volunteers.

Entry point to the profession of “Social Work”
The academic credential required to become a registered social worker in Alberta continues to draw national attention. First, in the context of the Agreement on Internal Trade (AIT), no other provincial social work regulatory organization is willing to accept Alberta registered social workers with a diploma unless the social worker takes courses leading to a BSW. The irony of this situation is that, under our legislation and the AIT, it may well be that AARSW will have to accept diploma graduates from other provinces, even though the same individuals would not be accepted as registered social workers in their home province.

In another instance, commenting on the recent legislative developments in Ontario, national CASW President John Mould noted that the issue of diploma graduates needs to be addressed by the profession. New Ontario legislation designates college graduates with a diploma as “registered social services workers,” and not as “social workers.” As a result, the task of negotiating a satisfactory solution, giving full transferability to Alberta social work diploma graduates to Ontario, for instance, without diminution, has made all that much more difficult, if not entirely impossible. As part of the federal and provincial Social Union discussions, occupational groups and professions have until July 2001 to develop solutions to these labor mobility issues.

Restructuring
AARSW Council has accepted, on an in-principle basis, a proposal to restructure itself to reflect the full diversity of the profession. Under the HPA, the ACSW Council will require 25% of its members to be “public members” to be appointed by the government. Moreover, because the same legislation assigns the responsibility for setting the academic credentials for entry to the profession to ACSW, it’s proposed that all the profession’s stakeholders, e.g. educational institutions, will be part of ACSW Council through ex-officio appointments. This proposed arrangement would parallel the Universities Act, which requires the presence of an ACSW-designated member to the Faculty Council at the Faculty of Social Work. Although there isn’t a comparable requirement for a designated position on the decision-making bodies of the colleges at present, they too will be asked to appoint a representative to ACSW Council.

One of the new bodies created by the HPA and government policy is tentatively named the Professional Social Work Education Board. Within the framework of ACSW, this body is expected to have the full legislated responsibility for determining the requirements for practicing social work in Alberta, including the academic credentials.

Montreal in 2000!
The International Federation of Social Workers (IFSW) and its sister or-
Rod Adachi, MSW, RSW

The fall of 1999 has been an active time for the AARSW. The legislative amendments establishing mandatory registration and allowing a voluntary grandparenting opportunity have kept staff busy developing administrative procedures, responding to inquiries and reviewing applications. In addition, a number of significant events have taken place that have involved the association.

AARSW hosts meeting of provincial registrars and executive directors

In September, AARSW hosted the annual gathering of registrars from provincial social work regulatory bodies. This two and a half day meeting, held in Calgary, was coordinated by Alison MacDonald with representation from every province: Lisa Crockwell (NF), Mary MacKenzie (PEI), Harold Beals (NS), Suzanne McKenna (NB), Rene Page (PQ), Shannon McCorquodale (ON), Miriam Browne (MB), Rawd Beiber (SK) and Ben Van Den Assem (BC). This gathering provided a worthwhile opportunity to discuss common issues related to regulation and discipline. At this meeting, Alison MacDonald made a presentation on boundary issues and Ermine Cummins and Chris Burstall from AARSW's Practice Review Board presented a session on continuing competence.

Following this meeting, the registrars from PEI, Ontario, Saskatchewan and BC departed, and the remainder of the group were joined by Klaus Gruber (SK), Linda Korbin (BC) and Joan MacKenzie-Davies (ON) to participate in a one-day meeting of executive directors of provincial social work associations. (In many provinces, the same individual serves as both executive director and registrar.) The executive directors discussed a variety of items related to professional issues. There was much interest in the Social Work Sector Study (see article in by Jean Lafrance and Alan Knowles in the fall 1999 issue of The Advocate) and the implications of possible findings on the profession. This group, the first to involve all of the current executive directors, will meet again in August following the IFSW 2000 conference in Montreal, in conjunction with the CASW AGM and annual meeting of provincial presidents.

Alberta Children's Forum

The first annual Children's Forum was held in Edmonton on October 5 and 6, 1999. On the second day, invited participants, including AARSW, engaged in a facilitated process to develop strategies. Council member Lana Wells represented the AARSW, I attended as an invited participant representing the Parkland Institute, while staff member Elaine Paras was involved in the first day of the forum to introduce workshop presenters.

Family Service Canada Conference

Edmonton was host to the Family Service Canada National Conference on October 21-23, 1999. This event was organized by Catholic Social Services and the Family Centre of Northern Alberta under the theme “Celebrating the Past, Building the Future.” Banquet speaker Stuart McLean entertained participants with stories reflecting Family Service interests from his CBC radio program, The Vinyl Cafe. Dr. Frank Turner, one of Canada’s most distinguished social workers, delivered a morning keynote entitled “The Way Ahead: Building on Past Strengths for Future Challenges.” His talk traced the history of Family Services in Canada and offered predictions regarding future opportunities for families.

AARSW’s involvement with the conference included a display table, assistance with planning and promotion, and the participation of Elaine Paras as a workshop co-presenter.

Demographics of our profession

Our membership database has been transferred to the Access program to deal with increasing registrations arising from mandatory registration and grandparenting. This program will also help to examine demographic information for future planning. In preparation for the proclamation of the Health Professions Act, the AARSW will need to collect better information about our members in order to make accurate future projections.

A snapshot of our current membership indicates that social workers are an older group compared to the general Alberta population in their working years between 25 and 64:

- Albertans comprise 29.3% of 25 to 34 year olds; AARSW members represent 15.6%
- Albertans comprise 46.3% of 35 to 49 year olds, AARSW members represent 55.9%
- Albertans comprise 24.3% of 50 to 64 year olds; AARSW members represent 28.6%

The AARSW database will continue to change until our membership stabilizes after the grandparenting provision has been implemented and full mandatory registration is in place under the new Health Professions Act. Our application forms and renewal forms will be revised to gather data that will help to present a clearer picture of Alberta’s social workers.
AARSW receives calls regularly from social workers in practice who are faced with situations that leave them feeling uncomfortable. We have a Code of Ethics and Standards of Practice that provide some guidance to social workers, but often situations arise that do not have a simple answer.

“Ethics in Action” will provide a forum for debate of issues, a place to ask those difficult questions (anonymously, if you wish), and an opportunity for social workers to express their views. Send me any material—questions, comments, ideas.

—Alison MacDonald, MSW, RSW

Age of Consent

Alison MacDonald, MSW, RSW, Associate Registrar

Can you provide services to youth without parental consent? The fact is that age of consent is not clearly established in law in Alberta. In legal terms, anyone under the age of 18 is a “minor” and as such may not vote, enter a licensed gaming facility, possess, purchase or consume liquor, or obtain a marriage license without consent. The law is quite specific with regard to these activities, and quite silent on almost everything else.

Both the Child Welfare Act and the Change of Name Act state that actions with regard to children aged 12 and over cannot take place without the consent of the child. There appear to be no regulations within Alberta that state a child of any age can give consent without the consent of the parent or guardian. The Standards of Practice, which have been approved by the AARSW Council for social workers in Alberta, state that where a child is under the age of 14, the “client” is the child’s guardian. Further, the standards state that “where a minor aged 14 or over does not have the requisite understanding to appreciate the nature and consequences of the professional services being rendered,” the guardian is the “client.” These statements have several implications for practice.

What is the “requisite understanding” to give consent?

You, as the social worker, must ascertain whether the youth is able to understand both the nature of the social work services you will be providing and the potential risks associated with those services prior to entering an agreement to provide services without parental consent. Document the information given and the youth’s response. Discuss the action that may be taken by a parent or guardian should they become aware of the fact that the youth is receiving social work services.

Is it in the best interest of the youth to proceed without parental consent?

Why does the youth want social work services without parental involvement? Is there a risk of harm to the youth if the parents are informed? Is the youth trying to build alliances in a power struggle with the parents? Is the youth exploring personal issues that will later be shared with the parent? Make sure you understand the underlying reasons for the request for services without parental involvement, and document your understanding.

What if the parent/guardian wants information about the youth?

If a youth is your client, with or without the knowledge or consent of the parent/guardian, information is treated in the same way as for any other client, i.e. the client must give consent for the release of any information. However, this requirement for consent is not without limitations. For example, parents may use legal means to try to access information about their child, and you may receive a court order demanding the release of information.

The practice of social work holds many challenges and there are rarely easy answers to ethical questions, regardless of the age of the client. If you follow the practice standards and can demonstrate that your actions are in the best interest of your clients, your risks are minimal.
AARSW leaps into the new millennium at www.aarsw.ab.ca

Tired of hearing about the new millennium? So are we, but we are nonetheless excited about the AARSW’s decision to develop a website that will meet the information needs of social workers in the new millennium.

With encouragement from the Social Work & Computers Interest Group (SW&CIG), the AARSW has chosen to invest the resources necessary to create a “state of the art” website. The site uses technologies that are cost effective, yet capable of meeting the expanding information needs of the Association as it grows.

Besides telling you everything you always wanted to know about the AARSW (but were afraid to ask), there is also a Message Board where social workers are able to converse with each other, post questions, make announcements, or otherwise educate your peers—throughout the province, the country or beyond. In the near future, the website will add a “self-serve” job bank, as well as a subscription-based electronic mailing list for AARSW news and bulletins. To top it all off, The Advocate will also be available on-line!

So check us out at www.aarsw.ab.ca. Send us your feedback. The site is a work-in-progress, but we believe that with your help it will become a valuable tool for our membership and the profession of social work.

Steve Natran RSW
Chair SW&CIG
steve@natran.ab.ca

John Long, RSW
Webmaster and member SW&CIG
webmaster@aarsw.ab.ca

AARSW Council
– Call for Nominations –

Each year, half of the positions on the Executive Committee and the AARSW Council are up for election. The election process involves a call for nominations, the circulation of ballots listing the candidates to the membership, and the mailing in of the ballots to the AARSW office for tallying by the Nominations Committee. Elected candidates are determined by the greatest number of votes of returned ballots. In the case of only one candidate, approval is determined by a majority of returned ballots. Unfilled positions may be filled at the Annual General Meeting by a majority vote of nominees from the floor at a session chaired by Nominations Committee Chair.

Positions up for election in 2000 are: Vice-President, Treasurer and three Council Members.

The deadline for nominations is January 17, 2000.

If you or anyone you know is interested in running for any of the available positions please submit a nomination on a form available from the AARSW office at (780) 421-1167 or 1-800-661-3089.

National Social Work Week:
March 5-11, 2000
International Year for the Culture of Peace

AARSW Council has selected March 5-11, 2000, as Social Work Week. We encourage you to promote this event in your place of work and community and then let us know what you did so these events can be highlighted in the next issue of The Advocate—remember to take pictures! If you require some background material or supplies, contact Elaine Paras, Professional Affairs Coordinator:
(780) 421-1167, 1-800-661-3089 or e-mail <aarswpac@telusplanet.net>

MARCH 2000

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Private Practice News

Private Practice Committee

Audrey Ferber, MSW, RSW
Chair of the Private Practice Committee

Private Practice Roster

Although the Private Practice Roster continues to grow, we are aware that many AARSW members who indicate that they are doing some private practice are not applying to the Roster.

At this time there is no fee for being on the Private Practice Roster. Our committee recommends that anyone with a Masters in Social Work who is engaged in part or full-time private practice apply to the Roster. The Roster provides visibility and credibility benefits as well as promoting the professional private practice of social work to the public and the profession. Application packages are available from the AARSW office.

Our committee is particularly pleased to have the CASW extended health benefits package now include the services of social workers. The new Sun Life plan is available for any member of AARSW. We want to congratulate the CASW for negotiating a new and much-improved plan.

The Private Practice Committee has held discussions with the AARSW President and is supportive of the establishment of a Clinical Registry. This Registry would address concerns our committee has regarding competency in intensive clinical therapy. Under the Health Professions Act psychotherapy will be a restricted activity. The term psychotherapy is yet to be defined by the HPA; however, once it is, anything that is deemed to be psychotherapy will be a restricted activity. Anyone in private practice who practices a restricted activity will need to be on the Clinical Registry. A social worker in private practice doing psychotherapy would then be required to be on the Clinical Registry leaving the Private Practice Roster as a voluntary roster instead of a registry. At this time our Committee views this approach as the option of choice. At the annual Roster meeting in March 1999, those in attendance had consensus that, if necessary, a person would be on both listings.

In the business of private practice there are constant issues around insurance, GST, and other financial business concerns. Watch CASW news for updates on GST, as there may be a possibility that we now have enough provinces with mandatory registration to qualify for the federal government’s position (from in The GST News) that with mandatory registration in 5 provinces, GST exemption will be granted. CASW representatives are meeting with the Department of Finance to pursue this.

Regarding insurance issues, our subcommittee is working to educate companies to request that social work services be included in the extended health benefits they negotiate. They are also tackling the task of convincing the insurance industry to include social work services in the boilerplate, i.e. a template of services that insurance companies offer. The insurance industry would be supportive of inclusion of social work services if there was a Canada-wide registration exam for new grads. One of our arguments is that if psychologists don’t have a Canada-wide registration exam and yet are included, then why would this be necessary for the profession of social work? However, if in the near future there were to be a Canada-wide exam, this would certainly help social work services be automatically included in health benefits packages.

On another financial note, Council has approved a new fee-for-service schedule for the Private Practice Roster. Roster members should contact the AARSW office if they have not received the new schedule.

As we work to draft policies to develop our profession and to harmonize with the Health Professions Act, continuing competence and continuing education are a priority. Our committee intends to hold high professional standards that provide accountability for the public and our profession, and yet are

Continued on page 9
AARSW Awards – Call for Nominations

AARSW members are requested to submit nominations for the following awards:

- **The John Hutton Memorial Award for Social Action/Policy** recognizes members in good standing who have made an outstanding contribution to the profession of social work and the community through advocacy, social action, policy development/analysis, program development or political action aimed at enhancing social functioning, service delivery systems and the environments in which we work with our clients.

- **The AARSW Award for Excellence in Social Work Practice** recognizes Registered Social Workers who have exhibited exemplary skills and commitment to the Code of Ethics and mission of the AARSW while engaged in providing direct service to clients.

- **Honorary Memberships** may be awarded to person or a group that has made a significant contribution to the values and ideals inherent in the profession of social work and who have advanced the goals of the AARSW.

Nominations should be submitted in writing with a rationale for the nomination and any supporting documentation to the Nominations Committee. The Nominations Committee will review the nominees and make recommendations to Council for approval.

**Deadline for nominations is January 30, 2000.**

For further information about these awards, please contact the AARSW office at (780) 421-1167 or 1-800-661-3089.

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**Private Practice News**

*Continued from page 8*

flexible in addressing the unique needs and circumstances of many private practitioners. Our Roster requires that a member have 40 hours of continuing education annually related to their area of private practice. Once HPA policies are in place, we will outline criteria as to what qualifies as continuing education with input that courses should not be the only type of continuing education accepted. The committee will give consideration to documented 40 hours of continuing education that is not only course or seminar work but provides a rationale for “other” types of continuing education. Please remember your annual renewal update is due when the AARSW office sends it to you with your annual dues invoice.

In June, the International Conference for the Advancement of Private Practice (ICAPP) held its meeting in Charleston, South Carolina. Sharon Lundgren and Marianne Wright from Edmonton presented a paper that was very well received. Also attending from Alberta were Naomi Hashman and Audrey Ferber from Calgary. The conference workshops were their usual high caliber and the tours and socializing networking were interesting, entertaining and self-nurturing. Charleston is a very beautiful city and its historic houses somehow survive through hurricane season year after year.

This coming year, the 2000 conference will be held in June in Phoenix, Arizona. The call for papers is out and the deadline is December 15th, 1999. For further information, please contact Dr. Peggy Rodway in Calgary.

**Season’s Greetings**

The members of the AARSW Private Practice Committee wish to extend to all of our colleagues a happy holiday season and the best of health and success in the year 2000. Committee members: Dr. Jim Gripton, Lynn Lambert, Tara O’Sullivan (a.k.a. Terri Sullivan), Dr. Margaret Rodway, Brent Savard, and myself, Audrey Ferber, as Chair.

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**CASW NOTICE TO PRIVATE PRACTITIONERS:**

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A new ministry dedicated to children and a new community-based service delivery system are helping Alberta Children’s Services, the Child and Family Services Authorities and their community partners to strengthen and support children and families in our province.

By the Honorable Iris Evans, Minister, Alberta Children’s Services

The Ministry of Children’s Services was created in May 1999 as part of government’s reorganization. Creation of a new ministry for children is a reflection of their importance to the Government of Alberta and Albertans.

The new ministry also enhances our focus upon children and will help improve programs and services provided to them.

The new community-based delivery is a result of government consultation with Albertans who indicated the need for a new system that could provide for more community involvement in planning, decision-making and service provision. They also emphasized that community members are best able to identify the needs of local families and determine how to meet those needs.

Under the new system, the responsibility for overseeing service delivery is transferred from the province to 18 regional Child and Family Service Authorities. Child Welfare, early intervention day care, family violence prevention and assistance to children with disabilities are among their services; Family and Community Support Services continue to be an essential component.

The ministry’s staff report to the Authorities, ensuring that children and families continue to receive quality services from highly skilled, trained professionals. The province now provides funding for services, establishes provincial policies and standards, and monitors the Authorities as they fulfil their responsibilities.

Calgary Rocky View Child and Family Services Authority became fully operational in spring 1998. The remaining Authorities assumed their responsibilities this year.

Four principles guide the Authorities in service planning and provision:

- **Community-based service delivery.** Establishing locally based delivery systems enables all community members to become involved. This helps Authorities identify local needs and ensure that services are tailored to those needs.

- **Improved services to Aboriginal children and their families.** Government and the Authorities are working to improve services and ensure that they respect Aboriginal customs, and whenever possible, are provided by Aboriginal service providers.

- **Increased emphasis on early support and prevention.** Children’s Services and the Authorities are working to identify children and families at risk sooner and provide timely support to help strengthen families and reduce the need for services.

- **Integrated service delivery.** Through the new system, the Authorities will work in partnerships with others, such as regional health authorities, school boards, community groups and local residents, to coordinate all services provided to local children.

At the provincial level, the Alberta Children’s Initiative provides a framework for ensuring that children in Alberta are healthy, safe, well cared for and successful at learning through the provision of seamless services. Government and communities work together to provide children with a complete range of integrated services.

Collaborative initiatives introduced under the Alberta Children’s Initiative provide assistance to students with special health needs, children with Fetal Alcohol Syndrome and mental health disorders, as well as children involved in prostitution.

A recent children’s Forum began an ongoing dialogue with Albertans about how we can improve the lives of children in our province. Information from this Forum will shape changes to programs and services.

Better access to services, improved coordination of services, locally tailored programs and greater local innovation are a few of the benefits resulting from the transition to local service provision. Increased collaboration between government and the community and more partnership opportunities are other ways in which the system is benefiting Albertans.

Through the new ministry and new delivery system, and with the help of the community, Alberta Children’s Services and the Child and Family Services Authorities will continue working to improve services and ensure children and families receive the best possible support.
Jean Anderson, MSW, RSW

Over the past two years, Canadians have seen much-needed federal and provincial action in the areas of support and services for children. The National Children’s Agenda, a federal initiative introduced a year ago, has been endorsed by the federal, provincial, and territorial governments. It aims to promote good health, safety and security, success at learning, and social engagement and responsibility. The federal government recently announced a “Children’s Budget” that provides more funding for children’s initiatives in health, education and justice.

The Alberta Children’s Initiative is an action plan developed by the Children’s Secretariat, a joint committee of high-level officials from the government departments of Family and Social Services (Children’s Services), Education (Learning), Justice, and Health. Its vision, mission and goals complement those laid out in the federal Agenda, and it also takes significant steps toward ensuring that the primary supports and services for children are funded, planned, and delivered in a coordinated, collaborative fashion.

The Children’s Initiative identifies the following issues as priorities for action: fetal alcohol syndrome, child prostitution, student health and children’s mental health. Funding has been made available for provincial and regional initiatives that further the overall goals of the Children’s Initiative and address the priority concerns.

Alberta Children’s Services is actively educating professionals and the public about the prevention and treatment of fetal alcohol syndrome, and has funded various related community initiatives. Provincial legislation protecting children involved with prostitution (PCHIP) has been enhanced and is being enforced.

Through the Children’s Mental Health Initiative, the Alberta Mental Health Board designated an additional $5.1 million annually for children’s mental health support and treatment throughout the province. An interagency Children’s Mental Health Design Committee has named the following priority areas: assessment and treatment services, provincial service delivery system coordination, and professional development. Planning for the use of the funds is complete or underway in all regions.

The Alberta Mental Health Board also appointed Dr. Paul Steinhauer as a consultant to review the child and adolescent mental health service delivery systems in Alberta’s urban areas, and to recommend an action plan designed to improve service coordination and continuity of care. The Steinhauer Report was released in October; the recommendations are currently being reviewed by the Alberta Mental Health Board and the urban health regions.

$25.1 million has been granted to school districts throughout the province to enhance health service for students with special needs. Each school district is eligible for a financial grant calculated according to the numbers of students and the level of need. Receipt of the grant is conditional on planning for new or additional services in partnership with the local health authority, the local children’s services authority, and the Alberta Mental Health Board.

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Boundary work provides a sense of safety and trust through which people learn to interact with the world in a flexible way—responding to the present, rather than rigidly reacting to the past.
In 1998, the Alberta government introduced the Alberta Children’s Initiative with the hope of developing a “long-term vision that Alberta’s children will be well cared for, safe, successful at learning, and healthy.”

Premier Klein delegated his wife Colleen to spearhead a Children’s Forum that would “help shape the next version of the Alberta Children’s Initiative” Our Agenda for Joint Action.” Mrs. Klein, together with Iris Evans, Minister of Children’s Services, and Brian Bechtel, Executive Director of the Edmonton Social Planning Council, along with many others, took up the challenge to organize a children’s forum that would access the opinions of Albertans.

**First Circle—Uniting for Children:** Alberta’s first annual children’s forum took place in Edmonton on October 5 and 6, 1999. The first day of the forum was open to the public and attracted some 1200 Albertans for speeches and workshop presentations on a variety of issues. On the second day, 300 selected delegates participated in a facilitated process to develop strategies for change.

On day one, the keynote address was co-presented by Dr. Margaret Clarke, a Calgary pediatrician, and Brian Dibden, an Edmonton pediatrician. Dr. Clarke began the keynote by stressing the importance of healthy child development. Dr. Dibden followed with the suggestion that a “Children’s Filter” be adopted to guide policy development for children. This “Children’s Filter” consists of two simple questions: Does this decision impact children? Is this decision in the best interest of children? The keynote was followed by a youth panel, hosted by Tom Jackson, that featured five young Albertans who presented their perspectives on issues facing Alberta youth today.

In the afternoon, the participants were divided into three sectors—one for Youth; another for First Nations, Metis & Inuit; and a third for General Interest. Participants in the General area were divided into five streams, each offering a plenary session and the opportunity to attend two workshops. Participants in the First Nations, Metis and Inuit sector were divided into two streams: Growing Up Aboriginal and Living and Learning as an Aboriginal. Participants in the Youth sector discussed relationships and community and proactive approaches in six workshop settings:
- Crime and punishment: Violence, Gangs, and Racism
- Sex Education for the Young Generation
- Personal Best: Physical, Emotional, and Mental Health
- Lifelong Learning: Curriculum and Beyond
- The Origin and Outcome of Abuse
- What’s Your Vice? Smoking, Drugs, and Alcohol

On day two, some 300 delegates from across the province were asked to address children’s issues in the hope of developing goals and a concrete action plan for the provincial government. Discussion topics included:
- Substance abuse
- Health – Mind, Body and Soul
- Violence, Crime and Safety
- Families, Learning & Communities
- Poverty and Physical Needs

On behalf of the AARSW, I attended the “Poverty and Physical Needs” group. We discussed the following: 1) What would we like to see for children in the next year; 2) Concrete Action steps to achieve goals outlined by the group; 3) Recommendations for Action.

Our group engaged in a lengthy discussion on poverty and physical needs and we developed many goals that are attainable if the provincial government has the political will. A clear message from our discussion group was that in order to stop child poverty, the government must commit to the following:
- Build more affordable housing across the province
- Increase rent subsidies across the province
- Provide childcare subsidies for school age children 6-11 years (provincial government only provides subsidy for children until age 6)
- Increase subsidies for daycare (in 1999 the province abolished operating allowances for daycares)
- Provide lunch/breakfast programs in schools for all students
- Increase Supports for Independence (SFI) rates and include damage deposits in SFI
- Provide more student grants for returning parents, as they cannot support their families on the low amount, nor should they leave school with a $25,000 debt load.
- Properly fund women’s shelters and second stage shelters (increase wages for workers and ensure operating dollars are sufficient)
- Develop shelter rates that reflect local areas, as the rate is not enough in most communities in Alberta
- Provide subsidies for sports/recreation, arts and culture—so there is equal access and all children can take part in activities
- Fund the Healthy Families program across the province
- Increase minimum wage to a living wage.

It is apparent that in order to impact children’s poverty across the province, the provincial government will need to admit that they must address family poverty first. Without a comprehensive plan that includes children, families, seniors, and issues around housing, food, recreation and culture, their plan will be piecemeal and ineffective in addressing the inequity and inequality that is present in our province today. We must see extensive dollars committed to the initiatives discussed above as well as to the many others addressed in other discussion groups, i.e. education, justice, and health). Without new dollars committed to the action plan developed in this forum, I fear these two days will be used by the province to divert attention away from poverty in our wealthy province so government can claim they are “working on it” without actually making a difference.
Kay Feehan, MSW, RSW, DD (Hon.)

The broad brush strokes of the picture of the federal plan to ensure the well-being of children were unveiled by the Speech from the Throne on October 12/99.

The details of strategy and procedures will be filled in during the coming months. It is noteworthy that the commitment to children’s needs is of the highest priority. There is specific acknowledgment of two principles that are consistent with social work values: firstly, that families require the support of all in society; and secondly, there is recognition of the critical early months of a child’s life.

Initiatives include:

- A commitment of the federal government to work with provinces and territories to reach an agreement by December 2000 on joint investment to support early childhood development.
- Making a third investment in the National Child Benefit by 2002. The federal contribution of $1.7 billion/year is given to help low-income families break the cycle of poverty.
- Reducing income tax for families.
- Extending Employment Insurance benefits for parental leave worth up to $413/week, which will now stretch for a full year from the current 6 months for an expenditure of $1.25 billion/year. Efforts will be made to promote a more family-friendly environment in federally regulated workplaces.
- Reforming family law in conjunction with the provinces and territories so that in cases of separation or divorce, the needs and best interests of children come first.
- Expanding opportunities for young people 13+ through creating new Internet access sites for them, helping 100,000 young people learn about their country through exchanges, and giving tens of thousands the opportunity to volunteer in this country or work overseas.

What does all this mean to social workers? This new funding and the new directions will make a lasting impact. However, we all must undertake to monitor that they are implemented as intended, help make families aware of the resources, and join in developing strategies that maximize the benefits. For example, one emotionally charged question is, now that parental leave is extended, how can we ensure that the best possible parenting occur in that year? Can our profession play a part in the assessment, training and support of normal child development?

The second federal initiative concerns the revisions to the Young Offenders Act. New youth justice legislation will soon be introduced. The forecast is that it will contain forward-thinking concepts such as a distinction between violent and nonviolent crimes and will emphasize restorative justice. There exists a dichotomy between the philosophy of some who call for criminal charges for 10-year-olds plus a generally tougher approach, and those who believe the age of charges should be 12 years and who want to focus on prevention and professional treatment. Anne McLellan, Minister of Justice, has stated that she believes the real key is prevention.

Our profession needs to support this and to continue lobbying for constructive approaches and attention to root causes such as poverty, fetal alcohol syndrome and inadequate parenting.

We must collaborate with government and others to produce an inspiring picture of hope for all children and families.

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A collaborative project of AARSW and RDC

By Derryn Yeomans, BSW, MSW, RSW

The First Annual Summer Institute of Social Work was held at Red Deer College last August, and its success indicates that this will continue as an ongoing professional development event for social workers throughout Central Alberta.

The thirty participants were a representative group from across central Alberta, coming from Ponoka, Rocky Mountain House, Wetaskiwin, Olds, Lacombe and Red Deer. Social workers in the more rural areas often work in isolation, and the Summer Institute gave them an opportunity to learn but also network with fellow social workers. As one evaluation said, “I have been the only social worker in the agencies I’ve worked in … so this day has been absolutely wonderful in giving me support for my field of work and an opportunity to speak with other social workers.”

The one-day Institute offered a choice of four presentations given by Registered Social Workers.

Red Deer counselors Pat Crawford (MSW, PhD, RSW) and Marg Hueppelsheuser (MSW, PhD, RSW) presented a thorough and interactive overview of the assessment process. Their presentation included details of their assessment model, recognizing the relationship issues between worker and client as paramount to effective assessment.

Debra Murray (BSW, RSW [pending]), is a social worker at Red Deer Family Services who has had extensive training in play therapy with children. She presented information on child development stages and how it impacts the counseling process. Debra emphasized that parents often bring children to a counselor to have them “fixed.” She explains that her role is not to “fix kids” but to help them feel better inside and help them to express their feelings. Participants were given an opportunity to draw their first memory and to draw their demons. Debra then illustrated how she would use those drawings to help children express their needs and their feelings and to find solutions.

Donna McNicol (SW Diploma, RSW) and Sue Haddow (BSW, RSW) work at John Wilson Elementary School in Innisfail in the community support program. They presented a number of techniques they use in their work with families. These included mediation, family group counseling and family meetings. They also presented information on how to build cooperation and decrease resistance, appropriate information collection and ways to “join the client.” The information was presented with examples from their work experiences.

Pam Ralston (BSW, MSc Health Promotion, RSW) offered her insights on community development as a creative process in which the social workers adhere to the value of community self-determination while being a facilitator and resource in the process. Pam reflected on her current and past experiences and she lead discussion on the potential for applying community development strategies in the
Child and adolescent mental health

By Jean Anderson, MSW, RSW
Chair, Conference Planning Committee

This fall, 340 delegates representing each of the Alberta health regions gathered at the Coast Terrace Inn in Edmonton for the first provincial conference on child and adolescent mental health. The event was sponsored by the Children’s Secretariat, the Child and Adolescent Services Association (CASA), the Edmonton Autism Society and the Edmonton Committee Against Child Abuse and Neglect (ECCAN).

The goals of the conference were:

- to bring together parents and professionals with an interest in the mental health of children and adolescents
- to share knowledge about best practice
- to reflect on how to improve the support we give to children and families who suffer with poor mental health
- to recommend positive actions and advocate for those actions.

The roster of presenters included practitioners and researchers. Dr. Dan Offord (prominent Canadian child psychiatrist and author of the 1994 landmark study on the mental health of children in Ontario, and member of the federal team of researchers behind the National Child Health Study), set the tone for the conference by giving delegates a report on the current status of the mental health of Canadian children.

He demonstrated the link between social supports, mental illness, and treatment outcomes. He called upon all of us to work together toward establishing “civic” communities in which each individual, group and organization feels responsible for the well-being of children.

Written and anecdotal feedback indicated that the conference was a resounding success. Parents (attending on subsidies offered by conference sponsors) exchanged views with mental health practitioners, educators, and social workers.

Watch for details on the 2000 conference in Calgary.

First Annual Summer Institute on Social Work

Continued from page 14

specific arenas represented among the participants in the session.

The lunch hour offered time for networking as well as a welcome from Red Deer College President Ron Woodward and a humorous presentation on the Pros and Pitfalls of Partnerships and Collaboration given by Summer Institute organizers Dr. Emily Drzymala (MSW, PhD, RSW), who is a social work instructor at Red Deer College, and AARSW Area Coordinators Derryn Yeomans (MSW, RSW), and Colleen Palichuk (SW Diploma BSW [pending] RSW).

Evaluations were very positive and there was a high level of enthusiasm expressed for next year’s Central Alberta Summer Institute of Social Work.
Debbie Leskiw, MSW, RSW

The Child and Adolescent Protection Centre (CAP Centre) is a collaborative partnership between Capital Health and Mâmâwê Capital Region Child and Family Services Authority. Located in Stollery Children’s Health Centre, the doors opened in December 1998 and examinations started in February 1999.

In the beginning…

Three years ago, a number of community professionals came together to discuss issues of concern regarding the health of Albertans. Smaller groups were formed as various priorities were identified. One particularly dedicated group started to meet on a regular basis to discuss the health needs of children. (It is interesting to note that many of these original members sit on the advisory subcommittee for the CAP Centre). Throughout this process, it was determined that a coordinated medical response to child abuse and neglect was required in the Capital Region. In particular, it was noted that, in Edmonton, children who have been abused/neglected may be subjected to multiple physical examinations, as well as multiple interviews by police, child welfare and health care providers. The poor coordination of services often results in lost or unshared evidence, which in turn impedes the ability of the police to charge and the crown prosecutor to convict.

Research from other jurisdictions revealed that most major urban cities in North America have a dedicated child abuse team/centre, which is hospital-based. In fact, Edmonton was one of the few regions that did not have such a program and facility—despite the fact that the Walter C. Mackenzie Centre is a large, tertiary-level care and teaching facility. As such, a proposal was put forth that resulted in the creation of the Child and Adolescent Protection Centre.

Getting started…

The space for the Centre was made available as a gift-in-kind to the new program and was renovated with funds raised by the Children’s Health Foundation Spring 1998 Telethon. (The team would like to sincerely thank the Children’s Health Foundation for this generous donation!) The funding for the team positions has been provided by Capital Health (Registered Nurse, Program Coordinator) and Mâmâwê Capital Region Child and Family Services Authority (Child Welfare Worker, Aboriginal Family Support Worker). Two physicians are utilized on a fee for service basis. Furniture and most of the computers were donated by the Child Health Program. Thanks to Mary-Ellen Hawkins for all her help.

Initially, I was the only full-time employee and, when I moved to the Centre on December 7, 1998, I could still smell the paint drying on the walls. We had no furniture—only telephones and some medical equipment. From these early days, we have managed to create and refine the various functions of the CAP Centre.

Description of the program

The primary function of the CAP Centre is to complete comprehensive medical examinations of children and adolescents who have been, or are suspected to have been, sexually and/or physically abused.

Sexual assault examinations are completed utilizing a colposcope. This is a video camera which can magnify up to 200 times so that injuries to genitalia can be identified more clearly. Prepubescent children do NOT receive speculum examinations and no patient is forced to complete the exam if they are uncomfortable. Examinations are not rushed, and documentation on body maps, even of normal results, is standard practice. If required, tests for sexually transmitted diseases are completed. Time is taken to allow the children to play in the waiting room and become comfortable with the examiners, room and equipment. A full social and medical history is taken from the parent/caregiver prior to the examination. The format for this pre-examination interview has been taken from the Alberta Medical Association, Protocol for the Examination of the Abused Child.

Physical abuse examinations are also completed. The AMA protocol is used in these circumstances as well, and a full body map is utilized to document suspicious marks, bruises and scars. Confidential photographs are sometimes taken by hospital photography, and other tests such as diagnostic imaging can be ordered if necessary. In both examinations, the referral source receives a written report.

The Centre also provides consultation and liaison regarding suspected cases of child abuse and neglect, particularly as it applies to children who are admitted to hospital with unwitnessed or inadequately explained injuries. Most of these referrals originate with hospital staff; however, other professionals can also make referrals. In this context, the team ensures all medical tests/procedures that can be diagnostic of child abuse are ordered; ongoing consultation with the attending physician and nursing staff occurs to ensure continuity of care. Referrals to Child Welfare and/or police are made if required, and coordination of these activities in the hospital is facilitated.

In addition to these main functions, Dr. Dibden has completed general medical examinations for some of the youth who have been confined to the protective safe house under the Protection of Children Involved in Prostitution legislation.

Another growing component is education for professionals and community members regarding child abuse, the Child Welfare Act and the services of the Centre. Collaboration with community partners occurs at many levels and comprehensive data is being collected. The Centre also provides consultation to members of the general public regarding specific inquiries, including referrals to other community services.

From Feb.-Oct., 1999, the Centre was involved (by examination or consultation) with 268 children. 162 of those cases were regarding sexual abuse. 103 referrals were made by child welfare, 69 by physicians and 23 by police/RCMP. The

Continued on page 17
Jan Wiedman, MSW, RSW, ACSW

In October ’99, Jan Wiedman (Clinical Social Worker in the Adolescent Program at the Misericordia Hospital) and Karen Smith (Executive Director of the Sexual Assault Centre) were subsidized by the Clifford E. Lee Foundation to visit the Toronto Child Abuse Centre to study its Crisis Support Program, to explore the feasibility of developing a similar program in Edmonton, in conjunction with the CAP (Child and Adolescent Protection Centre) program operating out of the Stollery site at the University Hospital. These are the highlights of their visit.

The Toronto Child Abuse Centre operates three programs: Preventive Education, the Child Victim-Witness Support Program, and the Crisis Support Group Program. Currently, all crisis support programs deal with children and families who have experienced child sexual abuse, but efforts are underway to make use of similar groups for the whole spectrum of child maltreatment. We are grateful for the opportunity given to us to observe some of the groups and to participate in the pre- and post-group sessions with the group leaders.

The Centre arranged for us to participate in a three-day conference on “Current Clinical Challenges in Responding to Child Abuse.” All sessions were informative, but of particular interest was the session on Trauma Assessment. New research in this area has a big impact on assessment and treatment interventions in the whole spectrum of child maltreatment. There is some interest in inviting Geraldine Crisci, an MSW working in Toronto, to Edmonton in the near future. She is a marvelous presenter with an international reputation for her expertise in the domain of trauma assessment and treatment.

From attending other sessions, we learned that Child Welfare and police investigators are trained conjointly in forensic methods of investigation. Crown attorneys are very involved throughout a case and they also make themselves available to prepare children for testifying in court. Pictures were shown of “child friendly” court rooms in Ontario which make use of screens and/or video testimony from children. From a visiting contingent from Sweden, we learned that children never face the accused in court in child maltreatment cases. Video testimony is used; the defense attorney cross examines the child without the accused present.

Little community-based treatment of adult sex offenders is available in the Toronto area and what is available is in danger of closing down due to lack of financial support. Child welfare staff bemoan the amount of paper work and the lack of resources. There are concerns about the feasibility of child welfare staff being able to complete all aspects of the new Risk Assessment instrument (to be used throughout Ontario); there are also concerns about staff vulnerability to liability.

Another resource made known to us in Toronto is the Gate House, which is an advocacy centre for children who have been abused or neglected. Private monies helped restore this old Toronto landmark into a child-friendly, warm, welcoming house. Seniors from the community come in to bake cookies for the children and provide toys, books, etc. for children to use while they are there. State of the art video equipment has been installed for the purpose of recording conjoint interviews of children by police and child welfare in a non-threatening environment. Medical examinations of children are also conducted in some advocacy centres in Ontario. The Gate House coordinator helps access resources for children and families as well as clarify questions and concerns arising from the myriad of systems that are involved in these matters.

Did you know that October is Prevention of Child Abuse and Neglect month? While we were in Toronto, there was a huge news conference with the Toronto Child Abuse Centre along with representatives from the four child protection agencies in Toronto and municipal and provincial dignitaries to launch this initiative. We need to undertake similar efforts in Alberta to highlight the role for all citizens to help prevent child abuse and neglect.

In late October, Karen and I presented our finding from our trip to the Committee on Crisis Assessment and Intervention for Abused Children/Families/Offenders in Edmonton. The Committee is now considering how we might implement these findings.
Christine Peterson, BSW, RSW, & Edna Olsen, BSW, RSW, Program Coordinator & Executive Director of the Fort McMurray Children’s Centre

“The Challenge for every organization is to build a feeling of oneness, of dependence on one another...because the question is usually not how well each person works, but how well they work together.” —Vince Lombardi

Region 16 (Awasak-Fort McMurray) Social Workers have a vision of a community working together for the betterment of children and families and strong desire to encourage steps towards this reality.

The Region 16 Child & Family Services Authority (CFSA) transitional business plan was forwarded to the community in March 1999. This business plan identifies important challenges to be met, important promises to the community.

Communications — We expected openness and accessibility but have experienced very limited communication from or access to the Regional Authority. Once the initial consultation process through the working committees was complete, the Regional Authority seemed to isolate itself, providing little information and few opportunities for two-way communication and collaboration. If the CFSA is accountable to our community, it should facilitate open communication and access for families and other community members.

Most community members felt they understand Alberta Family & Social Services. Who knows about the CFSA? Visibility within the community, media communications, and networking are all steps toward becoming community-based instead of continuing a closed circle of bureaucracy.

Integration—Problems faced by families with special needs children highlight examples of how Region 16 CFSA has not met the integration challenge. Five years ago these families were expected to access the education, social services, medical, and community systems individually. Families had to interact with large numbers of professionals who could only speak to their own specialty and agency mandate. There was no access to services across professional boundaries in the best interests of whole families. Often children were left without services for long periods of time. Our observations and discussions with families indicate this complex, slow, grinding and frustrating process has not improved. The single point of entry system so strongly recommended by working groups and identified in the business plan has not been met.

Empowerment—We were excited to be a part of the working committees because genuine empowerment of families and children who may need Child & Family Services seemed to be a positive part of the agenda. Our interpretation of creating a strong circle includes Child and Family Services joining community partners as equal participants rather than the CFSA as a centralized brokerage system using community services at their pleasure. We were optimistic that within our region the CFSA should move from crisis-driven to early intervention/prevention practice. We have not observed steps in this direction.

The following continue to be issues in Region 16:
1. Staff turnover and shortage of qualified workers.
2. Child welfare workers viewed as responding to crises, often in policing rather than partnership roles.
3. A cursory commitment to supporting children and families early, before crises occur.
4. Lack of foster homes and support for existing foster carers.
5. Few community-based social work resources and low family awareness of them.
6. A commitment to the continuation and expansion of community support services versus crisis oriented services.
7. CFSA Board members and management teams are not well known and no updates have been provided to the community.
8. Lack of affordable housing and too many families living in poverty.

We and many others in Region 16 remain ready and willing to collaborate with the CFSA to create a stronger circle throughout the planning process. We hope that active inclusion of families and community services becomes an integral focus of the CFSA agenda.
Social Workers employed in the education system are identifying an increased frequency of issues that historically impact children and their families. They are called upon to use their skills to deal with the following situations:

- Family Violence (spousal abuse, child abuse—physical, emotional, sexual, and neglect)
- Poverty (financial, housing, food, clothing)
- Parental separation and divorce
- Crisis intervention (suicide prevention, women shelters)
- Liaison with Child Welfare (family violence)
- Bereavement counseling due to death, separation, divorce
- Requirement for parenting skills training
- Pro-social skills for children: must teach communication, problem-solving, friendship building, positive self-esteem, anger-management, cooperative play skills
- Learning disabilities: support to special needs students, resources to children and parents, assistance to teachers and parents through consultation and conference to develop an appropriate plan of action, behavior management strategies
- Truancy issues—home follow-up
- Drug and alcohol abuse: addictions counseling and referral
- High risk, dysfunctional families—counseling and referral services
- Awareness and sensitivity to cultural differences in counseling and community support services
- Mental Health issues—impacting children and parents

In this school system, social workers are true team players, as they interact with students, their caregivers, administrators (principal), resource specialists, teachers, and then make any necessary links to community resources. The complexity of these circumstances makes good use of the social worker’s knowledge and skills in counseling, information sharing/liaison and referrals with follow-up. Achieving timely referral and response from the reorganized Children’s Services has become more stressed due to high demand and limited access.

As social workers working in the school setting, we notice the following service changes impacting children and their families:

- It is increasingly difficult to access mental health supports, in-home supports, and relief services for referred families. If the supports are available, there is often a long wait list; the majority of families need prompt service as their coping ability and support network (if any) are usually stressed.
- With the implementation of the Freedom of Information and Protection of Privacy Act (FOIP), some service providers are more cautious in sharing information with the school team. This makes service coordination difficult and we see instances where our planning and actions do not serve the best interests of the child and their families. These situations are frustrating; however, we do not have a mandate to impact beyond contacting the agency and requesting a review.
- Greater demands are being put on schools to meet the special needs of students even when these are beyond the scope of traditional education. Teaching staff do not have the time, training or resources to handle the emotional/behavioral issues that arise, and turn to the expertise and training of social workers.
- Special needs students require a DSMIV diagnosis in order to be eligible for extra funding to pay for teacher aides or special education programs. Multiple assessments and some duplication of these assessments can occur in this process because of limited information-sharing between the education and mental health fields. With better management, the saved dollars could be redirected to children with less severe learning needs, or kids who are considered high-risk and who “fall between the cracks.”
- For social workers with high student caseloads, there is an ongoing concern that interventions will become more reactive and there will be less time available for prevention services.

The provincial government Student Health Initiative defines children with special health needs as children who have physical disabilities, developmental disabilities, neurological disorders, sensory impairments, medical conditions and/or emotional/behavioral disabilities and registered in school programs from Early Childhood Services to Grade 12.

The goal of the Student Health Initiative is to improve funding and access to integrated health and related support services. Student Health Services have been approved for the 1999/2000 school year to include: emotional/behavioral supports such as psychological and social work services, speech-language therapy; physical therapy; occupational therapy, respiratory therapy and nursing services.

Across the province, Student Health Partnerships include:

- Alberta Learning: Ed Greenberg (780) 427-2285
- Alberta Children’s Services: Bill Rice (780) 422-3004
- Alberta Health Wellness: David Bray (780) 427-7164
- Alberta Mental Health Board: Randy Kilburn (780) 422-2348

They have initiated emotional/behavioral supports, access to children’s mental health services and early intervention projects as a priority of service. The student Health Partnerships have received $25.6 million in new funding to deliver this service.

Social workers will be in increased demand in the school system in the areas of emotional/behavioral services to children and their families.
Darlene Chalmers, MSW, RSW, & Sherry Hiebert-Keck, MSW, RSW

The North of McKnight Community Resource Centre (NMCRC) in northeast Calgary has been in operation since October 1998. The Centre has multiple funders that include Calgary Rocky View Child and Family Services, The Muttart Foundation, Nickle Family Foundation, Calgary Foundation, Wild Rose Foundation, and Calgary Community Lottery Board. The NMCRC is a collaborative initiative that includes 19 services and organizations that provide service and support for the residents of the 6 surrounding geographic communities. The development of the Centre epitomizes a community collaborative process and is the result of community residents and service providers working in partnership to address issues in the community.

A Board of Directors comprised of community residents provides the governance for the Centre. The NMCRC is ideally located within an active community association building that also includes a Boys and Girls Club, a playschool, a youth drop-in, a toy lending library, and a food hamper depot. It is close to 6 schools, which allows for easy access. For example, a junior high school is close enough that school staff are able to walk to the Centre with students and families who need assistance.

The coordination of accessible, community-based services and community development are 2 major tenets of the Centre. There is a strong commitment to the belief that building both the formal and informal resources of a community is necessary to impact the social issues facing children, youth, families and the communities.

The intent of the Centre is to become a hub of coordinated service delivery and community-outreach, as well as undertake community initiatives that work to strengthen the community and help community members link with each other. Community residents can come to the Centre to get help but also to give help; ensuring opportunities to contribute back to the community through volunteerism is also promoted.

Families access the services of the Centre through a straightforward process. They share their story with an intake worker, who will then coordinate a range of appropriate services to meet identified needs. The benefit of the process is that it provides an opportunity for an individual or family to only have to tell their story once, even though they may be linked with a range of services provided by several agencies or organizations. Furthermore, the Central Intake process also allows for the personal information of an individual or family to be maintained in the central location of the Resource Centre, thereby enhancing confidentiality.

A consumer satisfaction survey indicated that 90% of the respondents surveyed appreciated having to tell their story one time only, and also felt that their privacy was maintained. Community residents who access the services of the Centre self-refer, although schools, community newsletters, and professionals in the northeast are instrumental in linking residents to the Centre’s services.

The importance of community involvement in developing programs to meet children’s needs cannot be overstated. Community members have been instrumental in planning events that promote NMCRC services as well as provide opportunities for children and their families to participate in their community in a fun and informal manner.

Also, two other community-driven projects include a child care registry and two collective kitchens. Collaborative efforts to reach community youth have also been undertaken through the community association and as well as two other agencies to provide a weekend camp aimed at fostering leadership skills in teen girls.

A variety of strategies have been created to ensure a welcoming atmosphere and coordinated services. For example, extended hours to meet the needs of community residents who may be unable to access the Centre during the day, intake that can be accessed by drop-in or by appointment, and a child-friendly common area all contribute to a welcoming atmosphere.

Services are coordinated through informal networking between the intake person and service providers, and follow-up with community residents who have accessed the Centre.

The above strategies have resulted in children identifying the Centre as a welcoming, safe place. This is important, given that a societal stigma exists for children and families in accessing help.

As a young person stated after he came to the Centre experiencing some difficulties, “It’s a safe place and I knew I could find someone who could help me.” Community residents are also invited to drop in, which can meet informal needs; dropping in for coffee, using the computer to type a resume, or just to chat helps.

In one community resident’s words: “I would go nuts at home if you guys weren’t here.”
The role of the Children’s Advocate in Alberta is defined in the Child Welfare Act. Essentially the role is to represent the rights, interests, and viewpoints of those young people who are receiving services under the Act. Referrals are received directly from young people in care, or from others who believe the young person may be in need of advocacy support. If young people have the capacity to form and express an opinion, the advocate’s involvement depends upon the young person’s consent. In a situation involving a very young child or a young person who by virtue of impairment lacks the capacity to express a viewpoint and give instruction, the advocate may take an “interest” focus. That means the case is examined based on the information and that all relevant information is being considered.

“The advocate does not have decision-making power, and quite frankly, we don’t want such authority,” says Bob. “The advocate’s role is not to personally protect, or to make placement or service decisions for the child. Rather, the role is one of pure advocacy: to petition and provide relevant information; to seek decisions which consider the child’s point of view; and to advocate that decisions be made in a timely and considered manner.”

Bob Rechner took the position of Children’s Advocate in September 1997. Having worked for many years in various frontline and management capacities in child welfare and other areas of social service, Bob found the transition to a focused advocacy role a major learning experience.

“My predecessor, Jean Lafrance, told me ‘You will never look at the child welfare system the same way again.’ It’s a process all people in full-time advocacy roles appear to go through. As a deliverer of services and a decision-maker, one is confronted by all sorts of system constraints beyond what is in the best interests of your client. There are policy considerations, financial considerations, and sometimes political factors that may divert you from focusing on the client. In a pure advocacy role, the focus is singularly on the client. The purpose is more definite.”

Bob has great empathy for the daily challenges of the child welfare worker. “The people on the front line in child welfare cope with huge demands for service and a constant shortage of resources … These burdens have historically been borne primarily by the Department, but this will change as communities assume their new roles through Regional Authorities. My office will be required to advocate not only at the Department level but also at the community level for the resolution of systemic issues that prevent services from effectively helping young people.”

While individual case advocacy is what the majority of the office’s time and resources are directed to, systemic advocacy is a crucial responsibility. “The Child Welfare Act gives us a responsibility to advise the Minister on how young people are impacted by the provision of child welfare services. We are continuously bringing the broader issues to the attention of the Minister and her senior officials and advocating for service improvement. Where concerns are specific to a regional authority, we need to raise them at that level. We also prepare an annual report for the Minister which is made public either by direct release from the Minister or by the statutory requirement for it to be tabled in the legislature.”

When asked how government reacts to the annual reports of the Children’s Advocate, Bob said, “Although my first annual report (1997/98) relates to a time-frame before Iris Evans became Minister of Children’s Services, I have been encouraged at how well it was received. I see a refreshingly different attitude and approach by Minister Evans. I believe she is sincerely interested in seeking positive change for children’s services and is very open to discussion on how best to achieve this.”

Continued on page 35
WeSpeak2 was modeled after a project the Alberta Youth in Care and Custody Network, based in Calgary, initiated in 1972. The goals of WeSpeak2 include increased awareness of the Association for Youth in Care, Edmonton; increased communication between the service providers and the recipients; increased awareness of the realities of “living in care” from the youth’s perspective; and a fair representation of all youth in the Edmonton area. The association also felt that with the current changes in the Child Welfare System, it was a good time to have these youth heard in a positive and healthy way. “Changes are always hard, but forever possible.”

WeSpeak2 started with five youth hired to create a questionnaire full of questions either they wanted answers for or had wished someone had asked them while under the care of child welfare.

During the project, the young people interviewed 171 youth in care, going out 2-4 times a week to a new location. The questionnaires were voluntary, with the understanding that the completed surveys would be used to heighten awareness and educate all relevant parties, and the general community.

The questionnaire covered health, education, number of placements, opinion on their social/Child Welfare worker, group/foster homes, involvement with crime, future plans. The association has published a comprehensive report and is currently working on recommendations arising from the information received. Contact The Association for Youth in Care: (780)426-7960 or <ayice@connect.ab.ca> for more information.

The following is a selection of some of the wide-ranging comments from the survey:

**Opinion of the Social Worker**

“She’s just there for the pay cheque.”

“Told me what’s out there such as programs, etc.”

“She tries her best, but she’s not the greatest.”

Many believed a social worker should:

“Tell us what’s happening.”

“Tell them to listen and at least pretend that they believe what we are saying.”

**Opinion on Group Homes**

Overall, the youth felt reasonably okay with their living arrangements in the group homes. They felt that the curfews should be later and that the group homes should allow the youth to smoke in the homes. The general problems come from being a teenager in a home with rules and expectations when they have usually not experienced such guidelines before.

The youth exhibited a strong dislike for some attitudes that some staff display and for the treatment of “other bad kids.” Some specific comments on what made their group home special included:

“Some of the staff.”

“Nothing really makes this group home special, just that I get the treatment my parents wanted me to get.”

“Having my own room.”

“I had my own belongings.”

**Opinions regarding foster homes**

A lot of the young people interviewed had never had a foster home. Opinions on foster families were again varied.

**What makes your foster family special?**

“They don’t try to analyze me.”

“They weren’t. All but one of them abused me all the time.”

“I can’t tell them anything.”

“My foster parents were at first, but after 4 months they didn’t believe me so I left.”

“They suck.”

“Nothing. I have lived so many places and I haven’t liked any of them.”

“Actually, my foster parents were mean.”

**How do you feel in general about foster homes?**

“Good, except there is too much competition for attention.”

“Don’t like them. I feel scared in one or any.”

“Really upset and sad always just wanna shoot them.”
WeSpeak2: the Association for Youth in Care, Edmonton

"Most of them suck."
"I don’t know. I was only in one foster home and I got raised by them, they’re my family."
"I like them a lot."
"I think they are too ‘familyish.’"
“They are good for people who don’t have parents.”
“They suck (some of them).”
“I don’t like it or think foster homes should be for teens.”
“I feel confused because I have been to so many.”
“I don’t like them because they seem like they are trying to be our parents.”
“It sucks ‘cause they treat you different than their own kids.”
“I hate them because they get paid to care for you and I got hit.”
“In the city they’re all right. Small towns … watch out for perverts, man.”

Health Matters
Many of the youth surveyed were confused by this section. They wanted to know why they were asked when they had last seen doctors or dentists.

We did so because Child Welfare policies state that, if there is a suspicion of abuse when young people first enter care, they must have a full medical within three working days of coming into care.

All young people under the care of child welfare must have a complete medical and have a dental examination at least once a year. The average youth did have their medical histories up to date, but we found the dental responsibilities lacking.

Criminal Involvement
It’s interesting how the general public defines youth in care as “bad youth” but according to our finding 66% of the youth interviewed had never served any time.

Of the 34% who were involved in criminal activity, 45% were certain of not re-offending, 9% stated that they might re-offend and only 21% stated they would re-offend.

Young people participate in criminal activity for four major reasons: survival, drugs and alcohol; entertainment; and peer pressure.

Of the youth who have been in Edmonton Young Offender Centre some of the comments are as follows…
“Get rid of free time.”
“Let us wear own underwear at least.”
“Have more organized physical activities.”
“The staff could try to be little more respectful—we’re criminals, not pieces of shit.”
“Smoking privileges for those of us who can earn them.”

Future personal plans
This section is extremely personal for our youth involved. We are very honored to have some share their picture for their future. We found that many young people did not have any future plans; most did not even give their future any thought. Please give some thought to something our youth did not…

What do you see yourself doing next year?
“Going to school.”
“Going into ILP (Independent Living Program).”
“I dunno.”
“Leaving Bosco.”
“Looking after my baby.”
“Being in high school and whatever, I guess.”
“Trying to stay out of jail.”
“Living on the streets.”
“Living in a foster home.”

Where will you be three years from now?
One of the last questions we asked the young people was what they saw themselves doing three years from now.

Again, please give thought to something the youth did not…
“Graduating from high school.”
“Dead.”
“University.”
“Serving time on death row awaiting execution.”
“Living back with my Dad.”
“No idea.”
“Exotic dancing.”
“Not too sure.”
“Unknown.”
“Having a baby.”
“Nothing.”
“School.”
“Who cares.”

Please remember that our youth spoke of their own experiences. Each young person who completed the questionnaire deserves respect and dignity just for that.

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Director of Continuous Learning and Professional Development

As part of its renewed commitment to working in collaboration with its communities, the University of Calgary, Faculty of Social Work, and various partners, have offered a range of workshops, research colloquia and luncheon presentations during Fall 1999. These have been extremely well received and also well attended.

On October 18, Dr. Margaret MacAdam, Senior Vice-President, Baycrest Centre, Toronto, presented a half-day workshop in Calgary entitled Home Care: Options and Opportunities. A panel response by Jerry Pitts (Past President, Alberta Council on Aging), Dr. David Hogan (geriatrician, Faculty of Medicine, University of Calgary), Jennifer Nagel (Senior Operating Officer—Home Care, Calgary Regional Health Authority), and Patricia Raymaker (Chair, National Advisory Council on Aging) provided for a stimulating and lively discussion.

Dr. Larry Brendtro’s presentation, Circle of Courage for Children and Families, held in Medicine Hat, drew a tremendous response, with 850 in attendance. Dr. Brendtro is a professor at Augustana College in South Dakota and the President of Reclaiming Youth International. His focus was on “encouraging the discouraged,” using aboriginal concepts.

The Faculty of Social Work, Lethbridge Division, extends a special thank you to Medicine Hat College and its other partners for an outstanding event.

Robert Solomon, Associate Dean, Faculty of Law, University of Western Ontario, was brought back to Alberta “by popular demand” for workshops in both Edmonton and Calgary. On November 4 and 5, he once again entertained and informed us with his topic, Professionals in the Helping Services and the Law: Blaming the Helpers. Participants from throughout the province were in attendance as were individuals from various disciplines, including social work, psychology, law, education and nursing. A special thank you to AARSW and the Department of Social Work, Calgary Regional Health Authority.

On November 19, Dr. Kenneth Minkoff, Director of Integrated Psychiatric and Addiction Services for Arbour Health System, Massachusetts, attracted an interdisciplinary group of social workers, psychologists, psychiatrists, addictions counselors and others to his presentation entitled An Integrated Treatment Model for People With Co-Occurring Psychiatric and Substance Disorders. The Faculty thanks its co-sponsors, AADAC and the Foothills Addiction Centre, Calgary Regional Health Authority.

Lawrence Shulman, well-known social worker, educator, author, and Dean, School of Social Work, State University of New York at Buffalo, was in Calgary on December 2 giving his presentation Engaging and Working with the Hard to Reach Client. This followed his December 1 evening presentation on Private Troubles and Public Issues: Integrating Social Issues into Clinical Practice at the 30th Anniversary Celebration Dinner.

In addition to the above, the Faculty of Social Work sponsored a series of research colloquia at the University of Calgary on topics ranging from partner violence, violence in schools, postmodernism in social work, conflict resolution in Bedouin communities in the Negev, attitudes and knowledge

Continued on page 25
levels of social work and nursing students towards the elderly, to a student’s perspective on doing a thesis.

The first of the luncheon series was also held in Calgary in October, with Dr. Don Collins describing his research on *Excellent Social Work Interviews: Eliminating Bad Habits*. The series will be provided by faculty and doctoral students for community agency staff and students, and will be offered in host community settings. These are free and do not require registration.

Collaborative planning is also well under way for Winter/Spring 2000 offerings. The Second Western Canada Symposium on Child and Adolescent Violence will be held in Calgary April 16 to 19, 2000, at the Red and White Club, University of Calgary. For further details, contact Dr. Grant Charles at (403) 714-0688.

In partnership with the Calgary Counselling Centre, a workshop on eating disorders with Ms. Jan Lackstrom will be held during Eating Disorders Week in February. For further details contact Robbie Wagner at (403) 265-4980.

Luncheon presentations scheduled to date for Calgary include:

- **February 16, 2000**—Dr. Leslie Tutty, *Abused Women with Multiple Issues: Service Needs and Response to Shelter Programs.*
- **April 19, 2000**—Dr. David Este, *Immigrant and Refugee Men: Perceptions and Experiences of Fathering in Canada.*
- **May 17, 2000**—Dr. Jack Sieppert, *Programs for Separating/Divorcing Parents: Evidence of Effectiveness and Implications for Practice.*

For more specific details, please contact Elaine Eskow at the Faculty of Social Work at (403) 220-7869.

The Edmonton Division is involved in a collaborative planning venture with Grant MacEwan Community College and Ma’Möwe Regional Children’s Services to develop a continuing competency program for staff within Ma’Möwe region. In addition, a conference for child welfare staff in this region is being planned for Spring 2000. For further information contact the Edmonton Division at (780) 492-3888.
Child welfare outcomes: an incremental approach

Butch Nutter, Nico Trocmé, Barbara Fallon and Bruce MacLaurin*

Most computer-based Child Welfare Information Systems (CWIS) contain systems data that tally case events. Systems data are adequate bases for financial records and financial accountability, but are inadequate to describe the care and conditions of children and families.

Child and family well-being is the reason for child welfare services. Therefore, meaningful accountability must include accurate information about child and family care and conditions. Case events such as case opening and closing, moves in care, etc. are poor measures of care and condition. Therefore, direct measures of care and condition as well as services are required to know the well-being of children and families. But direct measures of well-being in relation to specific events are not enough to a) demonstrate accountability or b) improve practice. For example, specific measures of a child’s condition at case closing do not tell us whether that child’s condition is better or worse than at case opening. Demonstrating accountability and improving practice requires case data that link service recipients to case events to direct measures over time. Maintaining this four-way linkage (recipient, case event, direct measures, time) describes the path of each child and family through the services they receive and the care and conditions they experience in relation to those services. This kind of system will also support high-quality casework.

However, it is unreasonable to believe that we can leap directly from existing CWIS to this ideal. Therefore, an incremental strategy has been developed to move toward better CWIS. This incremental strategy specifies four outcome domains with ten indicators, most of which are available in most current computer-based CWIS. In many CWIS, the first step will be to move from unlinked system date to linked case data. Subsequent steps will involve getting more and better measures of children’s and families’ care, conditions, and services.

This article is based on work funded by Human Resources Development Canada, Grant #4587-06-94/94. The paper upon which the above abstract is based is available on the AARSW website, www.aarsw.ab.ca.

*Butch Nutter, PhD, RSW is Professor Emeritus of Social Work, University of Calgary. Nico Trocmé, PhD, is Associate Professor, Faculty of Social Work, University of Toronto. Barbara Fallon, MSW, and Bruce MacLaurin, MSW, are PhD students in the Faculty of Social Work, University of Toronto.

A new perspective on the poverty debate

Butch Nutter, PhD, RSW

The Canadian Council on Social Development (CCSD) has done it again. In Income and Child Well-Being: a New Perspective on the Poverty Debate (1999), D.P. Ross and P. Roberts present their examination of relationships between family income and child well-being from this perspective:

“What if producing healthy children was the main objective of anti-poverty efforts in Canada?”

Their primary sources of data were the National Longitudinal Survey of Children and Youth and the National Population Health Survey. These national surveys, conducted by Statistics Canada are rich sources of systematic information about Canadians of all ages.

Ross and Roberts examined six domains of child well-being variables: family, community, behavior, health, learning outcomes, and cultural and recreational participation. On four-fifths (80%) of the variables examined, negative outcomes were more likely for children living with families with incomes less than $40,000 per year.

Ross and Roberts convincingly demonstrate that subsistence level family incomes are insufficient to ensure equal opportunity for children. To attain approximate equality of opportunity for children, they suggest annual incomes for four-person families should be between $30,000 and $40,000. However, they do not suggest that income transfers are the only path or a sufficient path to equity for children. Better education and training opportunities, housing assistance, child care, and more family-friendly workplaces are among the structural changes that would increase family autonomy and self-reliance, and decrease the need for income transfers.

Income and Child Well-Being is an excellent piece of social welfare research clearly presented. The information in this short volume (52 pages) should be at the fingertips of all social workers and other persons interested in social justice in Canada.

Copies can be obtained from Renouf Publishing: Tel: (613) 745-2665; fax: (613) 745-7660. Buy your own copies. DO NOT photocopy.
Butch Nutter, PhD, RSW
Professor Emeritus of Social Work, University of Calgary

The Governments of Alberta’s announced intention is that child welfare services will be delivered in Alberta by 18 Child and Family Services Authorities (CFSA) and by First Nations with delegated authority. The CFSA share boundaries with Health Authorities except Region 18 CFSA which is to serve the 5,000+ residents of eight Metis Settlements. Each CFSA submitted a three-year transitional business plan. As excerpted from the Alberta government Business Planning guide for Child and Family Service Authorities: Handbook III these business plans were to:

…identify the sequence and timing of the transfer of responsibilities to the Authority, showing an orderly transition to community-based services over the next three years.

This first business plan will form the basis of an agreement between the Alberta Government and the Authority, initiating the flow of public funds through the Authority and empowering it to manage regional services. Subsequent three-year business plans will be completed annually to comply with the Government Accountability Act.

Chapter 2, Strategic Plan states:

The purpose of this section is to demonstrate how the Authority intends to contribute to the achievement of provincial and regional goals.

It includes the components:

1. Statement of Regional Goals
2. Regional Expected Results and Performance Measures
3. Strategies to Accomplish Goals and Expected Results

Performance Measures—provide the evidence by which we measure or describe our progress to achieving our expected results. Performance measures are to: clearly describe the expected service results for which service providers will be held accountable.

Keep in Mind: These performance measures describe the performance of each service while linked to regional and provincial expected results. These measures will be used by the Authority to monitor service providers and evaluate overall service delivery.

Performance measures must support the evaluation cycle. Service providers must be able to collect the required data on an ongoing basis as part of every day operations. Measures should clearly indicate change over time, so that both the Authority and other service providers know if they are achieving results (Handbook III, p.13).

These descriptions indicate that performance measures (PM) should be the most easily interpreted statements of what each CFSA wants to accomplish. These are how the CFSA is to be measured. Three questions immediately become relevant: (a) What is the quality of the PM? (b) How are these PM related to planned CFSA service activities? and (c) What is the quality of the theory or systematic data supporting that these service activities will lead to the changes measured by these PM? I have also very briefly examined how these business plans addressed adoption and poverty.

The CFSA business plans (CFSA BP)

The numbers of performance measures contained in the 18 CFSA BP ranged from 0 to over 100 (sum = 794, mean = 40, median = 31). “To be determined later” was the most frequently stated PM but was not included in this count.

Quality of performance measures (PM) persons

PM described the following categories of persons: Children, 473 (60%); Parent(s)/family, 396 (50%); Community members, 132 (17%); and Workers, 118 (15%). Neither the content nor context of 79 (10%) PM allowed reasonable decisions about who they were intended to describe. Many of the PM described persons in more than one of these categories.

Attributes of service

The vast majority (97%) of these PM addressed some recognizable attribute of service. From most to least frequent, these service attributes were effectiveness, 177 (22%); use, 115 (15%), availability, 99 (13%); quality, 88 (11%); satisfaction, (10%); integration/collaboration, 66 (8%); cultural appropriateness, 35 (4%); awareness, 33 (4.2%); governance, 24 (3%); volunteering, 22 (2.8%); case decision making, 16 (2%); cost, 10 (1%); advocacy, 6 (1%); and efficiency, 4 (<1%). This somewhat messy list of attributes was derived from the PM, not constructed a priori. Effectiveness encompasses a wide varieties of expected outcomes for children, families, other community members, and workers. The other attributes tend to describe the service process itself, not benefits gained by persons served. However, the distinction between service outcomes and processes is fuzzy. It is important to have good service (process) and even better if that good service leads to desired outcomes.

Ethno-cultural groups targeted

One of the four pillars underlying the move to CFSA is improving services to Aboriginals and 79 (10%) of PM specifically targeted Aboriginals. Metis were specifically targeted by 6 (1%) of PM and 3 (<1%) specifically targeted other cultural/ethnic groups.

Valence

A PM’s valence is the desired direction of change. Negative valence is absence or decrease in some presumed bad attribute or event. Positive valence is presence or increase of some presumed good attribute or event. About one third of PM (34%) did not specify valence. Negative valence was specified for 19% and positive valence was specified for 47% of these PM. An example of a PM without specified valence is,
“number of reports of abuse.” It would be easy to assume negative valence for this indicator, fewer reports of abuse is better. However, an abuse awareness services might be directed toward increasing the number of abuse reports whereas abuse prevention or intervention services might be directed toward decreasing the number of abuse reports. Thus, the valence for this PM as stated is unspecified. Some CFSA BP had both abuse awareness and prevention/treatment services and abuse reports as an indicator: Is increased abuse reports good or bad? It is important to specify PM valence.

Case 8 system data

The PM were classified in terms of the type of data they specified, case data or system data. (Case data allows tracking experience and change of individual cases. System data describe the service system, not individual cases. Case data can be aggregated to describe the service system but unlinked system data cannot describe individual cases.) Further information on this distinction is in “Child Welfare Outcomes: An Incremental Approach” on page 12 of this issue of The Advocate.) Only two of the 794 PM included in this analysis clearly specified case data and only one clearly specified system data.

Data source

Of the 794 PM included in this analysis, two PM specified the data would be gathered in evaluations, three PM specified service records, and 16 PM specified surveys. The vast majority (97%) of PM did not specify any source for their data. Where it will come from and who will gather it is a mystery.

Case events and persons’ conditions

Case events are things like treatments, abuse reports, school attendance, case opening, case closing, etc. Persons’ conditions are things like injuries, school graduation (persons’ condition is graduate vs. non-graduate), satisfaction, healthy, aware of and accepting of their culture, etc. Social indicators are incidence or prevalence of attributes in defined populations such as suicides per 100,000 persons per year, YOA arrests per 100,000 12 to 18 years old youths per year, etc. Social indicators are usually collected routinely by government.

Two-thirds (68%) of the 794 PM were not specified in enough detail to be reasonably categorized as case events, persons’ conditions, or social indicators. The most frequently specified category was case event, 184 (23%), 35 (4%) PM specified persons’ conditions, and only 37 (5%) PM were specified in such a way that it was reasonable to assume they were social indicators.

Specifying PM as case events, persons’ conditions, or social indicators have very important implications for predicting and judging CFSA’s performance. CFSA have substantial direct control over case events such as how many and what kinds of services they provide. CFSA have much less direct control over persons’ conditions but persons’ conditions are much better measures of service effectiveness, persons’ well-being. Social indicators can be either case events or persons’ conditions, but they are calculated on a population basis whereas case events and persons’ conditions generally address only persons who have had contact with the service.

Using a social indicator as a PM is very high risk for CFSA because CFSA seldom if ever have control over most of the determinants of population well-being. PM quality

These results show that most PM stated in CFSA BP are missing important defining attributes. In most cases readers cannot know with acceptable precision what changes, if any, the CFSA are trying to produce nor how those changes will be measured. PM quality is generally very low.

Relationships between PM and planned service activities

In these CFSA BP one or more PM are often listed following one or more service activities. Usually more than one service activity is followed by more than one PM. Usually the numbers of service activities and numbers of PM are different so it is unclear which PM are intended to be associated with which service activities. Therefore it is impossible to know which PM is proposed to measure which service activity.

As importantly, the same PM is often listed as an indicator for more than one service activity. This practice makes the PM useless for attributing effectiveness to these service activities. If the PM shows negative change, have all the service activities failed? Conversely, if the PM shows positive change, have all the services activities succeeded?

It is clearly naive to expect that service activities will have exclusive influence on specified PM. Child welfare is not that simple. However, continuous improvement and accountability, the two basic goals for CFSA BP require clear specification of linkages between activities and PM. Such specification need not be simple one-to-one, it can be complex: But in these 18 CFSA BP it is usually absent. The relationships between service activities and PM are mostly unclear.

Quality of rationale or systematic data supporting relationships between service activities and PM

Obviously, before the reasonableness of connections between service activities and PM can be assessed, those connections must be specified. As stated earlier, the connections are unclear. Even where the connections are clear, virtually no theory or systematic data are cited to support the reasonableness of the connections between service activities and PM in these CFSA BP. Merely placing service activities and PM in vertical or horizontal sequence
Continued from page 28

on a page does not provide any rationale or systematic data to support the suggestion that performing the service activities will lead to desired changes in the PM. Even where a clear connection between service activities and PM is stated, no theoretical or systematic empirical support for the connection is presented.

Adoptions

Maria Davie-Evans, former Deputy Minister of Alberta Family & Social Services (AF&SS), announced in spring 1999 that increasing the rate of PGO adoptions from 4% to 6% per year was a specific AF&SS goal. The connection between this AF&SS goal and CFSA BP was begun by computer searching electronic copies of 15 CFSA BP\(^1\) for the word adoption.

All 15 CFSA BP mentioned adoption as a service. One CFSA BP stated, “Current adoption system will continue, but will reflect any changes related to provincial government initiatives.” No adoption PM was contained in this CFSA BP. Three CFSA stated a total of seven PM for adoption, but none indicated any relationship to the AF&SS goal to increase from 5% to 6% per annum. One CFSA BP identified “Adoptions of high needs children” as a critical issue, but stated no adoption PM. In brief, no evidence was found in these 15 CFSA BP of any attention to the provincial goal to increase the annual rate of PGO adoptions from 4% to 6%.

Income and child well-being

There is very convincing systematic evidence that child well-being increases with family income and child maltreatment decreases with decreases in family income. In spite of this, successive Ministers have tended to disavow any connection between family income and child well-being. Therefore, examining the CFSA BP for their treatment of poverty and income seems relevant.

Electronic copies of 15 CFSA BP were computer searched for the words “poverty” and “income.” Seven of the 15 CFSA BP explicitly stated the relationship between poverty and child maltreatment. An additional four CFSA BP explicitly stated the relationship between low income and child maltreatment but did not use the word poverty. Thus, 11 of these 15 CFSA BP identified income as an important determinant of child well-being.

There is great diversity among these CFSA on issues of poverty and low income. One CFSA BP mentions neither poverty or low income. Another mentions lower than average income in its “trends and issues” section but not elsewhere. Two others mention low income only in relation to child care subsidy. At the other extreme is a CFSA BP with a goal “POVERTY.” Part of the supporting principle to that goal states “We will strive for zero tolerance of poverty in [our] Region ...” These are followed by an extensive plan to deal with poverty in that Region. These CFSA BP present a much broader range of attitudes and planned actions in relation to poverty and child welfare than have been reflected in ministerial comment within recent memory.

Discussion and Conclusions

Careful examination of 1999-2002 Child and Family Service Authority (CFSA) Business Plans (BP) reveals they do not provide adequate basis for achieving two basic goals, continuous improvement and accountability. In general, the quality of performance measures (PM) as stated in these CFSA BP is very low. The connections between service activities and PM is unclear. In those instances where the connection between service activities and PM is clearly presented, no convincing rationale is presented to support the connection. Therefore, these CFSA BP do not contain the informational foundation for continuous improvement or meaningful accountability.

However, it should be remembered that with, one exception, these are first transitional BP and are very different from one another. Numbers of stated performance measures varied from 0 to over 100. CFSA BP that stated no or few PM were superior to those that presented many low quality PM. Low quality PM can lead to very damaging perverse results. For example, a PM of decreasing child maltreatment case opening can lead to children and families being left without support.

The real challenge is whether the CFSA will have the human and material resources to produce better plans and convert those better plans into better actions.

CFSA BP were examined to discover if they reflected the stated provincial goal of increasing adoptions of permanent wards (PGO) from 4% to 6% per annum. None of the CFSA BP reflect this goal. However, it may have been developed after these plans were written. If so, two questions arise: (a) Why was this provincial goal for child welfare services adopted when it does not appear to reflect a high priority for any CFSA? and (b) Will central control be exercised to make sure that this goal is included in 2000-2003 CFSA BP?

CFSA BP were also examined to discover their treatment of family income and child well-being. While 4 CFSA BP did not explicitly link family income to child well-being, 11 stated income as an important determinant of child well-being. One CFSA BP stated a principle of zero tolerance for poverty and laid out a plan of action in relation to that goal. Family income and child well-being is a clear example of regions expressing their different perceptions regarding child welfare. This diversity is a hopeful sign.

\(^{1}\) I requested and received a paper copy of their 1999-2002 Business Plan from each of the 18 CFSA. I also requested each CFSA to send me an electronic copy of their CFSA BP via an email attachment and 15 of the 18 CFSA granted with this request.
National Children’s Agenda: Moving into action for children and youth

On May 7, federal, provincial, and territorial governments made a public commitment to Canada’s children, youth, and their families with the signing of an agreement called “A National Children’s Agenda” (Quebec agreed with the objectives but did not sign). The agreement sends the strong message that governments are getting serious about making children a priority. This is only a first step, however; it needs to be followed by concrete action. We all have an important role to play in holding governments accountable for making their words a reality for children, youth and families.

What is the National Children’s Agenda?

The goal of the agenda agreement is “children who are healthy, safe, and secure, successful at learning, and socially engaged and responsible.” In the agreement, governments recognize the need for:

- “supporting the role of parents and strengthening families;
- enhancing early child development;
- improving economic security for families;
- providing early and continuous learning experiences;
- fostering strong adolescent development; and
- creating supporting, safe and violence-free communities.”

In the document, there is also a recognition that “Governments believe that developing a National Children’s Agenda as a shared vision can enhance our collective efforts to improve children’s lives.”

What is the National Children’s Alliance?

The Canadian Association of Social Workers (CASW) is a member of the National Children’s Alliance, a group of 25 national organizations working to promote the implementation of the National Children’s Agenda. Together they represent hundreds of thousands of people in our communities who care about and advocate for children, youth, and their families. The CASW is working with colleagues in the Alliance to develop recommendations for policy directions. Over the next year, members of the Alliance plan to continue working together as one strong voice to ensure that concrete action happen to support the National Children’s Agenda agreement.

Register your support:

- Connect on www.children-enfants.org and read the documents and contact CASW to provide feedback
- Write to the National Children’s Agenda, 280 Albert Street, 10th Floor, Ottawa ON K1P 5G8 and urge governments to move into action
- Order and distribute copies of the documents
- Network with other organizations
- Organize events to discuss the needs of children and youth in your community
- Encourage others by writing a letter to the editor of your local paper or staging a media event
- Get political by contacting your politicians. Remember that your federal, provincial, territorial and local politicians are all involved.
**Foster and Adoptive Parent Recruitment Program**

“Will you be my parents?”

Call (780) 496-3546

**Foster and adoptive families are needed for:**

**Teens** - Some teens require an adult’s guidance to model life skills, assisting the transition to an independent living situation. Other teens really desire a family.

**Sibling groups** - For some children, their siblings are the only family they have left.

**Medically fragile children** - These children require special medical treatment and attention. Training will be provided to the caregivers of these children.

**Did you know that:**

- hundreds of children and youth are legally free and waiting for forever families.
- government adoptions are at no cost to you and financial support may be available.
- post-adoption supports are available throughout the child’s life.

* ask about our Foster-Adoption Program

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**Alberta Association for Marriage & Family Therapy • ANNUAL CONFERENCE**

March 17 & 18, 2000

“Emotionally Focused Therapy for Couples”

presented by Dr. Leslie Greenberg

Emotionally Focused Therapy for Couples is an integrative, experiential, systemic approach to couple therapy. At the core of this therapy is the use of emotional expression to restructure interactions between people. It combines an intrapsychic and an interactional focus with the goal of reestablishing the intimate bond between partners. Theory and research will be presented as the framework for discussion of principles and skills of this approach.

- Learn to differentiate between the adaptive and reactive emotions in relationships
- Learn to help couples access and work with adaptive emotions
- Acquire skills in detecting and interrupting negative escalatory cycles
- Practice applying the 9-step treatment protocol with relationship problems
- Learn to help couples focus on emotion to increase bonding, trust, flexibility, and resourcefulness
- Review and discuss the research, which attests to the effectiveness of brief emotionally focused therapy for couples

**Early Bird Registration before Feb. 1/2000**

- Member $175
- Non-member $215

**Registration after Feb. 1/2000**

- Member $195
- Non-member $235

**Student Registration**

- Student AAMFT Members - free!
- Non-members $90

*Mark your calendars now and join us in Edmonton on March 17 & 18, 2000!*

*More information or to register • Contact person: Joyce at (780) 435-0678*
Winter 1999

**Office Space**

One room available in a two-room office, located on 3rd floor (Professional Level), Kingsway Garden Mall, Edmonton AB. You will share rent with a psychologist and have your own phone with voice mail.

For more information, please call Dr. Pat Bickersteth at (780) 448-9682.

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**Canadian Red Cross offers training on personal preparedness for disaster situations**

**Also needed: volunteer instructors**

The Canadian Red Cross will present training on personal preparedness for disaster situations to any interested organization. They are also looking for volunteer instructors.

For information, contact Stu Black, toll free: 1-800-565-4483, or e-mail: <redcross@compusmart.ab.ca>

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**Legal Advice Service added to Canadian Association of Social Workers (CASW) Insurance Program.**

To reduce the risk of civil claims or disciplinary complaints against social workers, CASW, in cooperation with Aon Reed Stenhouse Inc. and your insurer, Halifax Insurance, has arranged to have pro bono summary legal advice provided by Bell, Temple, Barristers & Solicitors. These litigation lawyers will provide bilingual, confidential advice by telephone to all social workers who are in good standing with their provincial organization and are enrolled in the CASW Professional Liability Insurance Program administered by Aon Reed Stenhouse. Each telephone consultation is limited to 30 minutes per inquiry. Current members should phone Aon Reed Stenhouse Inc. at 1-800-951-CASW to receive instruction about the toll-free number used to access this service. New members of the CASW Professional Liability Insurance Program will receive the toll-free number at the time they join.

The AARSW office has application forms for your convenience. Call (780) 421-1167 or 1-800-661-3089, e-mail <aarsw@teluspanet.net>

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**Maritime School of Social Work in partnership with CASW offers:**

**Writing for Professional Publication A distance education course January, 2000**

Writing for Professional Publication, a distance education course limited to 15 students and scheduled to start in January, 2000, will be offered by the Maritime School of Social Work in partnership with CASW.

For more information, contact Louise Ghiz, MSW, RSW, Coordinator, Continuing Education, at (902) 494-1353 or e-mail: <louise.ghiz@dal.ca>

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**Out of Africa**

Sharon Rindahl, MSW, RSW, of Red Deer, and most recently Calgary’s Director of Community Supports, Canadian Mental Health Association, went to Africa in September on a three-year work assignment as an AIDS management advisor.

She will be working at Faraja Trust Fund, a non-government agency committed to providing medical and psychological support to disadvantaged people.

November through February are the hottest months with rain adding even more humidity.

We expect to hear from Sharon and will print her reflections.

Her address:
Sharon Rindahl
c/o Lutheran Junior Seminary Language School
P.O. Box 740
Morogoro, Tanzania

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For more information, call (780) 497-5188, e-mail: <a2a2000@gmcc.ab.ca>
WORKSHOPS & CONFERENCES

WORKSHOP: Individualized Dementia Care: A Creative Compassionate Approach
14th Annual People and Project Conference in Continuing Care: Beyond 2000
Wednesday, February 2, 2000
Edmonton, Alberta

Individualized Dementia Care: A Creative Compassionate Approach, speaker Joanne Radar, is a Pre-Conference two-session workshop of the 14th Annual People & Progress Conference in Continuing Care: Beyond 2000. This event will be held Wednesday, February 2, 2000, at Edmonton's Fantasyland Hotel. Cost is $70.00 per session.

For more information, call (780) 448-2421 or e-mail: <grace_webster@m1.capitalcare.net>.

WORKSHOP: Spirituality in the Helping Professions
Saturday, April 8, 2000
Calgary, Alberta

Spirituality in the Helping Professions, a six-hour workshop, is prospectively scheduled for Saturday, April 8, 2000, in Calgary. Through lecture, experiential process, large and small group discussion this workshop will explore understanding the spiritual nature of the therapeutic relationship, including working with transference and counter-transference; experiences of “calling,” “service,” “presence,” and uses of intuition in clinical practice. Dr. Beth Hevda, author, transpersonal therapist and teacher, most recently conducted this workshop at the 1999 Conference of the International Council of Psychologists.

For more information, contact David Romney, e-mail <romney@ucalgary.ca>.

Joint World Conference of the International Association of Social Workers (IFSW) & International Association of Schools of Social Work (IASSW)
July 29 - August 2, 2000
Montreal, Quebec

Plan your vacation around attending this special event where Canada will host two high profile international social work conferences. You will have an opportunity to meet, interact with, and learn from colleagues from around the world! Registration fee of $375.00 (CDN dollars) until June 30, 2000 will provide stimulating speakers, all the workshops, plenary sessions and information events you can manage.

Call the AARSW office, (780) 421-1167 or 1-800-661-3089, or visit the CASW website at <www.casw-acts.ca>.

Past, Present and Future: Surviving & Thriving in Clinical Social Work Practice
39th Annual International Conference for the Advancement of Private Practice in Clinical Social Work
June 18-22, 2000
Scottsdale, Arizona


For more information, the Canadian contact is Dr. Peggy Rodway, RSW, (403) 243-1932. You can also contact Adrienne Lampert, MSW, BCD, Ph: (718) 434-0562 or e-mail her at <ALAMP112619@aol.com>.

Mike’s in town & looking for work

Mike™ integrates the features of a phone, a pager, a unique "Direct Connect™" feature that allows instant contact at a push of a button, data and Internet capabilities, all in one convenient handset allowing you to more easily manage your mobile communications.

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wait no longer. Clearnet is offering a generous “Trade Up” package worth up to $400. Bring in any active pager, cellular phone, or two-way radio, to trade up to Mike™. Offer expires Dec. 31, 1999.

The Healthcare industry has embraced this new communications tool. Contact your Clearnet healthcare specialist to learn more about Mike™.
VOLUNTEERS NEEDED
Boys’ and Girls’ Club of Edmonton
Boys’ and Girls’ Club of Edmonton is looking for volunteers to conduct groups or to become mentors (one to one) for children and youth; ages range from 6 to 17 years.
For more information, please call, Partners Program, (780) 422-6038.

“There are now two billion children and youth under age 18...
... it is children that teach us what it is to be human.”
(Quote, Senator Landon Pearson, Advisor to the Prime Minister on Children’s Issues)

An Alberta-wide poster/essay contest was sponsored with the winning entrants receiving their awards at a ceremony where Senator Pearson and other dignitaries provided greetings and words of encouragement to the large group of children and youth.
The winners were:

Poster Contest:
1st place: “We have the right to look into a peaceful world” by Newman Lin, Grade 9, F.E. Osborne Junior High, Calgary.

2nd place (tie): “Children have a hand in the future” by Krysty Proznik, Grade 5, St. Vincent School, Edmonton and “All kids are equal” by Jasmine Sivakumar, Grade 9, Aurora School, Edmonton.

Essay Contest:
Junior High: Melanie Seto, Grade 9, Bruce Smith School, Edmonton;
Senior High: Cindy Banman, Grade 12, LaCrete Public School.

On November 20th, Edmonton hosted a youth conference, “The Right to What” and highlighted the Canada-wide child rights election where students under the age of 18 were eligible to vote for the right they feel is most important to them.
For more information, look at <www.rightofthechild.org>.

Children to Benefit from Student Health Initiative Funding
Children with special needs will benefit from enhanced services within their school programs under Alberta’s Student Health Initiative.
The service plans of 25 Student Health Partnerships from across the province have been approved for the 1999/2000 school year. The partnerships have received their portion of the $25.6 million in new funding that was announced as part of Budget ’99.
Partnership plans focus on improving behavioral supports and services such as speech, occupational and physical therapy.

Human Rights Day
December 10, 1999
December 10, 1999 is Human Rights Day, marking the anniversary of the UN’s adoption of the Universal Declaration of Human Rights in 1948.
What are you doing to celebrate and educate?
For ideas: <www.albertahumanrights.ab.ca/publications/human_rights_day.html>.

New admission dates for University of Calgary (Edmonton Campus) MSW program
The University of Calgary has announced new admission dates for the Master of Social Work program in Edmonton, offered outside the university’s tuition policy.
Applications will be accepted by October 31 for January 1 admission; March 31 for May 1 admission; and June 30 for September 1 admission.
For more information, call (780) 492-2083.

Poverty in Action needs your support
Poverty in Action is a grass roots group of people living in poverty.
We work in partnership to dispel the myths about people living in poverty, and support collective action toward change.
We are fundraising to ensure operating funds for 2000. We would greatly appreciate your making a donation (charitable receipts available), purchasing our video, What Poor People Can Say ($19.95), and/or becoming an associate member.
Please call Deana at (780) 990-1840 for more information.

Rental — Sun Peaks Resort — Kamloops, B.C.
Deluxe 1/2 Duplex — Suits large groups, max. 20: 7 bedrooms, 6 bathrooms, hot tub, w/d, f/s, micro, 2 TVs, VCR, 2 gas fireplaces.

1/2 Duplex L. Unit — 3 bedrooms, 1-1/2 bathrooms, fireplace, TV, VCR, fridge, 2-burner stove, micro, w/d, hot tub. Units have mountain view and 3-minute walk to lift.
Reasonable rates.
Toll-free: 1-888-333-5311
Website: www.burfieldaccommodations.com

Poverty in Action
needs your support

[Image of rental advertisement]
A conversation with Bob Rechner ... continued

Bob points out that two key recommendations in his most recent annual report have been accepted and action is underway for implementation. One initiative is to conduct an independent study of the reasons for the significant rise in the child welfare caseload so that those factors that feed the growth might be more effectively addressed. Another initiative is to conduct an independent review of the role and mandate of the Office of the Children’s Advocate.

Bob explains: “Our program has been in operation for ten years now and it’s time to seriously reflect on what sort of role makes sense for the future.”

He notes that changes in the delivery of children's services in Alberta, recommendations arising from the Growth summit, and views expressed by a variety of community stakeholders suggest that the time has come to seriously consider role and mandate. While encouraged by some positive responses, Bob says that many of the inadequacies of the child welfare system in Alberta remain unresolved, and notes that anyone wanting to view the most recent annual report online can do so at <www.go.ab.ca/cs/other_areas/child_advocate/ca_main.htm>.

When asked what the most critical issue in child welfare is these days, Bob notes that the Canadian Council of Provincial Children’s Advocates (a body comprised of the seven senior children’s advocates in Canada) has identified permanency planning as the key concern.

“I do a far better job protecting children than dealing with them effectively once they are in care. Without a long-term plan, children tend to drift from placement to placement causing long-term damage to the child’s sense of well-being.” Insufficient attention to permanency planning also highlighted in many of the office’s annual reports over the years.

Asked about the move to have children’s services delivered by Child and Family Services Regional Authorities, Bob sees the change as positive but believes there are issues that government will need to monitor carefully.

“...it is critical that the province establish an effective and ongoing monitoring process. To borrow a phrase from an engineer, “You don’t get what you don’t inspect.’”

— Hazel Sangster

Contact Carol Lamb at Adoption By Choice
Ph: (403) 245-8854 or fax: (403) 245-8897 or
e-mail: adcmail@cadvision.com

OFFICE SPACE AVAILABLE

Located in a heritage building in the Mount Royal area of Calgary. Professional sought to share quiet furnished office space. Included: use of a Board Room and interview room. Receptionist services and use of office equipment available.
A friendly supportive work environment.

Winter 1999

35
New AARSW Members

Sara E. Alexander
Susan D. Allen
Crystal Allinatt
Kathryn Dawn Anderson
Andrew David Aske
Tonya Backstrom
Lynette Yvonne Bauchs
Susan Marie-Claire Bamber
W. Cory Basiuk
Angelina Barnes Berg
Susan Blatt
Elden V. Block
Jo-Anne Theresa Borschenk
Debra M. Bray
Donna Bright
Patricia Marie Burke-Dodds
Brenda Sarah Jean Charuk
Derek Edward Frank Chevka
Elizabeth P. Chong
Sheri Lynn Cobbie
S. Tracey Dalmann
Brenda Daoust
Bruce Gregory Thomas Diascon
M. JoAnne Dulaney
Diana Faye Ellergodt
Doreen Mae Ferguson
Karen Elizabeth Fitzgerald
Tylers Allen Flamchitch
Cheryl Darlene Foolkes
J. Gail Fraser
Glenda Ann Foglem
Kathleen Margaret Fyfe
Deborah Gazley
Dini Gibson
Tina Marie Goerz
Megan Garman
Kelly Ann Garmley
Laurence Elizabeth Gray
Barry Stephen Greenspan
Kimberly Ann Grey
Beverly Ann Hallott
Catherine Lynne Heidbrecht
Penny Nicole Heinar
John Reginald Hilton
Brenda Lee Hoglin
Janice M. Howe
Colleen Ingram
Janice Susan Jacob Mathew
Maxine Johnston
Kathleen Anna Jones
Christine A. Kafka
Barbara N. Kosianuik
Daniel Allaye Kabode
Vanessa Cathleen Margaret Keeping
Susan Kelcher
Lana Joan Kelly
Norah Mae Kennedy
Karen M. Kingdom
Linda Kongtajonat
M. Elaine Kuhlemeyer
Rexanne L. LeBlanc
Diana Yvette LeFevre
John Douglas Linklater
Donna M. Mathewson
Cheryl L. McDougall
Judith A. McIntyre Fenske
Kevin Andrew Melchol
Donna Faye Melanka
Car J. Milne
Norma Jean Minchau
Heidi L. Mitchell
Denise Ruth Martel Montour
Barbara E. Nichols
Giselle Norantha
Branda Hoshiya
Esther Gwen Oga
Edna Alberte Olsen
Charmaine Patterson
Laura Marie Patterson
Karen Gay Lea Paul
Melanie Rose Perka
Shirley O. Pierce
Julie Pilon Smith
Margaret L. (Peggy) Porisky
Debra A. Potts
Russel Poullotte
Marla Lynn Ruser
Robert Douglas Rechner
Caroline-Tashish Rentz
Sheena Joanne Ross-Baird
Sorinder Singh Sangha
Bernard A. Schikowsky
Sharon Margaret Schulz
Shari Anne Shaw
Marsha Jane Smart
Sherry Lynn Soulsy
Corinne Michele Spranken
Lisa Pearl Strong
Lairanda Erisa Tom
Leahndi M. Thompson
Lisa Darlene Van Keulen
Helen Hong Weng
Warren L. Werle
Ian Wiebe
Cynthia Cheryl Wilson
Sandra Joan Wilson

New Registrants
Zalika Adamson
Sara E. Alexander
Kathleen V Allingham
Kathryn Dawn Anderson
Tova Tabascoff Andrews
Lynette Yvonne Bauchs
W. Cory Basiuk
Angela Renney Berg
Brenda Lynn Berger
Donna Rae Black
Brenda Lee Hoglin
Janice M. Howe
Colleen Ingram
Lana Joan Kelly
M JoAnne Dulaney
Diana Faye Ellergodt
Bonita Joyce Felton
Tylers Allen Flamchitch
J Gail Fraser
Glenda Ann Foglem
Kathleen Margaret Fyfe
Deborah Gazley
Tina Marie Goerz
Megan Garman
Kelly Ann Garmley
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Leahndi M. Thompson
Lisa Darlene Van Keulen
Helen Hong Weng
Warren L. Werle
Ian Wiebe
Cynthia Cheryl Wilson
Sandra Joan Wilson

Total Membership as of Nov. 19, 1999: 2,272