

# Apropos

Batshaw Youth and Family Centres

News from Michael Udy, Executive Director

## AVAILABILITY COMMITTEE REPORT

*(Submitted by Margaret Douek, Chairperson)*

Last year Batshaw launched an agency-wide exercise to examine how we could modify practices so that our clinical staff would be more available to clients. We asked staff to identify problem areas and to suggest solutions. The exercise generated considerable data and sub-committees were formed to review issues raised. The June 2005 Apropos outlined the mandate and actions to be taken. This current issue is an update on results so far. The Availability Committee coordinated the overall plan and received regular updates summarized below from the sub-committees on decision-making, technical supports, clerical supports, and transportation.

## DECISION-MAKING SUB-COMMITTEE

The mandate was to study issues related to decision-making processes in Batshaw and their impact on time available for direct client-related activities. The categories of themes raised and the committee's recommendations are summarized as follows:

### Orientation Tables (OT) and Organization:

- Limit OT to review cases based on "need, vulnerability and risk".
- Eliminate the need for OT when it is an extension of placement in certain situations with clients age 6 to 18.
- Develop a clearer distinction between OT decisions and case workers' clinical planning decisions.
- Clarify responsibilities of YPA Sections 32 and 33 with our clinical staff.
- Use PIJ and Lotus Notes for sending and receiving reports between services such as AM to OT/review and court.

### Interdivisional Conflicts/Duplication and Redundancy:

- Propose a model of service delivery based on a collaborative approach.
- Provide more opportunities for cross-divisional exchanges and planning at the staff and management level.
- Introduce forums and brownbag lunches to stimulate more exchange and clinical discussions across the agency.
- Provide opportunities for EO, AM, YOS workers to develop a better understanding and appreciation of each other's work through both formal (training) and informal (discussion) means.
- Share a clinical perspective on clients' problems and program development based on the service philosophy, intervention planning principles and the PNF modules.

### Role Confusion/Authority, Bureaucracy and Communication

- Organize exchanges between teams to achieve better working relationships.
- Limit the reviewers' decisions that impact on the protection plan and the case worker's role to clinical interventions that operationalize this plan.
- Use a case conference model for litigious situations.

### Supervision/Clinical Discussion/Supports, Agency Protocols and Expectations

- Suggest the selection and use of standard clinical tools.
- Improve access to clinical supervision for staff, and provide access to consultants for expertise.
- Introduce a clinical forum for managers and a peer consultation approach.
- Develop a centralized training team for AM teams similar to what exists in EO.
- Share a clinical perspective.

### Discontinuity/Conflict Resolution:

- Sub-committee to look at improving continuity of services to clients.

- The Permanency Planning Committee should ensure their procedures do not duplicate other decision-making procedures and that planning is simplified and streamlined.
- Develop a model of service delivery based on a collaborative approach.

### Legal Issues:

- Improve reviewer availability in emergency situations.
- Make decisions which have legal implications in a more timely manner.
- Use a more collaborative approach with clients and increase the use of voluntary measures.

## TECHNICAL SUPPORTS SUB-COMMITTEE

Objectives: Study how technology can be used to facilitate and streamline the administrative and clinical aspects of staff's responsibilities; look at how the Intranet, Lotus Notes and other innovations can be used and improved; look at easing data entry, access and consultation in PIJ; look at ways to improve M.I.S. support in residential units (group homes and campus).

### Many exciting steps have already taken place:

- AM workers have been equipped with cellular phones and laptops – evaluation of impact to follow.
- All forms (policies, protocols, procedures and guidelines) will appear on Intranet with a bilingual research tool.
- Ongoing implementation of PIJ and issues being addressed by the PIJ Steering Committee will facilitate information sharing.
- We are examining ways of improving M.I.S. support in residential units.

### There are a number of more long-term initiatives under review:

- An improved telephone system.
- Addition of innovative technological supports to assist in improved communication.
- Supports to improve writing skills of staff.

## CLERICAL SUPPORTS SUB-COMMITTEE

All job descriptions of support staff in clinical divisions have been reviewed with the following changes being proposed.

- To develop a generic approach to functions in relation to PIJ.
- Data and progress notes to be entered by secretaries rather than clinical staff in certain situations.
- To test a new model of organization of workload for support staff in AM.
- Training and development areas for support staff have been identified.

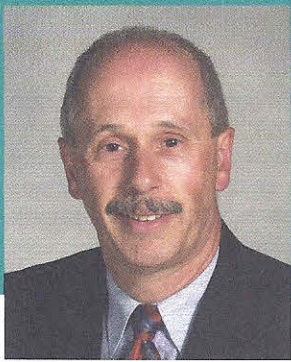
## TRANSPORTATION SERVICES

A proposal is being studied to organize Transportation Services differently to render it more efficient. A schedule with fixed times for certain activities while permitting for some flexibility may be a way the budget can be used to respond to more needs. The final report of this sub-committee has not yet been tabled.

## CONCLUSION

This exercise has mobilized staff across divisions in an effort to find concrete solutions to the extensive list of issues raised by staff. We feel confident that the solutions found will make a difference directly and indirectly to support and liberate our clinical staff to be more available to clients.

The work of the sub-committees is not yet complete and some of the solutions proposed will take time to implement. However, we are committed to pursuing our plan of action. For further information or questions you may wish to raise them with the representatives of your division.



# Appropos

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## **BLACK HISTORY MONTH BEGINS!**

*(Contributed by Claire Roy, Manager of Communications and Public Relations)*

### **From sceptic to convert or how to turn discussions into action**

A panel discussion "Where do you call home?" was organized for Black History Month. Two themes were featured during this well-attended event that took place on Friday, February 3. I had the privilege of attending this event after only one month in my new position.

Ms. Yolande James, MNA for Nelligan and Parliamentary Assistant to the Minister of Immigration and Cultural Communities was the guest of honour. Our first theme "The Full Participation of Black Communities in Quebec Society" was the subject of a consultation chaired by Ms. James. Michael Smith and Kim St-Hilaire summarized the contribution of Batshaw staff to this consultation. While held to a *devoir de réserve* before the final report is officially published, Ms. James nevertheless gave us a preview of some of the outcomes and confirmed that after several years of discussions that resulted in scepticism among many as to the government's genuine desire or ability to act, action was definitely on the agenda this time.

During the second part of the event, we heard testimonies on the sometimes harsh realities and challenges of immigration and integration. Okarina Gonzalez, George Viragh, Deborah Lynn Gordon and Heather De Silva shared with us their personal experiences. Some examples? It is obvious that a certain relaxation of regulations in education and other areas will facilitate integration. But we cannot expect the government to do everything, all immigrants can make a difference by getting involved in their community. The phenomenon of economic immigration is well known but we must not overlook social integration versus the tendency that immigrants have to remain within their community.

This rather brief overview does not do justice to the rich exchange that took place between panel members and I can only hope that you will attend this event next year!

## **BATSHAW IN THE NEWS**

The West Island insert of the Montreal Gazette recently published a very good article on foster care at Batshaw. It concerned one particular family showing both the considerable commitment required of them and the invaluable support they give to the children who live with them. Our admiration and thanks go to the family of Mr. Jeff Wexler and Mrs. Esther Bruder for their outstanding contribution and their willingness to share this with the public.

## **THE 'QUIT TO WIN!' CHALLENGE**

*(Contributed by The Violence Prevention, Health and Safety Service (VPHSS))*

Quitting smoking is one of your New Year's resolutions for 2006? Congratulations! That's one of the best gifts you can give your loved ones... starting with yourself!

The Quebec Quit to Win! Challenge was initiated by the provincial and regional public health departments, the Conseil québécois sur le tabac et la santé, the Canadian Cancer Society, Health Canada and several corporations. It was inspired by the World Health Organization's "Quit & Win" campaign, which originated in Finland and has been held since 1994 in numerous countries around the world.

This is Batshaw's first year promoting The Quit to Win! Challenge as an extraordinary opportunity for employees who smoke to free themselves of tobacco. Batshaw is encouraging smokers and non-smokers to participate in this huge, dynamic and positive campaign using the "buddy system", while getting a chance to win great prizes (via the Quebec challenge **and** within Batshaw)! People who register pledge to not smoke between March 1 and April 11, 2006, inclusively, with the help of a non-smoking partner of their choice. Prizes are awarded through a random draw among the successful pledgees and among their non-smoking partners.

Survey results show that close to 70% of participants met the challenge not to smoke during the six-week period, and almost 30% were still non-smokers after a year. This is one of the highest success rates among all the campaigns throughout the world!

In 2005, 32,000 smokers were registered, bringing the total number of participants to over 200,000 in five years, all of them backed by a partner.

## **TAKE PART AND BE ELIGIBLE TO WIN! IT'S AS EASY AS 1,2,3,4,5:**

**Step 1:** Be a regular smoker as of December 31, 2005.

**Step 2:** Find a non-smoking BUDDY to sponsor you.

**Step 3: Register before March 1st, 2006**

at: [www.defitabac.qc.ca](http://www.defitabac.qc.ca) or pick up a registration form at any Jean Coutu Store. You can also sign up at designated Batshaw sites and send the completed form to the Quit to Win Campaign and a copy to VPHSS, 6 Weredale Park for a chance to win additional prizes and support. (At the same time, sign up on the Batshaw Intranet for added prizes and support)

**Step 4:** Quit smoking anytime between January and March 1<sup>st</sup>, 2006

**Step 5:** Do not smoke for at least the six weeks of the Challenge, from March 1 to April 11, 2006.

For more information contact Mary Lombardi at 989-1885, local 299, or Lisa Brathwaite at 989-1885, local 329.

## **THE BATSHAW CALENDAR**

February: Black History Month continues:

**Friday 17<sup>th</sup>:** Foster Family Association Fashion Show at 3:30 p.m. in the auditorium at 6 Weredale Park.

For more information: Marie-Pierre Ulysse at 989-1885, loc 268, or the Batshaw Intranet

**Friday 24<sup>th</sup>:** The Black History Month Luncheon, 12:30 to 2 p.m. in the Auditorium at 6 Weredale Park. Tickets required-\$12 each  
For more information: Denise Bertrand at 989-1885, loc 203, or the Batshaw Intranet

March 27<sup>th</sup>: Board meeting at 6 p.m. in the auditorium at 6 Weredale Park.

For more information: Thérèse Gauthier at 989-1885, loc 202