2003

Child protection : trends and issues in Alberta

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Lethbridge, Alta. : University of Lethbridge, Faculty of Education, 2003

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CHILD PROTECTION:
TRENDS AND ISSUES IN ALBERTA

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A Project
Submitted to the School of Graduate Studies
of the University of Lethbridge
in Partial Fulfillment for the
Requirements for the Degree

MASTER OF EDUCATION

FACULTY OF EDUCATION

LETHBRIDGE, ALBERTA

April 2003
Abstract

The Honourable Iris Evans, Minister of Children’s Services for Alberta, has stated that “Alberta’s children deserve to be cherished and cared for in quality childcare settings that contribute to their social and personal development” (Government of Alberta, December 16, 2002). Fortunately, the majority of parents are raising their children in such environments. However, there are families who pose a risk to the safety and security of their children, and child protection services may be involved with these families. The Alberta Response Model is based on the assumption that families who come to the attention of the child protection system are currently handled in a manner that is intrusive and stigmatizing. Instead of being a helpful and proactive service, child protection can become detrimental and potentially harmful to the clientele it serves. The Alberta Response Model is a new departure in child welfare practice and provides an alternative approach. Each of the 18 regional Child and Family Service Authorities is to develop its own initiatives incorporating the activities and philosophy of the Alberta Response Model. In the southern Alberta region, Sun Country Child and Family Services provides child protection services and has developed many innovative and creative projects to keep children safe. This project examines the Alberta Response Model in four sections: the historical context, current practice, Sun Country’s response, and concerns and dilemmas.
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Introduction

The early years in a child's life are extremely critical. Attachments and images are formed and significant experiences and events occur that, through memories, will influence the child into adulthood. During these years, the presence of a stable caregiver is important to offset some of the negative images, experiences and events that have influenced the child. I work in Adoption Services with Sun Country Child and Family Services, and their service delivery directly affects my activities. I have a vested interest both professionally and personally in the concept of the Alberta Response Model (ARM). Little planning for permanency occurs in the lives of children in long-term foster care. I know that permanency can be achieved through effective and proactive case management and timely decision making.

When individuals reach their full potential, all of society benefits. The various people that children encounter may not realize the powerful and subtle impact and influence they may have on them. These people are role models, and their interaction and guidance (or lack thereof) affect children. They may counteract poor communication, unhealthy interaction and ineffective parenting, thereby breaking a dysfunctional cycle. They may guide children in an effective direction to become better parents themselves, thus effecting change. Through cooperation, the various systems of health, justice, and education may create change, enabling children to reach their full potential.

A Government of Alberta news release (December 16, 2002) includes the following statement by Minister of Children’s Services, the Honorable Iris Evans: “Child care issues in Alberta are varied and complex. Alberta’s children deserve to be cherished
and cared for in quality child care settings that contribute to their social and personal
development.” In 2002 the Government of Alberta allocated nearly $5.6 million to
strengthening childcare standards and providing support to families. L. Fiset-Cassidy
commented, “[This initiative] addresses the needs identified by the child care community
as well as fitting into our new Alberta Response Model mandate to provide early supports
for families who are at risk” (Government of Alberta, December 16, 2002).

The Alberta Response Model (ARM) is based on the assumption that families
who come to the attention of child protection services are now handled in a manner that is
intrusive and stigmatizing. Instead of being a helpful, proactive service, the child
protection system can become detrimental and potentially harmful to the clientele it
serves. The ARM provides an alternative approach.

Alberta is divided into 18 regional authorities providing child protection services
to abused, neglected, or abandoned children and their families. These authorities are
comparable to Alberta’s 18 health authorities with similar geographical boundaries. Sun
Country Child and Family Services serves the southern Alberta region, encompassing the
southern area east to Grassy Lake, west to the British Columbia border, and north to the
towns of Barons and Enchant. In Canada, provincial and territorial governments have
exclusive responsibility for their own child welfare legislation, policies, and standards
(Lowell, 2002). A universal child welfare system does not exist in Canada.

Fortunately, child protection services touch only a small portion of Alberta’s
population, since they are involved with families who pose a risk to their children. Most
parents are raising their children in safe environments. Nevertheless, Alberta Finance’s
2002 Budget indicates that $672 million or 3.5 percent of the provincial budget is spent
Sun Country receives $33 million or 5 percent of this amount from the Ministry of Children’s Services, and a sizable portion of this is spent on child protection. The Child Welfare Information System (2002) indicates that 12,000 children, or .004 percent of Alberta’s population of 3,113,586, have child protection involvement. Servicing this small segment of the population is a high expenditure to the taxpayer.

The focus of this paper is the Alberta Response Model as a new departure in child welfare policy. The Alberta Response Model is examined in four sections: historical context, current practice, Sun Country’s response, and concerns and dilemmas.
Section One: The Historical Context of Child Protection in Alberta

In order to understand the current system of child welfare fully, it is helpful to review its history for insight into understanding how a system evolved, since history has significant and subtle impacts on thinking and practices.

Schene (1998) explains that the current child protection system has evolved from a past of almshouses and orphan trains; to the forerunners of the child protection services of today, private associations known as “anticruelty societies”; to legislation establishing child protection as a government function. Canadian child-saving policies were influenced by the traditions of charity. At one time, local inhabitants and church organizations cared for the poor. This practice was formally recognized in the English Poor Law of 1601, which legislated the protection of needy children by placing public responsibility for the poor in the hands of the local people (Lowell, 2002).

In 1867, the British North American Act provided a legal context for the emergence of child welfare law in Canada. This Act gave jurisdiction for “Indians and lands reserved for Indians” to the federal government, and jurisdiction for health, education and welfare to provincial governments.

Bullen (1991) notes that the pioneering efforts of J. A. Kelso affected the structure and ideology of child welfare in Canada. Kelso was “a new breed of child saver” (p.136) and instrumental in forming the Ontario Children’s Aid Society, a name that endures today. In November 1887, Kelso found two ragged children huddled in a Toronto doorway, begging for change. None of the institutions he approached would take the children in. His experience that evening exemplified a leading social issue of the time, the
need for care of neglected and dependent children. Kelso, a newspaper reporter, asked civic authorities to open a children’s shelter for emergency cases. As Bullen (1991) explains, “Kelso transformed himself from a social reporter to a social reformer” (p. 138). Kelso founded the Toronto Humane Society, which was dedicated to the protection of women and children, as well as animals. Kelso (as cited in Bullen) wrote, “The difficulty is cropping up of keeping the animals and children from clashing, the two having their separate and distinct friends” (p. 141). Kelso recognized the need for a resource exclusively for children and was instrumental in passing the Protection and Reformation of Neglected Children Act in Ontario in 1888. According to Bullen, “[This] legislation empowered judges to commit to an industrial school, children’s refuge, or any other recognized charitable institution any child under the age of fourteen who lacked a proper moral environment owing to the neglect, crime, drunkenness, or other vices of its parent or any other cause” (p. 138).

Partly through Kelso’s lobbying efforts, the Children’s Act in Ontario was passed in 1893 and “elevated child saving to a public service and sowed the seeds of a future child welfare bureaucracy” (Bullen, 1991, p. 145). The Act gave the state the power to supercede parents as the ultimate protector. It prescribed serious penalties for parents who neglected or mistreated their children. For Bullen, “A new approach to child welfare, personified by Kelso and embodied by the Children’s Aid Society, promoted the use of foster homes as a progressive and economical alternative to institutionalization of needy children” (p. 157). Kelso believed that children who were removed from mainstream society and confined in orphanages were not prepared for life. A foster home was one obvious alternative. The Act instructed the Superintendent of Neglected and Dependent
Children “to encourage and assist in organizing Children’s Aid Societies across Ontario, to inspect industrial schools and other children’s institutions, oversee children’s visiting committees, maintain records of all youngsters committed to Children’s Aid Societies, and submit an annual report of his activities under the Act” (cited in Bullen, p. 144).

Kelso and other “child savers” developed novel ideas that are the foundations of the present Child Welfare Act of Alberta (Bullen, 1991). Their advocacy emphasized the following:

- The duty of the state to protect neglected and dependent children
- A belief in the home environment rather than institutions as the proper place to raise children
- The need for greater state involvement regarding regulation of social behavior
- Introduction of a systematic, professional approach to the administration of welfare services

By 1907 the focus had changed from rescuing children from unhealthy environments to rehabilitating families and reforming communities. Schene (1998) points out that, “As a general progressive agenda of social reform was adopted, the approach of assisting parents to care for their children was more widely endorsed” (p. 26).

Juvenile delinquency was one of the first social problems tackled by the newly formed Province of Alberta. Coulter (1982) reports that in 1908, the Alberta Government passed the Industrial Schools Act in order to address the problem of juvenile delinquents and neglected children. As Coulter recounts, R. B. Chadwick was instrumental in the creation of this Act. In preparing a report regarding child protection, Chadwick toured North America, investigated 45 industrial schools, visited 55 juvenile courts, and noted
the contributions of social reformers in the United States, Australia, Germany, France, Scotland, Great Britain, Norway, Sweden and Austria in articulating the theories and tactics of social reform movement and developing policies and procedures for dealing with child neglect and juvenile delinquency. Chadwick’s recommendations were accepted by the Government of Alberta and were incorporated into Alberta’s Protection of Neglected and Dependent Children Act, more commonly referred to as The Children’s Protection Act, which was modeled closely on its Ontario counterpart. In Coulter’s opinion, “Ontario’s system was good but Alberta’s was better” (p. 171). Chadwick advised that Alberta should enter into an agreement with Manitoba so that delinquent boys needing industrial school training could be admitted to a school at Portage la Prairie, Manitoba. This arrangement was financially more feasible than for Alberta to build its own industrial schools.

With the 1909 Children’s Protection Act, child welfare was officially sanctioned in Alberta. Alberta’s Children’s Protection Act was considered the broadest on the continent because it defined ‘neglected child’ and later ‘child.’ The Act also established the basis for an administrative framework. Chadwick was appointed Superintendent of Neglected Children, ensuring Albertans’ access to that era’s most progressive thought and practice about child welfare.

_Foster Care in Transition_ (Alberta Children’s Services, 1992) indicates that the Children’s Protection Act of 1909 was the first child welfare legislation in Alberta to include foster care and provide for two types of foster homes. Foster homes were paid $3.00 per week per child if necessary; in some the children’s services were provided in lieu of payment. Some foster parents abused this system, using the children as cheap
labor. Twice a year, foster parents wrote reports regarding the child’s progress, and local doctors sometimes conducted unofficial inspections. Between 1909 and 1921, the term ‘foster care’ was almost synonymous with adoption. The child placed in the foster home usually stayed long term and took the name of the foster family.

By 1912 Alberta had a functioning system of juvenile courts. These courts were held separately from adult courts, in accordance with the child savers’ belief that children must be protected from contact with the vices of adults. Three remedies were available. A child could be placed on probation, made a ward of the court, or if a boy, sent to the industrial school at Portage la Prairie. Girls could be sent to a provincial social service home (Coulter, 1982).

During the 1920s, residential homes for unmarried pregnant women increased and adoption services were professionalized. In 1921, for the first time, adoption legislation in Alberta identified the difference between foster care and adoption. Such legislation helped to erase the stigma of illegitimacy and to give adopted children equal status as biological children. Between 1909 and 1929, according to Coulter (1982) the social reform position that predominated in Alberta “argued for a prolonged, protected childhood, for the paramountcy of environmental influences as a determinant in child life, and for the need to reform juvenile delinquents” (p. 168). During this period, Alberta’s welfare reformers advocated for efficiency and for social work to be ‘scientific’ and ‘professional.’

According to Lowell (2002), during the Great Depression years of the 1930s, Alberta saw a significant increase in the number of infants born out of wedlock. Many of these children were placed in foster and adoptive homes because of the limited financial
assistance available to the public. Until 1946, social workers in Alberta frequently removed children from their homes with few attempts to support the biological family.

In 1947, the Alberta Chapter of the Imperial Order of the Daughters of the Empire wrote a report entitled *Welfare in Canada* (Child Welfare, 2000). This report led to a High Commission to investigate allegations against the child welfare system. The Commission identified the need for a careful examination of foster homes prior to approval and the need for post-placement visits to ensure compatibility. The Commission had a significant impact and resulted in a public education campaign regarding childcare in the 1950s. Informational literature was published and made available to parents, and parents were directed to service agencies for information on the various needs of children. Other changes occurred:

Child protection services were transferred to the municipalities in an attempt to have community-based services. However, these same protective services were not transferred to families who lived on Indian reserves, due to ongoing jurisdiction disputes between the federal and provincial governments regarding the responsibility for service provision to status Indians. (Child Welfare, p.1)

This same dispute continues today.

Lowell (2002) explains that, because the 1960s saw an increase in urbanization, family structures changed as well as cultural and social patterns. Some of the social issues of the time included high unemployment, increased isolation due to the decline of the nuclear family, and an increase in unmarried parenthood and adolescent behavioral problems. In the 1960s, child protection services, now called the Department of Neglected Children, closed a number of residential schools for Natives, leading to an
influx of Native children to the reserves. *Child Welfare History in Alberta* (2000) summarizes the result:

Suddenly the communities were expected to provide care for institutionalized children with little support. The resulting conditions of poverty, poor housing, malnutrition and unsanitary health conditions caused the child welfare authorities to apprehend and place many native children in the [child welfare] system. The percentage of Treaty Status and Metis children in care was disproportionately higher in comparison to the total child population in Alberta. (p.1)

This disproportion continues today. The apprehension and placement of so many native children in the system is now sometimes referred to as the ‘sixties scoop.’

Lowell (2002) argues that the government introduced the 1963 Social Services Act in an attempt to reduce or at least stabilize the number of children in care. The Act was designed to provide funds for municipalities to develop preventative programs, and core protection services were transferred back to the Department. However, the number of children entering child welfare care did not decrease. Financial assistance was made available for children placed with relatives or guardians where natural parents were unable or unwilling to care for the child, and where relatives/guardians were experiencing financial difficulties. This program allowed children to be cared for without making them wards of the province and placing them in foster homes. In 1966, the Canada Assistance Act cost shared 50 percent with provinces for social service programs. This Act resulted in a significant expansion of social programs and formalized government delivery.

In the early 1970s, revenue from natural resources and industrial projects in Alberta helped to further develop community initiatives. Child protection services, now
called The Department of Social Services and Community Health, encouraged community participation in program delivery and policy development. However, by the late 1970s, economic growth slowed, bringing increased social and financial pressures to Alberta families. In turn, family breakdowns led to higher levels of divorce, desertion and child neglect (Child Welfare, 2000). Foster Care in Transition (Alberta Children’s Services, 1992) notes that in 1978 the last residential school for Native children, the Grouard Mission, was closed. Native children were placed in foster homes throughout Alberta rather than returned to their natural families. This step had major ramifications for both Native culture and foster care in the province.

Child Welfare History in Alberta (2000) describes developments in the 1980s as follows:

The 1980s were a decade of significant change and evolution for child welfare in Alberta. The unfortunate death of a foster child, Richard Cardinal, forced an extensive review of the Department of Social Services and Community Health. Dr. Thomlison’s review findings that Richard’s life was marked by recurrent disruptions in his relationships with foster parents as well as with his social workers set the stage for a number of improvements in the child welfare system.

(p.2)

The report indicated that children were negatively affected by the child welfare system at that time and that reforms were greatly needed.

In July 1985, Alberta’s new Child Welfare Act mandated the following changes:

- A two-year limit, possibly three years in exceptional circumstances, was placed on the amount of time children in care could remain under temporary
status. Prior to this Act, children could remain under temporary care until their 18th birthday.

- The Act included several matters to be considered when intervening with children and families. The family was to be recognized as the basic unit of society and entitled to the least invasion of privacy; therefore, the least intrusive measure was to be used. Removal of the child was to be the last resort. Continuity of care and relationships were to be considered. The child’s cultural and religious heritage was to be considered prior to placement, and services were intended to remedy the need for protective services.

- The Act mandated that the Department consult with Bands regarding Native children.

- The position of Children’s Advocate was established, to act as an impartial separate body representing the child. In situations where the child does not agree with the social worker acting as the guardian, the Children’s Advocate would be called upon. This position and role was unique in Canada.

In addition, several policies were implemented to safeguard children from ‘foster care drift’ or multiple foster care placements. Lowell (2002) states that newly employed child protection workers were to attend mandatory three-week child protection service training, which emphasized good casework practice. The role of foster care support worker was established to support foster families. Formal foster care agreements allowed foster parents to keep children in their homes long term.

In 1985, Alberta’s Post Adoption Support Program was established. This program provided financial and support services to families who adopted high-need wards of the
government. In 1989, a task force from the foster care community was formed to provide direction to the development of a new foster care model. In 1989, the Alberta government approved the licensing of private adoption agencies, a step which allowed birth parents who placed their infants for adoption to retain their guardianship. Before this, the Department handled all adoptions, leaving birth parents with no choice but to sign guardianship to the province, and the Department matched infants to adoptive parents. Birth parents did not know where, or to whom, their child was matched.

Alberta’s foster care program continued to change in the 1990s. A mandatory training program with four levels of classification was developed for foster parents (Child Welfare, 2000). The training was established in recognition that children coming into government care had significant problems and that foster families needed education, knowledge, and skills in order to deal with this dysfunction. If foster children were properly matched to a skilled foster family, and foster parents were supported by skilled social workers, foster parents would be enabled to handle the children’s behavior problems, thereby reducing multiple foster care placements.

In 1994, surveys and public forums conducted throughout Alberta identified some trends and issues regarding child protection services. It was thought that communities knew their own problems best and would do a better job of addressing these problems than would a province-wide system. The surveys and public response culminated in a redesign of the delivery of services to children and families. In 1996, the Alberta Child and Family Services Act was proclaimed. This Act focused on four areas that became known as the ‘four pillars’: early intervention, community based services, integrated services, and improved services to Aboriginals. In 1999, the Government of Alberta
created 18 Child and Family Services Authorities with regional Boards to direct the
delivery of child protection services.

The new millennium of 2000 brought additional changes to child protection
services in Alberta. The current system is described in Section Two.
Section Two: The Current System of Child Protection Services in Alberta

The Sun Country Business Regional Authority Business Plan: 2002-2005 states that it “was prepared in accordance with the Government Accountability Act, Child and Family Services Authority Act, and directions provided by the Minister of Children’s Services. All material economic and fiscal implications known at March 26, 2002 have been considered in preparing the business plan” (2002, p. 1). The Sun Country Service Plan rests upon the four pillars as enunciated by the government of Alberta after a process of consultation with communities within each region. The Sun Country Board commits to achieving the planned results laid out in their business plan and upholds the following four pillars.

- **Early Intervention Pillar.** Planning will reflect the need to help children and families develop skills to increase their wellbeing and reduce the need for crisis intervention during their development. Sun Country will work to help families and communities be responsible and accountable for their children by promoting the safety, security, well-being and healthy development of children.

- **Community Pillar.** Planning and service delivery will reflect the principle of participation and access for all. Sun Country will work with communities in a collaborative way to design, deliver, monitor, evaluate and adjust child and family services.

- **Integrated Service Pillar.** Planning and service delivery will recognize the need for cooperation, collaboration, and the promotion of integration of services to children and families. Sun Country will work with other public and private
organizations towards the integration of services at the community, regional
and provincial levels to facilitate barrier-free access to services for children
and families.

- Aboriginal Pillar. This pillar addresses improved First Nations services.
Collaborative planning and service delivery will respectfully reflect the values,
beliefs and customs of First Nations, Metis and other Aboriginal people. Sun
Country will work with First Nations, Metis and other Aboriginal people in a
way that respects and supports all agreements made by First Nations and Metis
people, the Alberta Provincial Government and the Federal Government.

On October 17, 2002, the Ministry of Children’s Services launched another
directive introducing the Alberta Response Model, or ARM. ARM is influenced by a
concept in American child welfare reform known as “Differential Response,” which
simply refers to doing things differently. This concept is also known as “alternative
response,” “dual tracking,” or ARM. The concept of ARM is designed to be non-
stigmatizing and meant to persuade families to focus more on helping themselves by
volunteering for services. Simply put, ARM is “family centered practice with child-
centered outcomes” (p.1). The philosophical underpinnings of ARM are consistent with
the four pillars mandated by the government of Alberta and described above.

The Alberta Response Model (2002) proposes to implement several complex and
important activities that address the short-term and long-term needs of children, youth,
and families who come into contact with the child welfare system. These activities
include practicing a Differential Response, increasing permanency planning, and
increasing parental responsibility. The model also includes developing a partnership of
Child Welfare, Family and Community Support Services, Early Years and other community-based support systems.

The first activity of ARM involves practicing a Differential Response. Its impetus originated from several concerns about the current child protection system: some families are unjustly or inappropriately referred to child welfare; the number of families involved with the child welfare system far exceeds the capacity of the system to serve them responsibly; some families who could benefit from child welfare services are not reached; service delivery models lack resources and flexibility and are unable to respond to unique and complex situations. The focus of child welfare policy alternates between "family preservation" and "child rescue," and whichever approach is dominant is applied to all families regardless of their individual circumstances.

A Differential Response implies there are at least two approaches for families that have been identified as being in need of protective services. The "family preservation" approach is a capacity building, service-oriented response for low-risk voluntary families. The "child rescue" approach involves a traditional child protection investigation for high-risk, non-voluntary families. At present, child welfare intervention is well developed in this child protection investigative track. The underlying concept of a Differential Response is that child welfare intervention should be reserved for families whose children are at significant risk for abuse and neglect. Adapting current case management to a Differential Response will be required.

The second activity of ARM involves increasing permanency planning. The Ministry of Children’s Services recognizes that children need stable nurturing relationships in permanent homes. A number of initiatives, intended to increase the range
of permanent options for children, have been suggested:

- Enable front line staff to involve extended family earlier in planning for alternative care.
- Develop a private adoption agency role regarding adoptable children in care.
- Develop strategies to increase the number of children placed in adoptive homes.
- Provide opportunities to return children in permanent care to natural or kinship care homes.
- Implement an aggressive recruitment campaign for potential foster and adoptive homes.
- Encourage foster parents to provide long-term placements with enhanced training to decrease foster care drift.

The third activity of the Alberta Response Model relates to increased parental responsibility. ARM supports parent-child relationships by providing services so that parents can better assume their responsibilities. Parents are the nurturers and providers for their children. Although few in number, there are parents whose children receive services and who are able to contribute financially towards these services. ARM includes an increased expectation that parents who can contribute to services will do so, according to their ability.

The fourth activity of ARM concerns a partnership of community-based support systems. In order for a Differential Response system to be effective, community-based services and child protection agencies must work together as partners. The community provides less stigmatizing, more accessible and natural supports for children and families.
Therefore, families receive more appropriate services in a timely manner through strong community-based networks. In many communities these partnerships already exist and would be enhanced in this new environment. Children and their families are entitled to live successfully within their communities. In circumstances where a child is at risk and must enter the child protection system, the community and child protection system must work together to alleviate the risk factors and help the child make a transition back to the community as quickly as possible.

Statistics reinforce the need for an alternative approach. Kinjerski and Herbert (2000) found that both federal and provincial decisions have led to extreme caseload growth for child welfare agencies in Alberta. Alberta's Ministry of Children's Services cites the following statistics in Alberta Response Model (2002). Between 1993 and 1999, the child welfare caseload in Alberta grew 60 percent, and it grew an additional 18 percent in the following two years. Furthermore, the Canadian Incidence Study of Reported Child Abuse and Neglect (cited in Alberta Response Model, 2002) found that 60 percent of investigations were attributed to neglect that was not life threatening (i.e. lack of supervision, failure to provide proper food and clothing, and emotional maltreatment such as verbal abuse and witnessing domestic violence). Caseload growth has created the political will to explore alternative delivery models for child protection services that have the potential to decrease caseloads.

Waldfogel (1998) argues that the child protection services system is a relatively young branch of government in Alberta. However, the system has grown rapidly and continues to grow, while being strained by financial cutbacks and increased referrals. In this context, child protection services need to be rethought. The dilemma for workers is
that no one can with perfect foresight judge which children are at genuine risk of abuse or neglect. Waldfogel cites an American task force known as the Harvard Executive Session, which between 1994 and 1997 made five major criticisms of the child protection system.

1. Some families are unjustly or inappropriately reported to child protection, exposing them to coercive and intrusive investigations (i.e. vindictive reports based on ongoing custody disputes, disciplinary decisions of families, and poverty-related issues). Some reports have the potential for lawsuits. Inappropriately referred cases could pose potential harm to families involved, as well as impeding the system from responding effectively to higher risk cases.

2. The number of families reported far exceeds the capacity of the system to serve them responsibly.

3. Some children and families who could benefit from child protection services are not reached. The system misses some high-risk cases. Another group that is missed are the low-risk families who contact child protection services for help, only to be denied because they are not high risk. They do not receive help until they abuse or neglect their children.

4. The system has two competing goals: first, to investigate and remedy, and second, to keep families together. However, neither orientation is correct for all families.

5. There is a lack of service integration. Families have multiple and overlapping problems while services tend to be fragmented. The child protection system
tends to adopt a uniform approach to all cases, thus response is not tailored to families’ needs.

Waldfogel (1998) suggests that the Harvard Executive Session presents a new paradigm in which public child protection services share responsibility for child protection with a wide range of partners in the community, to provide a Differential Response to children. This new paradigm sees reform proceeding along two tracks:

1. to improve the capacity of child protection services to respond effectively to the high-risk cases that need authoritative intervention.
2. to enhance the capacity of community partners in order to provide services to help protect children in both high and low risk families.

Shifting to the new paradigm would represent a dramatic change from current practice. It would narrow the reach of the authoritative system and target high-risk children through a mandatory investigation that includes referral to law enforcement: “It is envisioned that child protection services, in partnership with the criminal justice system and other agencies, will respond more effectively to protect children in the highest risk cases of abuse or neglect” (p.111).

Low-risk families would have a non-authoritative family assessment and service delivery response. The assessment would identify a family’s needs and strengths and provide services as necessary to lower the risk of abuse or neglect. Families at lower risk would access an array of community services on a voluntary basis. Parents would be treated as partners with an emphasis on prompt and supportive intervention, to help resolve family crisis and exit as quickly as possible. Waldfogel (1998) explains that, in this paradigm, “Working as a team, child protection services and its partners would
provide each family with a response tailored to the family’s unique set of problems, needs and resources” (p.111). However, narrowing the scope of child protection could increase the risk of missing cases. Cases retained in the child protection system could still receive a “one-size-fits-all” response.

In the United States, Missouri, Florida and Iowa have used this model (Waldfogel, 1998). In 1994, Missouri authorized a pilot test of a dual response system in five locations. In 1998, 80 percent of the cases were referred to the assessment track and 20 percent to the investigation track. However, more data is needed to determine if the goals of the reforms are being met. In 1993, Florida passed dual-response legislation. Although hard data is not yet available on how community safety agreements are working, anecdotal evidence about the results is encouraging. Florida’s reforms have drawn national attention and South Carolina and Virginia are moving forward with similar changes.

In Iowa, the Patch Project in Linn County represents another approach to child protection reforms. “Patchworking,” as it is called in Britain where the concept originated, involves the assignment of child protection staff to cover certain “patches” or neighborhoods. Its purpose is to remove barriers to service integration and to deliver services at the neighborhood level, by linking child protection workers to formal and informal resources. Patchworking helps caseworkers to gain more understanding of the culture and values of the families that they work with. Although the Patch Project in Iowa is not legislated as are the other projects, it has been in operation since 1991. Overall, the Patch model has been described as promising. This reform initiative is expanding to five additional sites in Iowa. As well, Oregon, Pennsylvania and Vermont are interested in
Patch Initiatives of their own.

Schene (1998) argues that involvement with the child protection system is often required before families can gain access to limited services. Because most communities do not have easily accessible services needed by vulnerable children and families, the child protection system assumes a “gatekeeper” role, controlling access to services and resources. Involvement with the child protection system carries a stigma and creates a record, which may return later to haunt a family. Schene notes a second challenge: because the child protection system handles all cases, the rest of the community is kept at a distance. Although the members of the community report child maltreatment, they do not address it themselves. Responsibility for responding is left to the child protection system, working alone or with the courts. Schene recommends a holistic approach:

- Public support is needed to build the consensus necessary to intervene in family life, and to generate community and neighborhood supports that strengthen parenting and protecting children. A governmental agency acting in relative isolation cannot expect to be effective without the involvement of a broad spectrum of parents, concerned citizens, community agencies, private organizations, and other public entities that work with children. (p. 36)

The philosophical underpinnings of the Alberta Response Model (2002) are consistent with the four pillars described above: “[The Alberta Response Model] provides the necessary tools to continue to move practices in the direction of producing better outcomes for children, yet be fiscally sustainable” (p. 3). Although the Ministry of Children’s Services has provided some general directions for the Alberta Response Model, it is the responsibility of each region to implement the model. Section 3 includes a
discussion of Sun Country’s implementation of ARM.
Section Three: The Response of Sun Country Child and Family Services

Sun Country Child and Family Services is implementing new and innovative programs to reflect and uphold its commitment to the community regarding the care and safety of Alberta’s children. It plans to build on existing regional structures and directions and to involve staff, strategic and community partners, including Aboriginal partners. There is some discussion of the development of a regional design team to oversee ARM initiatives.

Sun Country’s regional statistics reinforce Kinjerski and Herbert’s (2000) as well as Waldfogel’s (1998) statements regarding the strained child protection system. In southern Alberta, as in other regions, there is an urgent and growing need for new practices in order to cope with the rising number of children needing child protection services.

The Child Welfare Information System (CWIS), a confidential internal database accessible only to child welfare workers, reports the following statistics for children in Alberta’s Sun Country region, as of December 2002. First, a total of 703 children are involved with the Sun Country child protection system. Of this total of 703, 356 children reside in foster care, which is out-of-home care provided by Sun Country. Furthermore, in Sun Country’s region of southern Alberta, the numbers have increased by 25 percent, from 286 in December 1996 to 356 in December 2002. A total of 254 foster children, or 70 percent of the 356 foster children in care, are permanent wards of the state (see Figure 2).
A disproportionate percentage of those in care are native children. In the Sun Country region, of the 254 children who were permanent wards of the state, for example, the majority in all age groups were native children, as shown in Figure 3.
As of January 2003, Sun Country's statistics show 358 children with in-care status. Of these 81 percent have a wide range of assessed needs: suspected or assessed Fetal Alcohol Syndrome (FAS), Fetal Alcohol Spectrum Disorder (FASD), Attention Deficit Disorder (ADD), Attention Deficit Hyperactive Disorder (ADHD), Reactive Attachment Disorder (RAD), mental illness, conduct attachment disorders, physical, developmental, and learning disabilities, mental handicap, and a range of medical conditions. Of these children, almost one third have more than one disability.

Sun Country's Business Plan for 2002-2005 (2002) announces that its Differential Response will include a home visitation program to screen all live births for risk and to
refer to other programs as necessary. Family and Community Support Services and other community stakeholders have collaborated with Sun Country to deliver preventive and early intervention programs for children and families. These include programs such as Families First, First Steps, and Parents as Teachers. All three are home visitation programs.

In the Families First program, a home visitor works with a family with a new baby for up to 3 years, supporting and teaching parents to be the best parents they can be. A family support plan is developed regarding stress reduction tips, problem solving skills, home management skills, health and nutrition education, and transportation to essential medical services.

The First Steps program works with women who abused alcohol/drugs during pregnancy, women who are still pregnant or up to 6 weeks post-partum and are not connected to community services. First Steps also works with women who have previously had a child diagnosed with FAS or FAE, or who themselves have been diagnosed with FAS or FAE, and are not connected to community services. The goal of First Steps is to help mothers build and maintain healthy independent family lives, to assure children are in safe and stable homes, and to prevent future births of alcohol and drug affected children. Trained and supervised advocates work with a caseload of up to 12 clients for the three years of enrollment. First Steps advocates provide extensive practical assistance and the long-term emotional support.

Parents as Teachers is a program with parent educators who deliver a structured curriculum that is centered on five domains relating to emotional, social, language, intellectual and gross and fine motor skills. Parent educators guide parents in activities
that enhance skills and the development of preschool children.

Sun Country also has a Family Outreach Program. Outreach workers attend the home to teach parenting skills and one-on-one behavioral management skills. The Family Outreach Program is particularly valuable in situations where mediation is needed between parent and adolescent. Because Outreach workers are not delegated the authority to exercise duties and powers under the Child Welfare Act, clients do not view them as intrusive. In some regions they are known as Family Enhancement workers.

To assist community stakeholders, referral protocols to child protection are being developed, with a Sun Country staff member available for consultation. The hope is to solve problems without involving child protection and the stigma it often carries. Providing earlier support and intervention may reduce the need for crisis services in the future. The Family Outreach Program will expand to join with the Joint Investigative Initiative. An outreach worker will be housed at the Lethbridge City Police to provide practical follow-up services to support families experiencing violence.

The Joint Investigative Initiative is a partnership with the Lethbridge City Police Family Crisis Team intended to provide early support, crisis intervention, and follow-up services to families experiencing violence. Sun Country has two social workers housed with the Lethbridge City Police (LCP); they accompany the LCP if children are reported to be present at the scene of an investigation. Their presence has a positive effect in these potentially volatile situations, since a social worker has a different persona than an authority figure who may escalate the situation. Social workers are knowledgeable about the Child Welfare Act and therefore can counsel the guardian to some extent. They possess crisis intervention skills and also have the power to apprehend children if
necessary.

Sun Country plans to form further partnerships with community-based stakeholders. As previously noted, community agencies are implementing various programs and protocols to work with the child protection system. As Schene (1998) notes, when community agencies report concerns they expect the child protection system to respond. Involvement with such families can be a new and strange experience for community agencies. At the same time, families involved with child protection services are often isolated and unfamiliar with community agencies.

Currently, Sun Country has a working relationship with the Blood Tribe Children’s Services and Peigan Children’s Services. The Urban Aboriginal Interagency Committee has been formed to develop and provide a range of appropriate support services for native children both on and off reserve, in Aboriginal families at risk of entering the child protection system. In addition, protocols are being developed to ensure that families dealing with parent teen conflict will access existing mediation, counseling, or outreach services as an alternative to a child protection response. Policies and protocols are being refined to ensure that natural and extended families are formally involved in decision making, case conferencing, and permanency planning.

One example of Sun Country’s partnering with community agencies is the Fetal Alcohol Syndrome (FAS) Justice Committee. This Committee is comprised of representatives from approximately 20 agencies. Committee members include a Lethbridge City Police officer; a school liaison officer; two school superintendents; representatives of Native Counseling Services, Probation, Lethbridge Young Offenders Center, Public Guardian’s Office, and Persons with Developmental Disabilities (PDD);
Dr. Storoz, a pediatrician; a Crown Prosecutor; and two staff from Sun Country, one a Provincial FAS Initiative Specialist. This committee formed in February 2000 and meets three times a year.

In a January, 2003 phone conversation, Constable Jim Olsen, the LCP officer on the FAS Justice Committee, related that he works with youth who are diagnosed or are suspected of having FAS. He plays a liaison role, educating judges about FAS disabilities and advocating for more appropriate sentencing of these brain-injured youth. Although they are serving retribution for their crimes, jailed and so unable to reoffend, these young people are unable to be rehabilitated. They are also susceptible to further victimization by other inmates while incarcerated. FAS individuals have poor memory and judgement, are impulsive, and do not have the capacity to learn from cause and effect. Professionals need continual reminders of these debilitating facts, since many FAS individuals appear physically and cognitively normal. Therefore, society has the same behavioral expectations of an FAS individual as of any other individual.

Sun Country's initiative to increase parental responsibility will involve Resources to Children with Disabilities (RCD) and the child protection services program. These agencies are to actively pursue cost-sharing arrangements with parents and to document this contribution. Staff will be trained to use financial statements, court agreements, and orders regarding maintenance and registration with the Maintenance Enforcement Program. This program pursues guardians for the financial assistance of their children.

Sun Country's initiative to increase permanency will be led by Grant Alger, who recently became Sun Country's Regional Adoption Permanency Planning Specialist. This position was created in January, 2003 and signifies the narrowing of his role and the
emphasis for his continued work in adoption. Prior to this position, Alger provided direction regarding foster care as well as adoption. He plans to redeploy staff resources to focus on programs regarding private guardianship, kinship care, long-term foster care and adoption. A plan to support kinship-care families and private-guardianship families is being considered. The feasibility of a post-private-guardianship financial support program, similar to the Post Adoption Support program, is also being considered.

Furthermore, Alger plans to modify case management practices by educating social workers on the concurrent planning model. He recognizes that an effective curriculum will affect attitudes, resulting in a change of philosophy and practice.

Alger has developed a training model consisting of four modules. Module One provides an overview of permanency, its philosophy, goals and objectives. It addresses permanency options and presents features and support resources. Module Two will be more specific as to process and will present a concurrent planning model. Module Three will address legal issues and case planning to effect permanency planning. It will discuss family group conferencing, preparing cases for termination of parental rights, and effective case planning. Module Four will address requirements for preparing children and families for adoption and post-adoptive/private guardianship supports, roles of the Permanent Guardianship Order worker, the placement process and supports following adoption, private guardianship for long term care, and preparation of 16 and 17 year olds for independence or transfer to Person with Developmental Disabilities (PDD).

In putting together material for the four modules, Alger recognizes that a worker must intellectually agree with an idea in order to implement the idea into practice. To change one's practice, the person must agree with the reasons behind the change or
understand why a change is needed, rather than being instructed or forced into implementing the change. Alger’s training explains why children need permanency early in their life and impresses upon case managers the need to move to permanency as early as possible. The very important part they play, being granted the authority to act as the child’s guardian under the Child Welfare Act, is emphasized. Module One was well received and presented in September 2002.

Alger (2002) observes that the goal of achieving permanency for children is as old as child welfare and has always been a part of good child welfare practice. He questions why obtaining this goal is so elusive. Permanency should be part of every policy, every case plan, and every decision that social workers make on behalf of the children they serve. Permanency is mandated in the Child Welfare Act, and the values and principles of permanency acknowledge that every child deserves a safe and permanent family. Where possible, children should be raised by their family of origin. Failing that, they should be raised by their extended family, and failing that, they should be adopted by their foster parents or by an unrelated family. Efforts to achieve permanency should begin when the child first enters care, and various options should be considered. Foster care may not be the best option because its intent is temporary care. It is not normal or desirable for children to have the state as their permanent guardian.

Understanding brain development and the importance of attachment was fundamental in Alger’s curriculum. Shatz, a neurobiologist (as cited in Nash, 1997) describes as “breathtaking” the recent finding that the electrical activity of brain cells changes the physical structure of the brain. Shatz explains that at birth a baby’s brain contains 100 billion neurons, all the nerve cells a person will ever have, but the pattern of
wiring between the nerve cells has not stabilized. The wiring or pattern will depend on sensory experiences to refine this rough blueprint. There is a time scale to brain development, and the first year is the most important. In the first few months after birth, the brain explodes with new synapses. By age two, the brain contains twice as many synapses and consumes twice as much energy as the brain of a normal adult. Ninety percent of cell connections develop before age two through stimulation of the senses. By age three, a child who is neglected or abused bears marks that are difficult to erase. By age ten, the brain eliminates or prunes connections or synapses that are never or seldom used. Therefore, the brains of children who are deprived of a stimulating environment are at a disadvantage. Rich experiences produce rich brains; however, the experiences must occur early in life.

Dawson (as cited in Nash, 1997) explains that for a time a child’s brain is forgiving. However, the ability to rebound declines as a child matures. The different areas of the brain mature in sequence, from brainstem to cortex, on a “use it or lose it” basis. The outside world shapes how the brain is wired, and there are windows of opportunity for optimal development to occur. Regarding attachment, the window closes at 18 months; regarding self-regulation, at 24 months; regarding vocabulary, at 3 to 4 years; and regarding vision, after the first year. Once the windows close, change can occur but biology has a strong effect.

Perry (2001) argues that, because the attachment window is so short, a child’s first relationship forms the template for all future relationships. Positive physical contact between caregiver and child results in the normal organization of the child’s brain regarding attachment. Holding, gazing, smiling, kissing, laughing, and rocking are
important activities. These critical periods are related to the capacity for the infant and
caregiver to develop a positive, interactive relationship. Children without touch,
stimulation or nurturing can lose the capacity to form any meaningful relationship for the
rest of their lives. According to Perry, "The severity of problems is related to how early in
life, how prolonged, and how severe the emotional neglect has been" (p.5). Children who
are exposed to violence, refugee status, or war zones are vulnerable to developing
attachment problems. Perry concludes, "Therefore, despite the genetic potential for
bonding and attachment, it is the nature, quality, pattern and intensity of early life
experience that express that genetic potential. Without predictable, responsive, nurturing
and sensory-enriched care giving, the infant's potential for normal bonding and
attachments will be unrealized" (p.4). Magid and McKelvey (1990) claim that infants
learn 50 percent of their lifetime knowledge during the first year of life, another 25
percent in the next year, and the last 25 percent from age three onward.

Perry and Wilkes (as cited in Alger, 2002) claim that abuse and neglect has an
impact on brain development. High stress environments cause the secretion of hormones
such as adrenalin and cortisol that are toxic to the brain. Infants and young children who
are exposed to abuse and neglect are more likely to produce a strong stress response, be
hypervigilant, focus on non-verbal cues, and experience anxiety and impulsivity even
when exposed to minimal stress. Chronic activation of these stress responses may wear
out the area of the brain responsible for memory, cognition, and arousal. Children cannot
learn when they feel angry or threatened. The more outside the range of normal
experience and the more life threatening the experience, the more difficult it will be for
the child's normal mental mechanisms to process and master the experience. The effects
of chronic stress are magnified in young children, since their brains are also in the process of rapid development.

Perry (as cited in Nash, 1997) describes the danger of inadequate parenting:

"Because the brain develops in sequence, with more primitive structures stabilizing their connections first, early abuse is particularly damaging. Children, who are physically abused early in life develop brains that are exquisitely tuned to danger. Their hearts race, their stress hormones surge, and their brains track nonverbal cues which might signal the next attack" (p.53). These early experiences of stress form a template. Emotional deprivation has a similar effect. The brain development of children will be impaired if they do not receive adequate physical and emotional care, especially during the first year of life. Children who do not play or who are rarely touched develop brains 20 to 30 percent smaller than normal for their age. Therefore, timely permanency planning for children is imperative.

Chaotic environments and lack of permanency can have a long-term impact on a child’s ability for future attachments. Alger (2000) lists several psychological and behavioral impacts: difficulty in trusting, the need to control, attention seeking, indiscriminate attachment, poor peer relationships, interpreting imposed limits as rejection, poor impulse control, anxiety at closeness, seeking rejection, sensitivity to changes, and lack of conscience. Children can also exhibit learning and developmental difficulties in many areas: learning from cause and effect; logical and abstract thinking; thinking ahead; speech, motor, social and learning skills. They may tend to regress when fearful or frustrated.

Many of these behaviors are characteristic of the average child in the child
protection system. Reactive Attachment Disorder has implications for child protection practice. It indicates that family care may not be the best situation for a child; therefore, child protection may need to shift in its philosophy and practice. It also indicates that the justice system and courts need to be more aware of a child’s experience of time and the need of a stable caregiver before the key window of opportunity closes. The child protection system works to provide stable and caring caregivers in order to offset some of these deficits. Having a consistent, trusting relationship with an adult who supports and serves as a “beacon presence” to a child is an important factor in resiliency (Gelman, 1991, p.46). This belief supports the permanency planning initiative of ARM.

Nash (1997) argues that new insights into brain development have profound implications for parents, policymakers and society. Parents and policymakers must pay attention to the conditions under which the delicate process of brain development occurs. Children born into impoverished households or to parents with minimal parenting skills are at risk, and society will suffer the consequences.

A survey by the Southern Alberta Network of Children’s Services (2001) provides first hand and relevant information from former children in care. The results should influence the case management practices of front-line social workers. Powerful anecdotes offer simple strategies to child protection workers and poignantly demonstrate that changes in practice are needed. Following are some of the comments by former children in care.

- Youth/child needs to know where they are moving and when. Meet to do activities together beforehand. Make sure it’s a better home than the one you’re leaving. Don’t prejudice, have some faith, if child does something it’s
no big deal. We’re not dumb, we feel out of place, invading someone’s home.
(19 years, female)

- As a child starting at age 8 or 9, I spent years trying to get social services to get involved. My sibling and I called the police for help, they came, talked to my father and left again. There was no change in my father’s behavior over and over again. There was lots of physical abuse which I took the brunt of until my brother got older. I was choked into blackouts and beaten by my very violent father. I won’t go to my parents’ home today without another person.
(21 years, female)

- It would have been helpful to be with a family member and/or an aboriginal family. I feel foster care for me was psychologically abusive even though I was placed in relatively good foster homes. Partly because of the uncertainty of not knowing what was going to happen from day to day. (33 years, female)

This survey provides meaningful information, reinforcing the need for a change in social work practice and for timely permanency planning. Understandably, such problems in childhood can have a residual effect and carry over into adulthood, affecting all of society. Troubled children grow up to become a nation’s future citizens, voters, and potential parents who may parent as they have been parented themselves. It is a monumental task to provide effective service while respecting the rights of all stakeholders, especially when many systems are interconnected. The need is great to recognize and break the cycle, so that these young members of society can become emotionally healthy and functional. There is no simple solution.
Section Four: Concerns, Ethical Dilemmas, and Questions

The Alberta Union of Public Employees (AUPE) (2002) is not against the concept of ARM; however, it is concerned with its implementation and its consequences. Alberta has taken its lead from Missouri, which has implemented a Differential Response for two years before full implementation. Schene (1998) advises that stakeholders must first agree with the model before implementation can be successful. The purpose of a Differential Response is to have stakeholders accept clients who may have been serviced by the child protection system in the past. Because of the stigmatizing element that child protection carries, stakeholders may be reluctant to assist.

A second cause for AUPE’s concern is the lack of overwhelming evidence that a Differential Response has resulted in better outcomes for children. In Missouri, the project resulted in no difference in the amount of child deaths, no difference in recidivism rates between core protection and family assessment files, and only a slight increase in the total number of cooperative clients who received services in the family assessment track. All states first piloted their models before full implementation. As well, there is no cost-benefit analysis available from any state that has fully implemented a Differential Response (AUPE, 2002).

There are no comments from states that have fully implemented their forms of Differential Response relating to the staffing. Legislative changes always come first in support of new practice in child welfare, before full implementation. AUPE (2002) is concerned that this model may be a precursor to privatization as it was in Florida.

Child protection services often receive referrals that are not child-protection issues but issues related to mental health, justice or education. Callers are asked for more
information, and child protection files are not opened until all other avenues are 
exhausted. All government departments are faced with limited resources and funds. High 
child protection caseload numbers result in prioritizing files. AUPE (2002) is concerned 
that this process may put children at risk by screening families out.

Because child protection work is confidential, social workers cannot defend their 
practice when certain cases come to the public’s attention as a result of media coverage. 
The Code of Conduct and Ethics for the Public Service of Alberta (2000) directs 
employees not to release information in contravention of the oath of office set out in 
section 20 of the Public Service Act. As well, the Code of Conduct and Ethics directs 
employees to ensure confidentiality by not, directly or indirectly, making information or 
documents available to unauthorized persons. Therefore, child protection workers work in 
a state of isolation that only other child welfare workers share and understand. Workers 
are often condemned whether a child is removed from the family home or remains in the 
home. Child protection workers are thought of as baby snatchers; social work is often 
called the “unloved profession.” Because there is little public understanding and little 
affirmation of their work, social workers can burn out easily and may experience little 
professional satisfaction.

Inexperienced social workers need knowledge and practice in order to do good 
work; they need time to become experienced and effective. In addition, they need to learn 
the complexities of the various systems they work within - not only their own system of 
child protection, but the systems of justice, education, and health. Because child 
protection workers are usually overburdened, any new task seems daunting. They may 
sometimes put unfamiliar tasks on a back burner and not attend to them. For example,
because of the process necessary to acquire mandatory documents related to adoption, they may not follow up on the option of adoption. Perhaps with the push of permanency planning mandated by ARM, and the resulting new permanency training, adoption will become an increasingly viable consideration.

The changing of social workers can present a problem. For various reasons often beyond management’s control, different workers are assigned to case-manage files, and as a result clients may suffer. Rapport, trust and often information may be lost, with consequences for practice, service and delivery. Such a lack of continuity was identified as a factor in Richard Cardinal’s suicide (Child Welfare, 2000). Lack of continuity was also identified as a problem by former foster children responding to the Southern Alberta Network of Children’s Services survey (2001).

Legal counsel for the Ministry of Children’s Services (Zappone, 2003) claims that “Dealing with the dynamics of the court system and the particular characteristics of the various Provincial Court Judges may prove to be a barrier in permanency planning for children.” The Ministry of Children’s Services Child Welfare Handbook (1995) states that “The cumulative time under custody agreements, interim custody orders and temporary guardianship will not exceed 2 years unless there exist exceptional circumstances that might justify an extension to temporary care for up to 1 more year” (section 04-03-01). However, most judges are giving parents a third year before proceeding to a Permanent Guardianship Order (section 04-03-01).

Children in care are only available for adoption once they are permanent wards of the court. Although three years in the life of an individual may not seem a long time, in the impressionable years of a young child three years is a significant period of time. Often
the opportunity for adoption is lost if a child is too old. Judges need to become aware of
the need for early permanency, and perhaps then they will begin to make different
decisions. Sun Country plans to work with legal council and the judiciary to facilitate
timely decisions that meet legal requirements. Legal counsel for The Ministry of
Children’s Services advises workers to be cognizant that the wheels of justice grind
slowly and to factor this into their plans for children. For example, getting a hearing date
can take three or four months, and hearings are generally not scheduled until parents have
retained counsel. The court will tolerate months of adjournments to ensure that parents
have been able to retain counsel (Zappone, 2003).

Often foster families desire to adopt their foster children. In fact, 60 percent of
ward adoptions are foster parents who adopt the children they have fostered. The majority
of foster homes are Caucasian, and 49 percent of the children in care are Native children.
If Native children have registered status, Child Welfare policy directs child protection
workers to consult with Aboriginal Bands and request their approval. Usually, there is no
response from the Band. The result of this lack of response is that Native children tend to
remain in non-native homes long term, without the option of adoption. It is disturbing
that the option of adoption will not be considered for 49 percent of the children in care.
Perhaps with the Bands delivering their own services, this problem will be addressed.

Sun Country’s Business Plan (2002) reports that the Aboriginal population in the
region total less than 10 percent of the total population. However, the Aboriginal caseload
for Sun Country is 49.3 percent. In July 2002, the Peigan Band received delegation from
the Minister to administer their own child protection. Since then, the staff of Sun Country
have heard that the Blood Band will deliver their own child protection services to
residents who reside on the Blood Reserve. The Blood Band have hired retired provincial child welfare personnel formerly in management positions to assist in developing their own model. The target date is May, 2003. Sun Country staff look forward to this development, since child protection has long been delivered by predominantly non-native workers using an Act and policy determined by a non-native majority.

Sun Country staff believe in Aboriginal self-government and determination. However, service delivery needs for the Aboriginal population are affected by several factors: the ongoing trend for these families to migrate between the city and home reserve, the lack of Aboriginal services, and the ongoing disputes between federal and provincial governments regarding jurisdiction, disputes which affect funding. Finally, since their forefathers made agreements with the federal government, some Native people do not want to deal with the provincial government. However, it is the provincial government that administers child protection services. Considering all these factors, child protection workers are concerned and believe that some children and families may be at risk.

At age 18, children no longer are eligible for child protection services as they are deemed adults and able to fend for themselves. Some of these young adults have been cared for by the child protection system for most of their lives and feel deserted. Some will move from the child protection system to other resources and systems, such as Persons with Developmental Disabilities (PDD), Assured Income for the Severely Handicapped (AISH), Public Guardians Office, or Justice. However, there is concern that some will fall through the cracks.

The Sun Country Business Plan (2002) reports that half of the children in care
have been diagnosed with or are suspected of having Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effect (FAE). A high number of their birth parents are also affected by alcohol. These children and families pose significant challenges and have high-cost needs. Many will require ongoing support as they make the transition into adulthood.

Lawryk, founder of the OBD (Organic Brain Dysfunction) Triage Institute and a qualified expert witness in Youth, Family and Provincial Courts, stated that Alberta has had seven generations of alcohol-affected families and that the southern regions are considered pioneers regarding work in Fetal Alcohol Syndrome (FAS). Sun Country is planning innovative new projects, such as a FAS group home and an FASD (Fetal Alcohol Spectrum Disorder) project to begin April 1, 2003. Alberta’s Ministry of Children’s Services continues to fund Donna Debolt, a Provincial FAS Initiative Specialist in this region, for 2003. Sun Country (2003) reports that Debolt’s initial focus is on the development and delivery of training to foster parents, residential care and child welfare staff.

The issue of FAS calls into question the responsibility of the birth mother to her unborn child. Her consumption of alcohol has the potential to put the fetus at extremely high risk and to cause life-long damage. Our permissive society talks of rights, but with rights come responsibilities. A birth mother’s rights and freedom become an ethical dilemma once they infringe on the health and well being of her child. The FAS individual has lost potential personally and to society and becomes a financial burden to society. FAS is a frustrating disorder for both victim and society, especially as it is 100 percent preventable.

Sun Country partially funds the Lethbridge YWCA Women’s Shelter. There has
been an increase of children admitted to the shelters in this region. Family violence has a
tremendous impact on children, and Outreach counselors indicate a need for this vital
service to continue. Follow-up and support services for women with children are lacking,
as are treatment and follow-up for abusers. Family violence is a continuing concern for
child protection workers, as is the lack of resources.

Child protection should not be seen in isolation but as one strand in a web of
many other programs and social issues. Child abuse does not simply result from a lack of
knowledge and parenting skills; it must be seen as one component of a larger picture.
What is driving the abusive or neglectful behavior? How do poverty, family violence,
homelessness, mental health issues, addictions, drug and alcohol abuse affect parenting
and interaction? The Sun Country Business Plan (2002) indicates that “Children in this
region encounter circumstances that could place them at greater risk” (p.4). In this region,
13.16 percent of children live in single-parent families, 19.81 percent in low income
families, and 6.44 percent in very low income families. Firestein and Angel (1999) have
found that decreasing welfare benefits correlate with an increase in poor cognitive
achievement, problem behaviors, and child maltreatment. A partnership should be
encouraged with other Government Departments, such as Justice, Health, Human
Resources and Employment, regarding these pressing issues that affect society and its
children.
Conclusion

In the autumn 2002, there was talk of the Health Authorities changing their boundaries, a change which, many predicted, would have a ripple effect regarding the boundaries of the 18 regional authorities of Children’s Services. Social workers discussed how Children’s Services had moved from 6 regions, to 18 regions in 1999, and now a change might once again occur. In a January 23, 2003 news release, The Honorable Iris Evans announced that, effective April 1, 2003, the Children’s Services Ministry would reduce the number of authorities throughout the province from 18 to 10 (9 geographical regions, plus the existing Metis settlements region):

The amalgamation will align CFSAs (Child and Family Services Authority) with the new Regional Health Authority boundaries to ensure consistent planning and provision of services to local communities, as well as to improve governance and administrative management. Services to children and families will not be disrupted through these boundary changes. While there may be some economies of scale, this endeavor is not a cost sharing exercise but rather a part of an overall repositioning of our ministry.

Much talk and speculation of change has the effect of creating turmoil and destabilizing workers, thereby impacting their productivity.

Pat Lowell (2002), Sun Country’s Regional Manager of Strategic Support and Development, explains the dilemma facing child protection services:

Child protection services are expected to straddle two core values of society – the protection of children and respect for the privacy of the family. Child protection is accused of both unwarranted interference in private life and irresponsible inaction
when children are truly threatened. Without a solid research base and evaluation of client outcomes, there is an inadequate knowledge base, which undergirds the actions of its staff. But, because children's lives are at stake, child protection services cannot stop its work while the public debates its mission, or while researchers discover which intervention might help which families. This plan must be fixed while it flies through the air.

There is no simple solution to this dilemma. It is a pity that some children need protective services from their parents or guardians, and it is ironic that society had agencies to protect animals before children were formally protected. My research and professional experience lead me to conclude that, although I know life is not static and change is evitable, mankind seems to be constantly “reinventing the wheel” and will likely continue to do so. The constant state of change confronting child protection workers may be attributed to a number of factors: shifts in policy development, fiscal realities, and the increasing need for effective service. New models, directives and laws are constantly forthcoming. The questions remain: Is there a right response? Will children ever be safe? While every individual has rights, what about responsibilities? What happens when the freedom of one infringes upon the rights of another?

Questions like these complicate the work of many professionals. Judges must interpret the law as governed by various Acts. However, it appears the intent to solve problems is sometimes hindered by existing laws.

Through the years, different models of child protection have been introduced, and the governing authorities have issued a range of directives and mandates. Regardless of politics, child protection workers are committed to keeping children safe. Those working
in child protection services are led to believe that ARM has merit, and once more they will change their practice to accommodate the new directive. However, the concerns remain. Social workers often assume the role of teaching other professionals. However, it is not just the responsibility of social workers to protect our children, but the responsibility of society as a whole. One must look at the broader picture, including problems brought on by poverty, marital breakdown, single parent families, and the loss of extended family support. What was once a norm, the two-parent family with extended family support, has become an exception.

Because child protection workers are so immersed with dysfunctional families, they tend to see pathology everywhere. They must constantly remind themselves that most parents are doing a good job of parenting and are raising healthy children. Only a small percentage of Alberta’s children need protection, although a substantial portion of our provincial budget is spent on caring for its children in care. Individuals need to recognize that parenting is one of the most important jobs that they will ever have. They are raising the citizens of the future who will form and influence our society. Children require and deserve healthy environments. There is abundant research regarding effective parenting strategies and stages of child development to assist interested parents. Children are Alberta’s future, as they are the future everywhere.
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