Report of
Family Centred Care in Context 2009 Conference
cum Study Visit
(May 24-28, 2009; Alberta, Canada)

Prepared by Delegation:

Cheung Wing Shan, Teresa
(Hong Kong Family Welfare Society)

Lau Kwok Wa, Otto
(Christian & Missionary Alliance Church Union Hong Kong Ltd)

Lau Yuk King
(The Chinese University of Hong Kong)

Mui Wai Keung, Moses
(The Hong Kong Council of Social Service)

August 2009
# Table of Content

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Introduction</td>
<td>3</td>
</tr>
<tr>
<td>II Background</td>
<td>5</td>
</tr>
<tr>
<td>III Observation</td>
<td>7</td>
</tr>
<tr>
<td>IV Implication to Hong Kong</td>
<td>15</td>
</tr>
<tr>
<td>V Conclusion</td>
<td>16</td>
</tr>
<tr>
<td>VI References</td>
<td>17</td>
</tr>
<tr>
<td>VII Appendices</td>
<td>18-36</td>
</tr>
</tbody>
</table>
I. Introduction

The concept of family-oriented practice and intervention has been discussed in the local social service sector in recent years. It seems that various obstacles have been encountered in frontline service setting in adopting the concept. Thus, it is recognized to facilitate social welfare personnel to gain insight into the subject through exposure to overseas experience, so as to develop the optimal service delivery mode in local context. With this aim, a delegation of 4 local social workers has been organized to attend the Family Centred Care in Context 2009 Conference held in Alberta, Canada from May 24-26, 2009. Post-conference agency visits was arranged from May 27-28, 2009. The information of the event are listed below:

Organizers: The Central and Northern Network for Child Health and Southern Alberta Child & Youth Health Network

Date: 24 – 28, May 2009

Venue: Edmonton, Alberta, Canada.

Conference Objectives:
The purpose of the conference is to bring parents, professionals, policy makers, and researchers together to develop a common understanding of family centred care and how it can be adapted within a variety of settings. This common understanding will contribute to more consistent and collaborative approaches to care, ultimately improving the experience and outcomes for children and youth. This goal is aligned with interest in health regions to adopt a more family centred approach, as well as with the family centred focus of the new Family Support for Children with Disabilities Act.

Programme:

<table>
<thead>
<tr>
<th>Date</th>
<th>Events</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 – 26 May 2009</td>
<td>Conference Programmes</td>
<td>Panel; Workshop; Visit</td>
</tr>
<tr>
<td>25 May 2009</td>
<td>Visit: Strolley Children Hospital</td>
<td>Children Hospital</td>
</tr>
<tr>
<td>27 May 2009</td>
<td>Visit: Parent Link Centres, Edmonton</td>
<td>Child care and parent support</td>
</tr>
<tr>
<td>27 May 2009</td>
<td>Visit: Braemar School</td>
<td>Special High School; Support service for young dads and moms</td>
</tr>
<tr>
<td>27 May 2009</td>
<td>Visit: The Candora Society of Edmonton</td>
<td>Community Services: Support for low-income family</td>
</tr>
<tr>
<td>28 May 2009</td>
<td>Visit: Alberta Children and</td>
<td>Bursary program: community youth</td>
</tr>
<tr>
<td>Date</td>
<td>Events</td>
<td>Services</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Youth Services (Minister of Children and Youth Services)</td>
<td>engagement</td>
</tr>
<tr>
<td>28 May 2009</td>
<td>Visit: Big Brothers, Big Sisters - Edmonton and Area</td>
<td>Mentoring programs for youngster</td>
</tr>
<tr>
<td>28 May 2009</td>
<td>Visit: Alberta Health Services</td>
<td>The Alberta Fatherhood Initiative ; The Alberta Network for Safe and Health Children</td>
</tr>
</tbody>
</table>

**Name of Participants:**

1. Cheung Wing Shan, Teresa  
   Senior Social Worker,  
   Hong Kong Family Welfare Society

2. Lau Kwok Wa, Otto  
   General Secretary for Social Services,  
   Christian & Missionary Alliance Church Union Hong Kong Ltd

3. Lau Yuk King  
   Assistant Professor,  
   The Chinese University of Hong Kong

4. Mui Wai Keung, Moses  
   Chief Officer (Family & Community Service), Service Development,  
   The Hong Kong Council of Social Service
II. Background (What is Family-centred Service?)

History of Origin

Carl Rogers, a psychologist, was one of the first individuals to discuss ideas related to family-centred service (FCS). His approach was referred to as “client-centered”. It focused on giving control to the client, rather than the service provider. In the 1960s, the Association for the Care of Children in Hospital began to relate these ideas to children and their families through discussion of “family-centred care”. Since this time, the concepts behind family-centred care and family-centred service have been written about and researched by many individuals and organizations.

Definition of FCS

According to CanChild’s definition, Family-centred service is made up of a set of values, attitudes, and approaches to services for children with special needs and their families. Family-centred service recognizes that each family is unique; that the family is the constant in the child’s life; and that they are the experts on the child’s abilities and needs. The family works with service providers to make informed decisions about the services and supports the child and family receive. In family-centred service, the strengths and needs of all family members are considered.

CanChild’s definition of family-centred service is based on concepts from the literature on family-centred service, and on research in the fields of early intervention and pediatric rehabilitation. The ideas behind family-centred service are broad and can be applied to all the services a child receives, including rehabilitation, school, and community programs.

Elements of FCS

There are three premises (or basic assumptions) that form the foundation of family-centred service. Each of the premises is then followed by guiding principles and key elements. The guiding principles describe what families should expect in family-centred relationships with service providers. The key elements outline behaviours that are expected of service providers, and the rights and responsibilities of families.
### Premises, Principles, and Elements of Family-Centred Service

<table>
<thead>
<tr>
<th>Premise (basic assumption)</th>
<th>Premise (basic assumption)</th>
<th>Premise (basic assumption)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Parents know their children best and want the best for their children.</td>
<td>• Families are different and unique.</td>
<td>• Optimal child functioning occurs within a supportive family and community context: The child is affected by the stress and coping of other family members.</td>
</tr>
</tbody>
</table>

#### Guiding Principles (“should” statements)

| Each family should have the opportunity to decide the level of involvement they wish in decision making for their child. | Each family and family member should be treated with respect (as individuals). | The needs of all family members should be considered. The involvement of all family members should be supported and encouraged. |

#### Key Elements (rights and responsibilities)

<table>
<thead>
<tr>
<th>Expectations and Rights of Families</th>
<th>Service Provider Behaviours</th>
<th>Expectations and Rights of Families</th>
<th>Service Provider Behaviours</th>
<th>Expectations and Rights of Families</th>
<th>Service Provider Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be the ultimate decision makers.</td>
<td>• Encourage parent decision-making in partnership with other team members.</td>
<td>• Maintain their dignity and integrity throughout the care-giving process.</td>
<td>• Respect the values, wishes and priorities of families.</td>
<td>• Have their needs and concerns taken into account.</td>
<td>• Consider and be sensitive to the psychosocial needs of all family members.</td>
</tr>
<tr>
<td>• Utilize their own resources.</td>
<td>• Assist families to identify their strengths and build their own resources.</td>
<td>• Be supported in the decisions that they make.</td>
<td>• Accept and support decisions made by families.</td>
<td>• Feel welcome and supported in the level of participation they choose.</td>
<td>• Provide an environment that encourages the participation of all family members.</td>
</tr>
<tr>
<td>• Receive information which will enable them to make decisions about the care that will most effectively meet their needs.</td>
<td>• Inform, answer, and advise parents.</td>
<td>• Have their opinions sought and to be listened to.</td>
<td>• Listen.</td>
<td>• Respect the family’s own style of coping without judging what is right and what is wrong.</td>
<td>• Respect the family’s own style of coping without judging what is right and what is wrong.</td>
</tr>
<tr>
<td>• Define the priorities of intervention.</td>
<td>• Work in partnership with parents and children and help them identify and prioritize their needs from their own perspective.</td>
<td>• Receive individualized services.</td>
<td>• Provide flexible and individualized services</td>
<td>• Communicate in a language understandable by parents.</td>
<td>• Encourage family-to-family support and the use of natural community supports and resources.</td>
</tr>
<tr>
<td>• Choose their level and type of involvement and the level of support they require.</td>
<td>• Collaborate with parents at all levels.</td>
<td></td>
<td></td>
<td></td>
<td>• Recognize and build on family and child strengths.</td>
</tr>
</tbody>
</table>
III. Observation

3.1 Care for Children with special needs

According to the Family Support for Children with Disabilities Act in 2003, family-centered practice should be a build-in element of care service for children with special needs. It is based on the beliefs that children’ needs are most likely met when the needs of all of the family members are met, parents know their children best and children show improved functional performance when interventions are embedded in everyday environments of families. With a family-centered perspective, the Alberta Government initiated different programs for the children with special needs and their families. Three programs were presented in the conference and identified in the website.

The Family Support for Children with Disabilities (FSCD) Program provides a broad range of proactive and family-centered supports that assist families to care for and promote the healthy growth and development of their child with a disability. The Program provides funding to families to assist with some of the extraordinary costs of raising a child with a disability. The needs, eligibility and services for each child are reviewed on an individual basis. In addition to financial support, there are five components of the program:

Family Support Services - works with families to plan for, select and coordinate services that will best meet the needs of their child and their family, including while their child is awaiting a formal diagnosis. In addition to information, referral and advocacy support, families can receive assistance with counseling, extraordinary clothing and footwear costs, costs to attend medical appointments and respite services.

Child-Focused Services - are provided when a child has a confirmed diagnosis and assessment information to specify their individual needs. These services include respite services, aide supports, child care supports, and health-related supports.

Specialized Services - are available for children with severe disabilities and/or multiple needs. A Multi-Disciplinary Team is part of the review of complex cases and assists in determining services that are appropriate to the health and developmental needs of the child.
Out of Home Services - provide long-term living arrangements and short-term relief care to accommodate the needs of severely disabled, medically fragile children and their families.

A Parent Advisory Committee (PAC) meets every 2 months to provide input on FSCD program delivery. The committee provides a parental voice to promote quality supports and services for children and their families through FSCD.

Edmonton Early Intervention Program is one of the major family support services. It serves families with a child who is between birth and 3 ½ years of age and has delays in 2 or more areas of development or a diagnosed disability. Early Intervention Program counselors are developmental specialists from a variety of backgrounds. They support families in home and community. A resource based early intervention model was presented in the conference (Alberta Health Service, 2009).

Basic beliefs of the program are: (1). Families and communities are rich in providing everyday learning opportunities, (2). Solutions are defined by a range of communities and an array of persons, (3). Focus on strengths, and (4). Amount of support is based on the family’s needs and resources. The program aims to (1) Give parents strategies to use with their children for a lifetime, (2). Encourage children to initiate their learning and use their imagination to become life-long learners, (3). Increase opportunities by providing a variety of activity settings so children can practice skills based on their interests and strengths. Expected outcomes of the program for children are their increased participation and increased interactive competency and outcome for parent are their increased competency and increased confidence.

Edmonton Early Intervention Program consultants interact with families using a coaching model. The helping professions such as occupational therapist and speech therapist focus on using child and family strengths, identifying interests and using those to focus on participation instead of telling parents what to do or focusing on the skills to be developed. They set their goals on participation, active engagement and parent confidence and building capacity in the community. The following key strategies have identified as the best practice for a resource based coaching approach:
Natural learning environment: Settings that are natural or normal for the child’s age peers who have no disability – the places where children experience everyday typically occurring learning opportunities that promote and enhance behavioral and developmental competencies. Children of all abilities do best when they are involved in and accepted in their communities.

Everyday activities settings: The activity settings selected become the context for supporting interactive competencies. Focus is on increasing the child’s opportunity to practice in a number of different activity settings and increasing child participation in the activity settings. These include child-specific daily routines, rituals, celebration and activities.

Interests are the Keys to Developmental Learning: Traditionally, developmental assessments identify skills that are lacking (deficit model). Children are unlikely to remember and spontaneously use skills or behaviors that are not of interest to them. So its key to encourage parents to identify their child’s interests and to engage in these activities. The best way to encourage the next step is for the child to practice using current skills – not by trying to teach the next step – a child is pulling to stand - providing lots of opportunities to practice will lead to the next step instead of “pushing” the next step.

Responsive teaching: Strategies used by adults to encourage children to actively engage and develop, using behaviors like joint attention, interaction, imitation and problem solving. These behaviors will enable children to learn independently.

Community: Work with community agencies to host group services – i.e. YMCA, Family literacy centre, library project. Groups are based on interests of children, e.g. music, gym, art, that provide education and support to programs so they acquire skills, knowledge and confidence to be inclusive.

The Complex Needs Initiative aims to develop an easily identifiable integrated response across government ministries, service providers and communities. According to Kawun (2009), “complex needs” differ from those with special needs in that they require significant extraordinary care due to the severity of their impairment(s) and require services from more than one ministry. The following conditions are met: Multiple impairments (mental health,
physical, challenging behaviors), existing resources exhausted, strained resource capacity and there is safety concern. Complex Needs requires teamwork across service sectors.

Structure of the Children and youth with complex needs (CYCN) includes a cross-ministerial provincial advisory committee. Regional Review Broads of nine regions were integrated and a case management was formed with a Regional Support Coordinator. When a referral is made by a local cross-sector team, the local cross-sector team selects its integrated case manager. To address the safety concern, comprehensive and individualized safety plans has to be formulated. Specialized workers who implement a program for a child or youth with autism, can then teach and coach this program to others who become involved with the child. Functional behavioral analysis and programming across systems - with consistent programming across domains (home, school, and community) will be facilitated. There is also an emphasis on the establishment of a daily routine as families that struggle to create/sustain a meaningful routine that ‘works’ for all family members are more likely to be stressed and to relinquish care of their child with disabilities. In summary, CYCN facilitates a process to resolve an integrated plan and each plan is unique to fit the unique case and an integrated community response to develop a coordinated approach that goes beyond any one agency or ministry.

CYCN fosters a partnership relationship across systems and with the parent that works through consensus. If there is a dispute with any one ministry or agency, families are advised to go to the appropriate authority to resolve issues. The process is collaborative - with everyone (including parent/primary caregiver) coming to the table willing to work together towards an integrated plan. CYCN is available to systems (agencies) to support children/youth families. Identified support needed include nursing or nursing aide support in schools, consistent community training/education of agencies and aides who are involved with individuals who have complex medical or neurological needs and consistent and dependable therapeutic respite support.

In addition to the above Programs, inclusive education is an important dimension of the care and support for children with special needs. Changes to the curriculum, staffing, instructional and evaluation strategies, materials and resources, facilities or equipment may be required to address the needs of exceptional students. Inclusion also supports the concept of providing educational programs for students with special needs in both neighborhood schools
and in district centers. The neighborhood school is a guaranteed point of entry for all students, and the regular classroom shall be the first option considered. District centers provide alternate program options.

The Kindergarten Inclusive Developmental Services was presented as an example of the inclusive practice (Finlayson & Raymond, 2009). It is developed from need to offer better solutions to transitioning students into their community schools. It provides help to potential at-risk learners and ongoing trans-disciplinary support to the teachers, assistants, parents and students with special needs included in their community kindergartens. Every kindergarten has regular access to a trans-disciplinary team which includes: Key contact, speech-language pathologist, occupational therapist, physical therapist, teacher assistant mentor, teacher mentor, school-family liaison and psychologist.

Family focused activities (Family Nights) are provided to schools to give parents new ideas for home. These include topics such as: Reading with your child, setting routines, nutrition, behavior strategies for parents to use at home, playing games with the children with special needs. In addition, children and families who are not in full day kindergartens receive six to ten visits a year. These Family visits are intended to work one-on-one with the family assisting them in developing skills that will help their child.

3.2 Family Centered Practices: Parents Participation

The objectives of the conference stresses not only on working to advance family centred practices across health regions and child serving sectors, but also includes engaging families in research, policy development and planning for services, as well as in decisions regarding their own treatment needs.

Family participation is the basic philosophy of family centred care. This is even utmost important in taking care of special need children. One of the core beliefs is that “the parents know their children best”. The other parallel important belief is “family/parental care is the best care for special child”. The beliefs closely related to the concept of family resilience. One core ideas presented by Professor Walsh on the importance of family resilience are related to the belief systems. She mentioned about the family resilience is facilitated by making meaning of adversity, gaining a positive outlook (hope) and transcendence, i.e. spirituality meaning –making. In this sense, we can observe the parents who are active in
participating in the decision process of medical care and rehabilitation for the disabled children shared the positive outlook to the disability. In their presentation, they shared the perspectives on inclusion. Some parents revealed that their children were able to achieve according to their ability. Sometimes, the achievement will have no different from, or even better than, the average. The crucial point is the availability of opportunity and facilitating factors.

Throughout the conference, it is observed that the representative and service providers shared the philosophy of partnership among professionals and family. Therefore, with input resources from government and service provided by relevant organizations, including hospitals, service providers of community care and rehabilitation, would have joint effort to support family in taking care of children as well as living in community, such as schooling, family and social activities. Professor Walsh shared that resilience can be facilitated by strengthen resources to

- Recover from Health Crisis
- Cope with Multiple, Persistent Stresses, e.g. chronic illness, caregiving, financial hardship
- Manage Disruptive Transitions, e.g. illness recurrence; terminal phase; end of life
- Overcome Barriers to treatment, care
- Approach death, loss: live & love fully
- Find blessings, gifts alongside suffering and sorrow

One example which can demonstrate how to achieve the above suggestions is lead by the Edmonton government. The programme is to assign a care manager to the family with children having severe disability. Due to the nature of disability of the children concern, the care manager need to formulate a care plan, including family care, community medical care etc. The manager has to collaborate with the parents and agree on the level of support to the family in taking care of children, how to facilitate the inclusion of children in the community and overcome the barriers of treatment among different medical professionals and paramedical practitioners.

Social support is essential to the parents participating in family centred care. The parents’ mutual groups are common and strong in Edmonton. We can see that the parents have strong influence to the government policy and service provision. In our terms, the
mutual groups are pressure groups to the government. However, we also appreciated that the service providers and professionals respect the family participation and also shared the beliefs on the family centred care. In comparing to the local scene, the collaboration among parents and professionals needs further improvement.

3.3 Special Services (Therapeutic Clowns)

Therapeutic clowns from the Southern Alberta Child and Youth network (SACHYN) provide special service to children and families in hospital. Through various forms of laughter and child directed play such as spontaneous play, magic, face painting, storytelling and movement, they instill hope, elicit laughter and benefit the mind, body and spirit of the children as well as their families.

A professional therapeutic clown is defined as one who:

- is specifically trained to work in the health care field
- abides by a code of ethics
- is committed to being a regular presence in the health care setting
- collaborates routinely with other members of the health care team
- engages in on-going training and development
- receives appropriate remuneration for the work

Therapeutic clowns work professionally in health care in Canada. All members of Canadian Association of Therapeutic Clowns go by the title of therapeutic clowns, whether they choose to work as a medically- based character, such as a Clown Doctor, or not. They work in solo and duo models, and are both verbal and non-verbal. They work with all age groups from babies to seniors.

Therapeutic clowns serve the families in different level. For example, they would use play or puppetry as distraction strategies to distract children’s attention when doing minor procedure or other procedure causing pain. Child directed play is also used to help ventilate children’s emotions such as anxiety, fear and grief. Face painting is also another way to provide calming and relaxing effect to children.

Collaboration with healthcare professionals such as Pediatric Team, Accident and Emergency Department is another important area in the work of therapeutic clowns. Its goal is
to empower children, youth and families in making healthy choices in non-threatening ways. For example, therapeutic clowns would help to engage the children when needed so that doctors could discuss with the parents.
IV. Implication to Hong Kong

Even though Family Centred Practice is originated in medical sector, it has been widely applied across different sectors including the social service areas. From the experience in Canada, it has been shown that Family Centred Practice is commonly adopted in various service settings, such as child-care, parent support, community development, youth engagement & mentoring, child protection and men’s work. This study visit not only enriched the delegates’ knowledge of the overseas practice, but also induced the reflection towards the local Family Centred Practice.

In recent years, one stop service has been the characteristic and trend of latest service development in Hong Kong. One stop service has been recognized as person-centred approach in which various kinds of services can be provided for the service users. However, the Canadian experience has shown that Family Centred Practice does not mean to provide all services under the same roof. Instead, the approach of case management has been adopted, in which services from different agencies could be provided with the case manager’s coordination.

One of the essential success factors for Family Centred Practice is the implementation of family-friendly policy which always implies to a variety of working practices designed to enable employees to achieve a satisfactory work-life balance. Besides, a family friendly policy will allow for a variety of flexible working practices and may go further by providing childcare, eldercare facilities, or paid time off for participation in community activities as part of a community involvement program. Apart from the corporate, government can actively nurture the family-friendly environment by enacting equal opportunities legislation and employee legislation such as introducing the parental leave.
V. Conclusion

For many local social work practitioners, “family-centred” is still quite a vague concept for practice. Some mindsets might even regard family-centred is just a therapeutic approach of family casework, like sort of family therapy. It seems more effort has to be put in order to come up with a common understanding of what Family Centred Practice is within the sector. Moreover, myth has to be dispelled that Family Centred Practice is not solely the issue of family service, but also the issue across services. It should reflect the value of family in the service provision, but not just a intervention approach or technique.
VI. References


AGENCY VISIT/MEETING RECORD FORM

1. **Date of Visit/Meeting:** 25.5.09. evening

2. **Name of Agency:** Strolley Children’s Hospital

3. **Address/Meeting Venue:** 8440 - 112 Street, Edmonton, Alberta,T6G 2B7, T5H 1P6

4. **Contact Persons:**

   Miss Gloria Hodder at the Visitors Centre:
   1J2.76 Walter C. Mackenzie Centre
   8440 – 112 Street
   Edmonton, Alberta, Canada, T6G 2B7
   Tel:  780-407-3090
   Fax:  780-407-7161
   E-mail: visitorscentre@capitalhealth.ca

5. **Description of Agency**

   The Stollery Children's Hospital in Edmonton, Alberta, is a full-service pediatric hospital and leading centre for complex cardiac care and research in North America. It is one of 14 hospitals managed by Capital Health, Canada's largest academic health region, providing complete health services to over 1.6 million people.

   The Stollery is affiliated and housed with the University of Alberta Hospital and the Mazankowski Alberta Heart Institute. It is a referral centre for all specialized
pediatric health services, including open-heart surgery, organ transplantation, cancer care, critical care and emergency services. Each year, the Stollery receives over 137,000 patient visits—children and adolescents from throughout Western Canada, the Northwest Territories, Yukon and Nunavut. Approximately 40 percent of the Stollery's patients come from outside the Capital Health region. Almost 25 percent of those patients are referred from other provinces, territories or countries.

6. Content of Meeting:

   It was a guided site visit of the hospital. The hospital provides excellent patient care in a family-centered environment. With the belief that all families want what is best for their child. The hospital staffs are supposed to treat family members with respect, to help parents participate as integral members of the health care team, and to support the strengths, values and choices of families. According to the hospital website, elements of the family-centered care are as follows:

   • Recognizing that the family is the constant in a child's life, while the service systems and personnel within those systems fluctuate.
   • Facilitating family professional collaboration at all levels of health care; care of an individual child; program development, implementation and evaluation; and policy formation.
   • Honouring the racial, ethnic, cultural and socioeconomic diversity of families.
   • Recognizing family strengths and individuality and respecting different methods of coping.
   • Sharing with parents, on a continuing basis and in a supportive manner, complete and unbiased information.
   • Encouraging and facilitating family to family support and networking.
   • Understanding and incorporating the developmental needs of infants, children, and adolescents and their families into health care systems.
   • Implementing comprehensive policies and programs that provide emotional and financial support to meet the needs of families.
   • Designing accessible health care systems that are flexible, culturally competent and responsive to family identified needs.

Knowing that going to the hospital can be a stressful time for children and their families, the hospital has tried to create a welcoming and relaxing atmosphere
through its physical settings. The hospital is a four-story complex with linked blocks arranged in a square with an open area in the central. Bright sunlight that comes through the glass ceiling over the open area in the central makes people feel warm and cozy. Under the ceiling, there are colorful hanging decorations in different themes such as the galaxy and the ocean animals. The central square in the ground floor located the reception and information counter, souvenir shops and stalls, and a canteen that decorated with trees and plants. There are well-equipped play corner that is opened to the patient and their siblings. Special toys such as dolls with anatomy of human organs were used for pre-surgery education for children and their families in the play corner. It makes the hospital to be a place that children can enjoy and have fun.

Family, friends and siblings are welcome to visit as long as they are healthy. They are welcome to bring any personal belongings, such as blankets, stuffed animals or pictures to make their children's stay as comfortable as possible. Visitors are welcome to visit the child in their room. General visiting hours are between 11:00 am and 8:00 pm. Water, play-tent, crib are provided in waiting areas for visitors to facilitate them to stay and making informal sharing with other parents with children in the hospital.

Parents, grandparents or guardians are welcome to visit the patient 24 hours a day. Because family support is so important, the Stollery Children's Hospital welcomes and encourages parents or guardians to stay with their child at all times on the general units. There is one bed provided in the patient's room for one parent, guardian or parent designee (18 years of age or older) to stay in the room with the child overnight. There is also a quiet rooms that family members can use for family discussions with the knowledge that hospitalization of a child can be a stressful time for a family. To reduce parking costs for families weekly and /monthly parking passes are available in the hospital. These parking passes are transferrable to other hospitals when a child is transferred to another hospital.

To maintain children’s social connection, the Stollery Children's Hospital and TLContact.com have teamed up to help family members and friends use the Web to communicate with children who are hospitalized. Children can set up a CarePage even before they go to the Stollery Children's Hospital and invite all of their friends and family to visit the site for news and updates. There is also a messaging service for friends and family wanting to send well wishes to children in the hospital. Electronic messages are treated as private documents. Alberta Health Services -
Edmonton area staff receive the message, which then is printed and sealed for delivery to the person's room.

To prevent children miss a lot of school because of hospitalization, the Edmonton Public School Board operates a classroom for hospitalized children at the hospital. The hospital and the school board recognize the importance in helping hospitalized children and adolescents maintain ties with their school and their normal daily routine. The school classrooms at the Stollery are able to accommodate both wheelchairs and support equipment. Teachers will also visit children who are unable to get to the classrooms in their hospital rooms. The curriculum is flexible in order to meet the varied developmental and educational needs of the children and adolescents.

Hospital School Teachers will liaise with the child's school and parents to coordinate curriculum, share pertinent medical information as it pertains to learning and classroom experiences, to plan home teaching and collaborate in the child's transition back to the regular classroom.

7. Observation: (e.g. stimulation/implication for Hong Kong)

We are fascinated by the concrete and detailed implementation of the patient and family-centered principles in the service design and delivery process of the hospital. The hospital also provides a vivid example of good alliance of specialization and integration. Integrated health services are provided for children with a holistic service scope to involve, as well as supporting the family in the care health process for their children. These observations have inspired us that with clear vision, values and policy support, family-centered care is a desirable and possible health service model. However, it is still a long way to go in Hong Kong in the promotion of the vision and to strive for the necessary policy support.

8. Recommendations: (e.g. whether it is worthwhile to visit the agency again?)

Formation of concern group or committee to facilitate a persistent and collaborative effort of service planners, frontline practitioners, scholars and service users in the promotion of family-centered vision and values, as well as the advocacy of policy changes.

Prepared by

Lau Yuk King
AGENCY VISIT/MEETING RECORD FORM

1. Date of Visit/Meeting: 27.5.09. AM Session

2. Name of Agency: West Edmonton Parent Link Centre at Jasper Place Child and Family Resources Centre

3. Address/Meeting Venue: #103 - 8755 - 170 Street, Edmonton, Alberta, T5R5Y6

4. Contact Persons:

   Diane Vigeant (Early Intervention Contract Specialist)
   Edmonton & Area Child & Family Services
   Tel (780) 422-4455

   Anna Beres (Executive Director)
   Jasper Place Child & Family Resources Centre
   Tel (780) 489-2243
   Fax (780) 483-0249
   jpcfrs@telus.net

5. Description of Agency:

   West Edmonton Parent Link is a network of five experienced community partners in West Edmonton. By sharing and building upon existing community resources, they
offer quality programs and services out of a variety of locations in West Edmonton. Jasper Place Child and Family Resource Centre (Jasper Place CFRC) is designated Parent Link Centre for West Edmonton.

The Jasper Place Child and Family Resource Centre was established in 1972. It offers a wide range of child and family related programs and services that focus on building healthy families. Its vision is “Together we grow, learn and succeed— the child, the family and the Centre as we build a healthier community.” Its mission is to be parent's partners in promoting children's healthy growth and development, and in enhancing family wellness. The Centre's philosophy is guided by its beliefs and values, which are:

- Every child, parent and family is unique;
- The first five years of the child's life build a foundation for healthy growth and development;
- Parents are the primary caregivers and therefore must be actively involved in the decision making process involving their child

Programs or services in Jasper Place CFRC includes child care programs, kindergarten programs, inclusive programs, family outreach services such as Triple P Parenting program, TALKS program for pregnant and parenting teens, as well as Parent Link programs for parents and pre-school age children.

There is also Virtual Parent Link Centre which provides information and support for parents and caregivers on how to assist with your child’s learning, development and health. The website has information about becoming a parent, promoting a healthy pregnancy, locating and choosing child care, various health issues, communication, discipline, and our special section entitled Ages and Stages.

6. Content of Meeting:

The two executives warmly received us and briefed us about the service nature of the agency. We had toured around the kindergarten, the centre as well as one of the community spots. The Director introduced the operation of their nursery and kindergarten, such as manpower ratio. For the Parent Link centre, they introduced us various kind of programs. For example, there are registered programs like Triple P seminars. One of the highlights is “Communication in Separation” which is for parents who are not in a relationship and who want to learn to work. This program is in partnership with Alberta Justice.
Besides registered programs, there are drop-in programs for different age group such as interactive playtime or drop in for expecting families and preschool children. We had visited a community site where they were having drop in program called “come play with me”. We had conversation with some participants and they said the activities are beneficial for them that they can have some relaxing time with their children and other families.

There are cultural support worker available to provide information and referral to immigrant families. They also arrange staff and volunteers to help immigrant children with school work.

7. Observation: (e.g. stimulation/implication for Hong Kong)

The Parent Link Centre demonstrates good practice on community networking and outreaching of service targets. The use of the experience of the community organizations as well as their locality can reach more service targets. This network of partnership includes not only NGOs but also local church and library. Besides, the programs in the centre covers different range of target groups.

Limitations of the visit/meeting

In this visit, we can share with high ranking administrative staffs as well as some service recipients. However, we don’t have chance to observe the operation of drop in service. Also, it would be beneficial if we can have sharing with other community partners to learn more about the experience of community networking.

8. Recommendations: (e.g. whether it is worthwhile to visit the agency again?)

It is worthwhile to visit the agency again. Meeting with other community partners is recommended.

9. References:


Prepared by

Teresa Cheung
AGENCY VISIT / MEETING RECORD FORM

1. Date of Visit/Meeting: May 27, 2009

2. Name of Agency: Braemar School

3. Address/Meeting Venue: 9359-67A St., Edmonton, Alberta, Canada

4. Contact Person:
   Sandra Erickson, the principal

5. Description of Agency:

   Braemar School is a program for pregnant and parenting teens operating within Edmonton Public Schools. Braemar is an all girls school located in Edmonton, Alberta, Canada, and has 140 students ranging in age from 15 to 19 years old. Braemar offers a full range of core curricular courses and a wide variety of options. Students at Braemar attend full time from September to June. Child care is provided on site by the Terra Association.
6. **Content of Meeting:**

- A briefings session on overall objectives of the School was held followed by a tour and discussion with staff on the spot.
- We had chance to talk with the school counselor.
- The nursery for children of teen mom, also students of Breamer School, had also been visited.

7. **Observation:**  (e.g. stimulation / implications for Hong Kong)

- The mission of Braemar School is impressive as she is committed to delivering quality academic programming, to promote learning is for life; education will improve the life of the mother and the child and give a caring, nurturing, safe environment promotes learning.
- Apart from their beliefs to change life through provision of learning, at least completion of high school, the school provides the necessary support services to make the young mom’s schooling possible.
- The school render support services include cash allowance, child care support, life education, family care training, individual and family counselling.
- The school also have a Klothes Kloset, a facility that is manned by Terra volunteers and accepts donations of baby clothing and furniture from the public at large.
- The school provides a supportive environment and to minimize disturbances to their study.
- There are about 120 students and 4 counsellors.
- Total number of staff is 65.
- The nursery has total 64 places for infants.

8. **Recommendations:**  (e.g. whether it is worthwhile to visit the agency again?)

Braemer school illustrates a vivid model on how to provide comprehensive services as a solution to handle the issues and difficulties of adolescent mother. The cooperation of NGOs and Government Department allows flexibility for young mother to complete high school. This policy is only merely for young mother to complete the basic education but also a key to help them become independent by acquiring skills to earn their own living. This is also a means to tackle cross generation poverty. The school drop out rate is of course considerable, about 30%, in comparing to normal school but for those who can complete the programme has gained substantial achievement for life.

Prepared by: Otto Lau

Date: 21 July 2009
AGENCY VISIT / MEETING RECORD FORM

1. Date of Visit/Meeting: May 27, 2009

2. Name of Agency: The Candora Society

3. Address/Meeting Venue: 3210 - 118 Avenue, Edmonton, Alberta

4. Contact Person:

   Name & Position: Sandra Erickson, the principal

   Telephone no: 780-407-6064  Fax: 780-407-1521

5. Description of Agency:

   - The Candora Society of Edmonton was incorporated in 1989 in response to identified needs in the Abbottsfield / Rundle area. CANDORA is a not for profit organization with a mandate to address the needs of low income residents of North East Edmonton,

   - The CANDORA Society is community driven and focuses on individual strengths and abilities. The society connects people to increase understanding of each other, reduce isolation, build self worth and enrich the community.
6. **Content of Meeting:**

- **About the community:**
  - In the communities of Rundle and Abbottsfield which comprise about 1,400 low income multi family housing units. A large proportion of the residents, particularly in the Rundle / Abbottsfield communities, are single parent families, social assistance recipients, or the working poor.
  - Almost all of the families (75 - 80%) live below the poverty line. Education levels are low, and some families are second and third generation welfare families. Most of them are new immigrants and belongs to ethnic minority.
  - These communities are very volatile and exhibit many of the symptoms (eg. Helplessness, isolation, fear, low self esteem, family violence, vandalism, transiency, alcoholism, etc.) found in inner city neighborhoods.

- The staff presented their annual strategic plan and discussed on the need assessment.

- Usually programs are developed based on what agencies see as the needs of people. Candora develops programs based on what the community identifies as their needs. They are also sensitive to the cultural diversity and the details of programme should reflect the cultural needs.

- Therefore, they have funding from various sources depending on the nature of programmes.

7. **Observation:** (e.g. stimulation / implications for Hong Kong)

- Candora staff adopt a participatory learning approach to understand the needs of the community.

- Their staff are either residing in the area or has been working there for years.

- As the community attracts new immigrants because of low cost of living, the residents will move in or out. The community organization is important to mobilize community volunteers.

- The flexibility of programmes and implementation is important.

- The resource for services is not recurrent. Candora has to apply for different funding to fit the interest of funders. Therefore, the staff benefit is limited. Yet, Candora still provides wellness and development leave for staff.

8. **Recommendations:** (e.g. whether it is worthwhile to visit the agency again?)

The Candora Society can demonstrate how to provide comprehensive and flexible services in a deprived community comprising low income group, ethnic minority and families at risk. The staff there can really in touch with the community and the format of programmes and use of resources can fit the nature of service recipients. It is worthwhile to visit the agency again.

Prepared by: Otto Lau

Date: 21 July 2009
AGENCY VISIT / MEETING RECORD FORM

1. **Date of Visit/Meeting**: May 28, 2009

2. **Name of Agency**: Alberta Children and Youth Services

3. **Address/Meeting Venue**: 10/F, Sterling Place, 9940 – 106 Street, Edmonton, Alberta, Canada

4. **Contact Person**: Harriet Switzer, Senior Manager – Community / Youth Engagement – Youth Strategies Branch

   Telephone no: 780-644-5051 Fax: 780-422-5036

5. **Description of Agency**, including type of services provided, target served, programmes, staffing, funding sources, and special facilities:

   Alberta Children and Youth Services is under the direction of the Minister of Children and Youth Services. It offers a range of services and programs for children and families, including adoption, child care, foster care, family violence prevention, child welfare, supports for children with disabilities and many other programs that support families and communities, enabling them to provide nurturing, safe environments for their children.
6. **Content of Meeting:**

- The advancing futures bursary program has been introduced.
- Initiatives for community youth engagement, such as Youth Networks, Youth Advisory Panel have been introduced.
- Mentoring program has been introduced.
- The experience of Children Development Fund in Hong Kong has been shared.

7. **Observation:** (e.g. stimulation / implications for Hong Kong)

- Much effort has been put in the engagement for youth in expressing their voice towards community issues.
- Resources have been allocated by the provincial Government in supporting the program, such as setting up Youth Advisory Panel.
- The views of youth are respected. Youth perspective approach has been adopted, which means youth’s language has been used, engagement process is done in youth’s pace and their form of communication, say Facebook.
- Government has taken the role of funding support, liaison with stakeholders and service quality monitoring in the mentoring program.
- Partnership between government and NGO is essential in the mentoring program.

8. **Recommendations:** (e.g. whether it is worthwhile to visit the agency again?)

Alberta Children and Youth Services is the government office, which offers a range of programs and services for children and families in the province. It is good to get to know more about the provincial policy for the services by such kind of visitation. Besides, the role and collaborating relationship between government and NGO in service provision can be explored as well. Thus, it is recommended to visit the agency again.

Prepared by: Moses Mui

Date: 17 July 2009
AGENCY VISIT/MEETING RECORD FORM

1. Date of Visit/Meeting: 28.5.09. AM Session

2. Name of Agency: Big Brothers and Big Sisters

3. Address/Meeting Venue: Riverdale Office, 10135 - 89 Street, Edmonton, Alberta, T5H 1P6

4. Contact Persons:

   Elizabeth O’Neill (Executive Director)
   Tel (780) 424-8181 Extension 235
   Fax (780) 426-6689
   e.oneill@bbbsedmonton.org

   Chris Arsenault, RSW
   Director, Service Delivery
   Tel (780) 424-8181 Extension 235
   Fax (780) 426-6689
   c.arsenault@bbbsedmonton.org

5. Description of Agency:

   There are 140 Big Brothers/Big Sister agencies in over 1000 communities across Canada that provide direct service to over 26,000 children by matching them to adult volunteers in quality mentoring relationships (Big Brothers Big Sisters of Canada, 2009).
Big Brothers Big Sisters Society of Edmonton & Area is a community-supported, mentor based organization committed to the healthy development of children in need and their families through provision of quality, one-to-one volunteer relationships and related programs. The program encourages employers to give employees the time during the work day to volunteer with the support of empirical evidence that people who volunteer perform better on the job (Big Brothers Big Sisters of Edmonton & Area, 2009). The program was repeatedly mentioned as the exemplary program of Youth Mentoring in Edmonton during our visit to the Alberta Children and Youth Services.

There are one-to-one mentoring and group mentoring (where the match rationis up to 4 children to 1 volunteer), as well as community-based mentoring and in-school mentoring. Community-based mentoring is the traditional Big Brothers Big Sisters program where the majority of match/mentoring activities occur at various locations in the community (Big Brothers Big Sisters of Canada, 2008). In-school mentoring is a program that takes place at the child’s school, during the school year. The Big spends one hour per week doing a fun activity or just talking with a child who could use a friend (Big Brothers Big Sisters of Edmonton & Area, 2009).

6. Content of Meeting:

The two directors warmly received us and briefed us about the background and service nature of the agency. In the meeting, we explored the screening, matching and monitoring procedures of the mentoring scheme. The Big Brother and Big Sister volunteers must have reached the age of 18 to become eligible to participate in a one-to-one match (Big Brothers Big Sisters of Canada, 2009). The volunteers have to go through careful screening including a police record check, three references from people who known the applicant for at least two years, an in-person individual volunteer interview and an assessment on the volunteer’s home environment for the purpose of thorough assessing.

The application for Big Brothers Big Sisters mentoring should be made with written consent of the parents and the verbal consent of the Little brother / Little sister. The Little should be aged between 5 and 18 years old. He/She can come from a family or any composition (Big Brothers Big Sisters of Canada, 2008). In actual practice, a large proportion of them come from an aboriginal background.
There are detail guidelines on the matching of the Little and the Big Brother Big Sister.

All matching and mentoring are under supervision of caseworkers of the Big Brothers Big Sisters program. The progress of mentoring and compatibility of the Big Brothers/Sisters is assessed from time to time according to the feedback of the Little, the parents and the mentor. Incompatible matching would be dismissed and re-matching would take place. The average caseload for each caseworker is around 100 matchings. As a community-based service, the caseworkers were located at different branch offices across the Edmonton areas.

In addition to the supervision, there are detail procedures of risk management to the safety of the children (Big Brothers Big Sisters of Canada, 2008). These procedures are summarised as follows:

- All service delivery volunteers, children and parents complete a Child Safety Training Program, that is age and stage appropriate, prior to participation in an agency program. Training is reinforced as necessary.
- For little brothers and sister at the age less than 16 years old, overnight visits do not occur within the first year of a match. After a match has been successful for more than one year, overnight visits may occur with the written and signed consent of the parent and agency for each such visit. The consent is included in the child’s file. Overnight visits are restricted to no longer than three consecutive nights and no more than four visits per year. Overnight visits do not occur outside of Canada under any circumstances.
- When an allegation of abuse is received, the match is suspended and all adult parties to the match are notified by registered letter. The match is not resumed until the situation is clarified and appropriate intervention has taken place.

7. Observation: (e.g. stimulation/implication for Hong Kong)

The agency demonstrates good practice on safeguarding children’s safety. The careful screening of Big Brothers/Sisters, training on Child Safety and the detailed safety guidelines in the monitoring process is impressive.

Though with a focus on the healthy development of the Little, the program do integrate a family-centered perspective in its service delivery process. The family is expected to take an active role in assessing the need of the child. The program has to check in with the parent/guardian and child to ascertain satisfaction and progress of
the match. The parents are in partnership with the program by giving feedback on the progress of mentoring. There are clear guidelines in the National Standards that the role of the parent/guardian in the child’s life should be respected (Big Brothers Big Sisters of Canada, 2008). The program is in a supportive role to the parents in facilitating the child’s positive development instead of replacing the parents’ role. The program is a support to the child as well as to the family.

**Limitations of the visit/meeting**

As an outreaching and community service agency, meeting with the high ranking administrative staffs without the presence of any frontline staffs and caseworkers deprived us from the learning of more practical aspects of daily service delivery and practice wisdom in effective engagement with the Littles. As a non-stigmatize service, meeting with volunteers and service recipients would also provide in-depth information on the mentoring process.

8. **Recommendations:** (e.g. whether it is worthwhile to visit the agency again?)

It is worthwhile to visit the agency again. Meeting with frontline staffs and service recipients is highly recommended.

9. **References:**


Prepared by

Lau Yuk King
AGENCY VISIT / MEETING RECORD FORM

1. Date of Visit/Meeting: May 28, 2009

2. Name of Agency: Alberta Health Services

3. Address/Meeting Venue: Walter C. Mackenzie Health Sciences Centre, Edmonton, Alberta, Canada

4. Contact Person:
   James Gwinnet (Provincial Coordinator, Alberta Fatherhood Initiative)
   Susan Patenaude (Provincial Coordinator, Alberta Network for Safe and Health Children)
   Telephone no: 780-407-6064 Fax: 780-407-1521

5. Description of Agency:

   Alberta Health Services (AHS) is tasked with co-ordinating the delivery of health supports and services across the province. The organization brings together 12 formerly separate health entities in the province: nine geographically based health authorities (Chinook Health, Palliser Health Region, Calgary Health Region, David Thompson Health Region, East Central Health, Capital Health, Aspen Regional Health, Peace Country Health and Northern Lights Health Region) and three provincial entities working specifically in the areas of mental health (Alberta Mental Health Board), addictions (Alberta Alcohol and Drug Abuse Commission) and cancer (Alberta Cancer Board). The creation of AHS was announced on May 15, 2008, by Ron Liepert, Minister of Health and Wellness.
6. **Content of Meeting:**

- The Alberta Fatherhood Initiative has been introduced.
- The experience of engaging father in Hong Kong and Canada has been mutually shared.
- The impact of family-friendly policy on promoting positive involvement of father has been discussed.
- The Alberta Network for Safe and Health Children has been introduced.
- The experience of handling domestic violence in Hong Kong and Canada has been mutually shared.
- The issue of cultural inclusion and sensitivity in service provision has been discussed.

7. **Observation:** (e.g. stimulation / implications for Hong Kong)

- Even though there might be cultural difference in father role, some common elements still exist such as loving and comforting.
- Family-friendly policy such as parental leave is essential for promoting the positive involvement of father.
- It is even better if the prenatal training for father is run by female workers since female perspective can be stimulating.
- The role of AHS is to build up network among various NGOs. Such network can allow the NGOs to share their expertise and update information.
- Since Canada is a country of immigrants, it seems that the cultural inclusion has become the “heritage” of the society. The value of family in different culture has to be respected when we are talking about to serve the family in family-centred approach.
- AHS as the medical service provider, can also contribute a lot in the primary health work, including the prevention of domestic violence, and promoting positive fatherhood.

8. **Recommendations:** (e.g. whether it is worthwhile to visit the agency again?)

Alberta Health Services has put much effort in the initiatives of primary health, apart from providing medical services. It is worthwhile to get to know their practice by visitation. Insights can be drawn in particularly the cross-sectoral collaboration between medical and social work profession.

Prepared by:  Moses Mui

Date:  17 July 2009