



Child & Family Services
of Western Manitoba
Services à l'Enfant et à la Famille
de l'Ouest du Manitoba



www.aliainnovations.org

CFS OF MANITOBA + ALIA:

The People. The Process. The Permanency.

An intimate look at how permanency work grounded in healing and belonging led to system transformation in one of Manitoba, Canada's regional child welfare organizations.



Alia is built on a belief in every human's need for an uninterrupted sense of belonging and works in response to a family-serving system that in fact too often erodes these sacred family connections. Child and Family Services (CFS) of Western Manitoba exists, "so that children are safe and nurtured in strong, loving families within a community of caring people."

Alia's mission is to obsolete the need for foster care by designing new ways to do child welfare. The current system was built on old knowledge, perpetuates family separation and inequity, and requires repairing and healing for those caught in it's cog. Alia works to heal and guide agencies and caseworkers to new approaches, which in turn extends healing and family-centered support to youth and families. CFS has been serving its community since 1899, changing and evolving over time.

Alia focuses on both ends of the systems change spectrum: improvement (evolutionary work) and redesign (revolutionary work). Supporting agencies to improve current work, to repair and heal from the harm that occurred allows for future redesign work to begin in earnest. We cannot throw out the child welfare system completely and start anew; a careful transition is needed. Alia is able to help reorient the hearts and minds of current system staff to simultaneously build something new and let the old fade away.

This case study is one example of how shifting beliefs shifts practice. The CFS team already believed in the power of family connection and were ready to dive deeper into the heart-centered work, further investing in healing work. It changed the way they do things.

Initial efforts to stretch resources, keep their current structure, and retrofit a new approach around it, didn't result in sustainable shifts toward a deep, integrated healing approach as they hoped and desired. Over time, they were able to adapt and adjust in real time and truly create a new culture of healing.

This is both an inspired case study and cautionary one. Learn how this agency course-corrected and see how fidelity to this transformative work manifests in the lives of children and youth and can change an organization.

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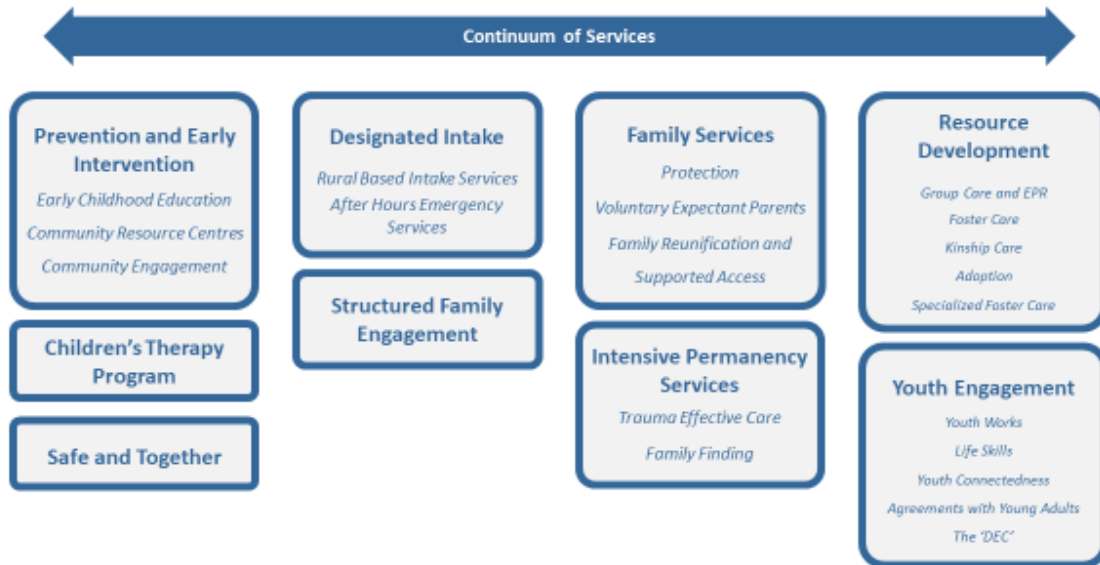
1 | THE UNDERSTANDING



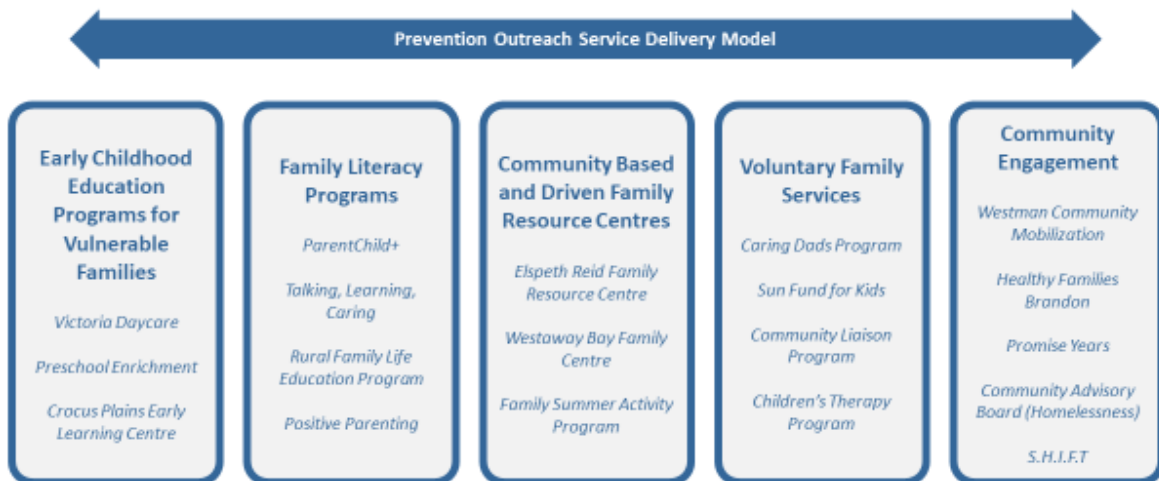
Child and Family Services of Western Manitoba (CFS) serves the 12,000 square miles of the southwestern portion of Manitoba including various satellite offices throughout with headquarters in its second largest city, Brandon. Brandon is a mostly rural, farming community with a population of 50,000 people.

Similar to the United States, much of Canada's child welfare system operates on compliance-based processes built on antiquated knowledge and assumptions. Children and youth are too often struggling and remaining in, not thriving and moving out of, Canada's child welfare system. Alia's system transformation approach is oriented to provide the inspiration and guidance organizations require so leaders and staff are re-fueled and energized to perform the hard work of walking alongside families during some of their most challenging times.

SERVICE DELIVERY MODEL



DIFFERENTIAL RESPONSE



Our goal is to offer a range of programs and services along this continuum so that we can meet families wherever they are.

For years, CFS was shifting their practice toward prevention-based care, offered a variety of supports and services, and yet came to a place where they needed something extra to move forward to the next step. As designed, instead of the system addressing trauma and generating wholeness, connection and stability, the child welfare system in Manitoba was responding to trauma in ways that caused further unintended harm. The staff bore the weight of this reality, perhaps without even knowing it.

2 | THE UNSEEN



The team from CFS knew that children in their care and the children's families were not getting all that they needed; CFS wanted to change that. The team had lost connection to each other and to the work of making a difference in the lives of children and families. Morale was low, as the number of youth aging out of foster care created agency-wide distress.

Advancing a system whose primary intervention is removing children from families, traumatizes and re-traumatizes everyone involved. Unfortunately, this pattern begins to feel normal and often requires outside support to break the cycle.

Before systems change work in a jurisdiction begins, the Alia team assesses the *unseen*. This is both the unseen moral injury among staff (as seen in declining workforce resilience and wellbeing) as well as the unseen wounds of youth (showing up as pain-based behaviors due to past trauma).

With needed guidance on how to specifically support older youth with extensive engagement with the system, CFS leadership started looking for help. The proverbial question loomed: who helps the helpers? Youth in child welfare are in the midst of trauma and unrest, which heightens their awareness and they know when adults around them are just going through the motions. To thrive, children in trauma require people who are present, clear, authentic and grounded.

If a caseworker is herself depleted, unconnected, miserable, feeling unheard, or unrecognized, it does not matter what thoughtful words or plans she conveys to the youth and children on her caseload, *how she shows up* will always send the clearer message. Changing the way you see and think changes the way you respond and behave; that's exactly what the CFS team was looking for. Alia supported CFS to realign with what brought them to this work--supporting children and families to thrive.

3 | THE UNDERTAKING

CFS then-CEO, Dave McGregor, experienced a visceral response to a training message delivered by Alia CEO, Dr. Amelia Franck Meyer at a conference in 2015. CFS Director of Programs at the time, Arlene Stewart, also remembers feeling stunned, and recalls, “We were asked to sit quietly and think of our biggest secret, the secret that no one on earth knows. No one.” In a room filled with social work professionals, the room was silent. Then Amelia asked attendees to turn to the person next to them and tell the secret. More silence. “There was a collective inhale and we all held our breath. Amelia then shared that the feeling we all felt at that moment—-anxiety, nervousness, regret, shame, constriction, fear--this is what youth feel like when they come into the child welfare system.”

Workers felt emotionally exhausted by growing caseloads and a desire to create healing connections with youth and families within a system not built for connection. Under these circumstances, CFS staff had drifted from fully placing themselves in the perspective of the many youth they worked with each day.

Dave and Arlene wanted to bring these deep insights into grief, loss, and trauma to the CFS team and reached out to Alia. Together, Alia and CFS developed a plan for bringing to the CFS team the profound insight Dave and Arlene experienced at Amelia’s conference session, allowing the whole team the opportunity to shift toward healing and connection.

Mindset shift: teach and learn

To start off, Alia offered a 2-day, onsite training to the staff at CFS in May 2016. The team attended presentations such as, Grief, Loss, and Trauma; A Wellbeing Toolbox for Healing; Permanency and Wellbeing; Supervision; and Building Organizational Resilience. The concepts of grief, trauma, wellbeing, and permanency were delivered in a way they never experienced, connecting the concepts to behaviors they see in youth and families, and also in themselves.

CFS sent five staff to Minnesota for an Alia Summit on Intensive Permanency Services (IPS) in March 2017 to learn about Alia’s model of relational trauma healing and exhaustive family-finding to achieve lifelong permanent, loving connections for youth.





Later in 2017, Amelia and Dr. Debi Grebenik, Chief Learning Officer at Alia, provided training to CFS and their community partners in Canada for their annual conference. The significant investment in training to shift the mindset of the CFS team led Alia to urge Dave and Arlene to be even more planful and structured around their agency goals. Where were we going with this? The team learned a tremendous amount about trauma and healing, but what is the end goal?

Implementing IPS is a whole-agency shift, and while leadership was deeply committed to this approach, offering IPS to fidelity required more investment of resources than they were prepared for. Instead, CFS began with Alia's in-depth case consultations on youth with the most challenging situations, helping them integrate, on a case-by-case basis, what they were learning.

Practice shift: implement and practice

The case consultations provided a forum to change mindsets about both the root cause of youth's behaviors and therefore the healing responses needed. This process was setting the stage for continued and in-depth permanency work. Important to the case consultation process is recognizing behavior as pain-based responses to trauma. Reading behaviors as a result of what happened to youth rather than what is wrong with them, elicits a more loving response from the care team. Integrating this knowledge into practice requires a rigorous and disciplined approach.

The team in Canada brought their most complex family cases to Alia for consultation and review with a lens of healing relational trauma, which is where much of the learning and shifting took place. In hours-long coaching and case consultation meetings, Alia would prepare responses based on background information sent in advance. These consultations solidified the application of what the team was learning about trauma and healing.

Each month a case was brought to a large group meeting of the people charged with a child's particular case--from foster care workers and caseworkers to community psychologists, youths' parents, and the team at Alia. The group meeting allowed for deep listening and review which meant Alia guided the group with concrete ways to shift each person's mindset by way of purposeful, new language and interventions, focusing on what the youth needed to heal. Similar to a teaching hospital where residents follow physicians on their rounds as a learning opportunity, Alia created opportunities for the CFS team to hear firsthand how to respond and create action plans on the spot in real-time training.

The case consultations started the process of immersion into a different way of thinking. Attendance started out slowly as some of the CFS staff took a wait and see approach. As non-traditional strategies and interventions were presented, interest began to grow. CFS staff were taking the suggestions and implementing them and seeing positive behavioral changes. Attendance in the consultations swelled, the room filling with observers, supervisors, and those desiring answers on how to do the work differently.

For example, CFS learned to look for trauma in the body, not the mind, recognizing that trauma gets stored in our physical being. Retelling stories and reliving experiences in talk therapy often reactivates trauma. Instead, they helped youth release some big feelings from the inside out in physical ways. Staff coached families to use techniques like hitting a blow-up punching bag to release some of the pain living inside them.

Alia's approach is not a list of ideas for what to do, it is tangible training in action--it is walking beside, in an apprenticeship model. Together, they assessed what worked and what didn't, celebrated victories of any size and the CFS team were open to receive constructive and specific course-correction.

Brandie Singh, the then Therapeutic Access and In-home Support Supervisor for Child and Family Services of Western Manitoba, remarked that the beginnings of the work with Alia saw instant changes in their organization. "The work was really good. It was very inspiring. We were each inspired to do better and take a hard look at our own work. With Alia there were lots of immediate implementations. Even small changes in the language we chose made huge shifts for our children. Even down to how wording was presented in print materials. We started changing things right away. No, we started transforming things right away."

One of the most noticeable and effective shifts reported by the Canadian team at this point in the plotted course was a language overhaul. Learning how words shape the world revealed to the organization that using words that are loaded, unclear, and subjective, creates additional challenges that makes permanency efforts harder. Indeed, through the use of subtle, problem-focused language, words were damaging and exhausting the children, the foster parents, and the case workers, which delayed permanency solutions.

Efforts were made throughout the agency to shift language in existing forms and documents, among staff about youth and families, and in training materials for resource parents. These language shifts reflected a change in their approach, and served as consistent, built-in reminders to choose a connection-based approach to their work.



Two examples of transformed language to protect relationships:

- Instead of choosing these words: "Seeing scary movie trailers triggers Emma's anger, so she cuts herself."
 - A caseworker chooses these words: **"Seeing scary movie trailers activates Emma's pain-based behavior."**
- Instead of: "Mike has only learned how to leave, so he's always running away."
 - A caseworker chooses these words: **"Mike is searching for connection."**

Alia was walking beside the CFS team as though on a garden tour...pointing out the rare, the unusual, the profound, the hope in buds, the beauty of blooms, the reality of cycles. Part of this journey is pointing out outdated and unhelpful language, because when language changes, mindsets change. When mindsets change, actions change. Instead of *diagnosing* children, the Alia group walked beside their teachable team, equipping them with new ways to talk about and *understand* the circumstances and behaviors of children in their care who have experienced complex trauma.

After a year of learning and building their competency alongside Alia, the CFS team applied this approach to others in their network: community members, principals, teachers, group home staff, residential home staff and anyone connected to their youth. Alia provided tools needed to sustain the changes created during the learning process and the CFS team began to use these new skills to forge ahead.

“Trauma-informed care is now in all of our work. It has trickled down into all the work. It is infused in everything we do.” – CFS Staff response, Alia final evaluation

At the beginning of relationships with agencies, Alia’s work is more instructive. Once competency of the theories are understood and then applied, Alia begins to share the decision-making load with the agency, passing off more and more of the responsibility as team members gain more and more acuity.

Alia’s Chief Learning Officer, Debi Grebenik, led the transformation work with CFS, “At this point, they simply wanted validation that what they were doing was on the right track. Over time, their team began to know, on their own, what was right. We grounded them in theory...and equipped them with the answers. We trained facilitators and grappled with all the things that could go wrong. Our Alia team had them practice and then we observed and gave them specific feedback. Their commitment to excellence and vulnerability was astounding. They were hungry for the transformation. They just soared.”

Culture change: integrate and support

And once they soared, the CFS team began realizing true transformation and relaying their successes to Alia. Their honest review allowed for ownership of mistakes, energy for improvement and opportunity to savor the joy of wins within the organization and with youth and their families.

As mindset and practice shifted, measuring success began to shift as well. From a numbers standpoint, the ultimate outcome could be expressed as a dramatic reduction in the number of youth placed away from their own families and networks of loved ones. Permanency work is complex because people and relationships are complex, but their data was moving in the right direction.



Instead of focusing on placement stability, the focus shifted to placing with family and keeping children out of the system. Reunification became a priority. The numbers of youth in placement declined and the use of congregate care decreased enough that they consolidated their four group homes into two. CFS began referring to them as “healing homes” instead.

From 2016 to 2020, the number of youth in care at CFS reduced by 8%. Ten percent (10%) fewer youth were placed with strangers or in group care and CFS placed 10% more youth in care with family.

The team from CFS were hungry for more and more training and resources, eager to continue digging into the complexity of family connections. They saw their work with Alia’s guidance dissolving long-standing barriers to connection with youth in care. The work was leading to the permanency goals for which they longed. No longer content with their previous ways of handling cases, the teams expanded their knowledge to include the clinical department so no one was working in silos any longer. Everyone began speaking the same language with the same desired outcomes of reunification and permanency.

The CFS clinical department infused these trauma-competent strategies into their work, attended case consultations, and taught staff. Not long into providing the case consultations, CFS asked to double the amount of time spent on the consultations so they could present more youth. This demonstrates their commitment to doing their work differently and to giving children a different experience.

Connection and identity

For IPS youth, family search is exhaustive and performed by any means possible, including through social media, phone calling, newspaper articles, or public registries. With permission, one youth used a DNA testing kit in the hopes of finding family and connected to her lineage dating back to the 1700s. Now that she is safe and stable, she can use this information to make more family connections.

Consider another youth in foster care with a family who considered her for long-term placement. This youth didn’t seem to know of any of her biological family connections. As she grew older and into her teens she started asking what all teens ask, “Who am I...really?” Children in foster care with no obvious family connections are asking the next question too, “Where am I from...really?” With the coaching from Alia, the CFS caseworker was able to build trust and an authentic relationship with the youth. Once the youth discovered her grandparents, she wanted to meet them. The work with the long-term foster family and her caseworkers, equipped with transformative language and relationship-building skills, allowed for a supportive network to help guide this teen to navigate meeting her grandparents. This child built connections with her birth family and while she was not adopted by them, she now possesses an expanded, permanent network of caring, available adults within reach. For the first time, they spent part of Christmas together as family. The trusted relationship built with the IPS worker could be transferred to newfound family. That is a success.

Once a supportive network is clearly available for a child--in any form that might take--the tether to a caseworker can begin to loosen and transition to their support network. For this particular teen, knowing her family gave her pieces of her story that answered the questions she was asking. Success for her was knowing people she could call on and trust which is a new definition of family. The recounting of this case created new pathways for the Manitoba team. They can recount this story and recognize how the permanent, loving connections were what made the difference, and apply this relationship-based approach to every youth and family to achieve permanency.

System transformation, or building new practice often appears to be the heaviest load to carry in the process, though it is the unlearning that is the invisible weight.



4 | THE UNLEARNING



Our habits wear deep grooves and unlearning takes Herculean effort. The work of unlearning, according to the CFS team, was worth every precious moment of effort. Unlearning does not mean all past education and experience is void of value, though it does mean the antiquated and harmful practices that no longer serve require extraction.

Often the reason given to not transform is precisely the reason to transform: “But, we’ve always done it that way.” This is why there are still traumatized children and youth stalled in welfare systems worldwide. We’ve navigated away from our true calling, that of healing families so they can safely parent their own children. Current systems are effectively trapping the very people an organization wants to rise up and guide into a beautiful life: the children.

CFS was changing--even non-caseload-carrying staff such as administrative staff were seeing youth differently. Further, the province of Manitoba afforded flexibility in their funding by creating a block funding model whereby CFS could respond to the extended time required for healing relational trauma and building permanent, loving connections with family.

Some of the biggest unlearning occurred in attempts to implement IPS. With only permanency principles and knowledge of family search and engagement, CFS’ experiment doing IPS without fidelity to the full model, didn’t work. One staff member was assigned to some families as a caseworker and assigned to other youth as an IPS worker and challenges occurred when competing priorities were presented. They noticed the urgent pace of traditional casework could derail scheduled time for relationship-building with IPS youth. These two approaches – traditional, compliance-based casework and emerging, connection-based healing work – didn’t always mesh.

Additionally, it was difficult to shift approaches: from working cases requiring court reports, assessments, safety evaluations, and placement strategies to working with IPS youth through relational healing. In theory, a part-time approach to IPS seemed viable; in reality, it wasn't working. Alia supported CFS while they problem-solved what to do and they decided to pivot and instead of two part-time workers they would move to one full-time IPS worker. After this decision was made, a thoughtful transition plan was initiated. When they became laser-focused on IPS is when they began to see the full benefits of the permanency work.

Their reluctance to invest fully in a proven approach with which they identified deeply, was also an experience in unlearning. A do-more-with-less approach to relational trauma healing simply didn't work. For youth and their families to experience the healing and lifelong, loving connections, CFS needed to commit the time and investment they knew was required.

At its essence, IPS works by training a caseworker to unlearn and then learn how to help youth heal relational trauma through understanding their particular grief and loss as well as healing their trauma histories. Working through this process helps youth grow and nurture the skills of connection. Once a youth who was in a revolving door of foster families in out-of-home care learns how to connect with an IPS worker, they are better prepared to connect with biological family or other loved ones for real permanency. When this trust and understanding is built, it spurs the desire for connection. Once connections are built, youth feel safe and begin to believe their hearts and experiences are worthy of care, healing and love.

In short: IPS helps youth know themselves so they can be better known by their permanent connections.

Intensive Permanency Services

Alia's IPS work is youth-driven. Child welfare systems don't provide opportunities or experiences that allow them their own voice and choice at any stage of their life (an example of a system working, but ill-designed). With Alia's IPS-trained caseworkers, their children and youth are aware they can hire and fire their IPS worker at any time. Allowing the onus to wrest on a youth's experience of the IPS work is often the first time in their lives their voice is allowed space to be heard. Voice and choice are key components of the IPS work and one element that creates distinction from other work.

4 STAGES OF IPS WORK

- 1. TRUSTING** The trusting stage takes the most time since it is the most broken aspect for a youth engaged in the child welfare system.
- 2. HEALING** When trust is established, healing from trauma can begin. Healing includes a youth learning where they've been to understand where they are.
- 3. CONNECTING** Once true trauma-healing occurs, connecting ensues with a nurturing adult. IPS workers facilitate connections with important figures in a youth's life.
- 4. SUPPORTING** Connections bridged, the IPS worker helps support children and youth in navigating the joys and challenges of new relationships.

INTENSIVE PERMANENCE SERVICES

PHASE 1 0-9 MONTHS



TRUSTING



Building Trust



Exhaustive
Searching

PHASE 2 6-18 MONTHS



HEALING



Healing Trauma

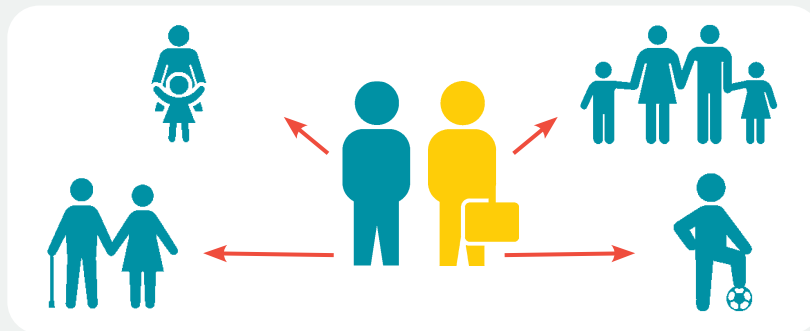


Connecting to lost
loved ones

PHASE 3 12-18 MONTHS



CONNECTING

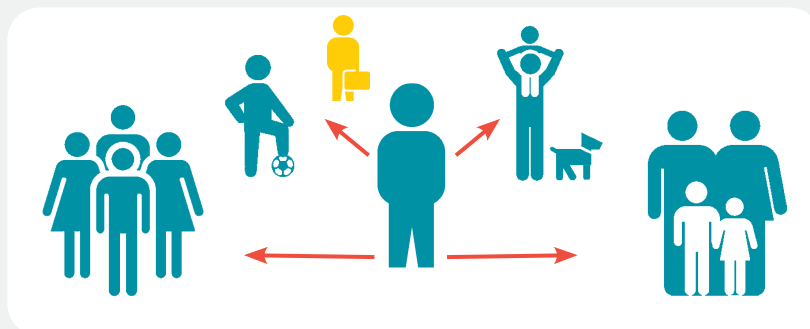


Connecting & Healing Relational Trauma

PHASE 4 12-24 MONTHS & ONGOING



SUPPORTING



Supporting & Integrating Healthy Relationships



Learn About Susan's Success

Susan began with CFS as a 14 year-old, and was living in yet another foster home with her two younger brothers who were 8 and 5 at the time. Her foster parents were very loving, conservative, practicing Mennonites. Her brothers simply adored their foster family and got along very well. The family was leaning towards permanency for the boys, but Susan was not interested in the arrangement or connecting with her foster parents. She wore extreme makeup, listened to Nirvana, wrote dark poetry, believed her parents were fine even though their actions led to their family breaking up and questioned God any chance she could. Her foster parents were concerned and not connected with Susan. Her behavior escalated to the point where she pretended to hear voices because it got her attention and eventually her school counselors wondered if she exhibited schizophrenia tendencies; admitting they didn't know how to help her.

When CFS reviewed her case, they presented her the option to hire an IPS worker. Susan let her IPS worker know, "I'm really smart, so there's nothing new you can do for me or share with me. You're not my IPS worker." With the IPS worker fully equipped with the tools for authentic connection, she replied, "Okay, that's fine. How about next week we hang out and listen to Nirvana and some other grunge rock and then we can read your poems together?" Susan said, "Okay." This gave the subtle, but clear signal, "I will let you see me." That was a hire and was a first step in healing.

Consistently, the IPS worker met with Susan to spend time, building a bond which is the foundation of trust. Through the work, it was revealed that Susan's poetry was not dark, but recalling and grappling with painful experiences she knew as a child. Susan wasn't challenging faith, but truly wondering how God fit into her life given her trauma.

Over time, the IPS caseworker and the Alia team consulted on Susan's case, studied her behaviors and learned they were temporary and reactionary and born of trauma. While Susan began to open up, she was connected with her aunt who was stable and willing to welcome Susan into her life. At this point, Susan faced one of her biggest autonomous choices of her young life: stay with her brothers or move away on her own to live with their aunt. At first, Susan said she would not leave her brothers and would only go to her aunt's if the boys could come with her. It was because of the healing and trust in the IPS work that Susan was able to view her situation and that of her brothers through a lens of healing. At 15, Susan was able to see her brothers were happy and thriving and that ultimately that is what she wanted for them...and for herself. For Susan, happy and thriving meant choosing permanency with her aunt so she let her brothers be loved so she could love. By building that trust with herself and her IPS worker, it allowed Susan the confidence to choose the healthiest path for her life. Currently, she maintains consistent contact with her brothers.

Alia's training and guidance in Intensive Permanency Services were key to CFS' ultimate mindshift and success and navigating the relational complexity of a situation like Susan's. The unlearning that occurred within the CFS network of leaders, supervisors and caseworkers created profoundly courageous and unafraid humans. There is now one IPS worker at CFS dedicated full-time to no more than 8 youth at a time, guiding the youth and their families through the healing process with fidelity.

5 | THE UNAFRAID



2020 rounded out nearly four years of partnership between Alia and CFS. Over the years, 100s of hours were spent at trainings, IPS Summits, and in case consultation. To further infuse an approach of connection and healing, to deepen their culture shift, and ensure it remains long after Alia is gone, Trauma Champions were developed.

Through an application process, 26 people throughout the agency were chosen to follow a 10-month curriculum that required monthly class sessions, plus homework. Course content included the neuroscience of trauma, recognizing and responding to trauma behaviors, healing centered engagements, and compliance vs. healing modalities. A capstone project was required to demonstrate how the Trauma Champions grew in their knowledge and application of healing approaches and showcased practical ways this knowledge would benefit their agency and the youth in their care.

Example Trauma Champions Capstone Projects:

- **Parent Brochure** A healing-centered short guide to help resource parents support their children through trauma with directions on how to maintain authentic connection.
- **Orientation Guide** A quick reference guide of orientation reminders to be used before entering an orientation meeting.
- **Digital Information Portal** A virtual way to easily share vital information among the adults surrounding a child with care from caseworkers to school counselors and from foster parents to group home staff.
- **Birth Parent Questionnaire** An assessment tool using a questionnaire for birth parents to complete for care teams to learn a child's trauma history. Helps potential adoptive applications when looking at a child's epigenetics.
- **Cultural Sensitivity Guide** For helping facilitate family meetings in a culturally-sensitive manner.
- **Signs of Trauma Sheet** A guide for teachers and school staff to help them look for and identify how trauma shows up in the classroom.
- **Internal Trauma Check-In** An anonymous agency staff survey to gather how individuals experience or understand trauma to reach effective internal communication.

These capstone projects are just a handful of the many practical creations of work by the CFS Trauma Champions. They presented their contributions to an audience of their peers honoring the transformative work of Alia and their renewed commitment to building a just, heart-led approach to children and youth in their care.

Organizational leaders were also in attendance for all three days of presentations, demonstrating their ongoing commitment to this work. From 2015 when CSF leaders first reached out to Team Alia, their consistent leadership, deep commitment, and ongoing support of staff in their learning and contributions to the agency as Trauma Champions, is what led to their success.



Parallel to the Trauma Champions process, the leadership team met monthly to evaluate how the efforts were progressing. This dedicated time evolved to include the following topics:

- How to engage in difficult conversations
- Updating CFS' mission, vision and values
- Strategies for additional change and how to manage the change
- Sustainability of the work begun with Alia

The depth of the leadership team's commitment was clearly evident and helped to build and keep momentum for the change efforts. As micro-changes were occurring, significant movement came in the form of renaming foster parents as resource parents; recruitment of resource parents that would work with birth families; hiring practices that looked for staff who prioritized permanence, and rewriting mission, vision, and values to align with their newfound focus on healing and permanence. The leadership team also invested in workforce wellbeing strategies to support those doing this important work. Supervision practice to integrate wellbeing provides insurance the workforce can sustain the change.

Toward zero youth in care

The work in Manitoba continues. There are still children in their child welfare system; the agency in Brandon did not shut down. Yet now, CFS is an agency populated with caseworkers, supervisors and leaders who are unafraid. Staff morale and wellbeing are up, because it feels good to work with families in healing ways.

Equipped with practical tools focused on authentic relationships, the Manitoba team is now unafraid to review their past and own their faults. They are unafraid to take on the next challenging, hard case.

Darlene noted, *"For us, the IPS program's true success is the ability for us to move a child from care to some type of permanent connection arrangement--ideally adoption or guardianship. We've completed some Permanency Pact arrangements for kids which we also consider success. When our IPS work allowed our caseworkers to intervene to a point where a child could truly work through their grief and loss and be in a better position to cope in their life... that is success."*

Working so closely in system changing creates a tightly-knit network between agencies and Alia. To truly allow the Manitoba team to take a solo flight, Alia created a three-month internal training plan to carry them boldly into 2021...on their own. One arc they chose to explore was identifying monthly themes about which all their staff can learn and grow.

Empathy was an identified theme that will allow each person on their team to contribute understanding, build awareness around, practice the skill and report back to the group. The practice of empathy would go beyond CFS staff and be practiced with foster families, supervisors, partner agencies, colleagues, group home staff, teachers, therapists, lawyers and anyone with whom they connect.

The CFS team is committed to vulnerability and excellence. They are now trained and prepared facilitators, practiced and ready, grounded in theory, able to adjust when needed. Alia also shared with them ways to recruit and hire new team members who align with their new approach.

How the team from Manitoba describe the mindshift shift indicate the changes they made will stick:

"IPS has reduced the number of days children are in care and has saved both the county and the taxpayers money."

"For newer staff, the trauma concepts seem to come easier."

"Trauma-informed care is now in all of our work. It has trickled down into all of it. It is infused in everything we do."

"The power of language, such as "pain-based behaviors," has changed everything."

"I forgot how much we have learned. It's just how we are now."

"I cannot believe how far we have come."

"This job is more rewarding than ever."

CFS understanding and accepting that they needed help, looking at what was once unseen, the undertaking of the agency overhaul with mind-shifting work, the unlearning of old ways and the applying fresh authenticity to their work and the unafraid way of walking into the future makes CFS a certain, fearless success.

Alia's current work is focused on repairing the system that we--our society--built without the knowledge of how separation from loved ones causes lifelong trauma. The opportunity already passed to prevent the current foster care system from existing. Alia knows this current system can hurt people, from the youth to the caseworkers. Yet we remain hopeful and hard at work; the current child welfare system was designed by people, so people like us can undesign it. Together, let's create something new.

KEY PROJECT PARTNERS



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Director of Programs



Brandie Singh
Permanency Supervisor



Dave McGregor
former Chief Executive Officer

MANITOBA BY THE NUMBERS

00 The caseload goal. Success for Manitoba is no child in care.

04 IPS-trained caseworkers.

03 Number of years encompassing the set of training and work with Alia including ramp-up, full implementation, support and follow-up.

08 Full caseload number of children working with an IPS-trained caseworker.

26 CFS Trauma Champions developed as internal experts on recognizing and responding to trauma.

25 Typical number of children in a non-IPS caseload.

133+ Number of hours spent by CFS and Alia teams together in healing-centered, clinical case consultation.

TIMELINE

2015

- Dave and Arlene attend Kempe Center 2015 International Conference on Innovations in Family Engagement in Minneapolis and hear Amelia present

2016

- CFS leadership and Alia develop a plan for partnership
- Two-day Alia training session delivered onsite in Manitoba

2017

- CFS and Alia execute contract; permanency services commence
- Weekly advanced clinical and permanency-focused case consultation sessions
- Monthly permanency-focused supervisor coaching
- Monthly leadership check-ins
- Five CFS staff attend Alia IPS Summit

2018

- IPS/TIC training open to all - resource parents, staff, and community (6x/year, 2 days in person)
- Weekly advanced clinical and permanency-focused case consultation sessions
- Monthly permanency-focused supervisor coaching
- Monthly leadership check-ins

2019

- Virtual team training (Building Trust with the Team: The Four Agreements)
- Weekly advanced clinical and permanency-focused case consultation sessions
- Monthly permanency-focused supervisor coaching
- Monthly leadership check-ins
- Three CFS staff attend Alia IPS Summit

2020

- Alia community training onsite at CFS on human need for belonging
- Training for group home (“healing home”) staff
- Weekly advanced clinical and permanency-focused case consultation sessions
- Monthly permanency-focused supervisor coaching
- Monthly leadership check-ins
- Trauma Champions
- One CFS staff to virtual IPS Summit

EXAMPLE TRAINING CONTENT

TRAINERS:

Debi Grebenik, Ph.D., LCSW, MEd

Amelia Franck Meyer, MS, MSW, LISW, APSW

The Human Impact of Childhood Trauma (3 hours/Day 1 morning)

This presentation comes from the perspective of what humans need to survive and thrive; including understanding many behaviors as natural and normal responses to what happened to us. Understanding the grief and loss, which results from experiencing childhood trauma, helps us to understand the current behaviors of children and youth through a new lens of compassion. Because 67% of US adults experienced at least one childhood trauma, understanding the lifelong impacts of childhood trauma helps us to understand the behaviors of adults, too.

YBH (Yes, but how) Do We Respond to Youth with Trauma (3 hours/Day 1 afternoon)

In this session, we will look at how Trauma Effective Programming results from an understanding of the impact of trauma on the brain; however, knowing the impact is only the first step. The next step is wedding knowledge with application so that we can create trauma effective practices, grounded in brain science and theoretical concepts. In this session, practical guidelines and strategies will be introduced, explored, and discussed. The most common behavioral challenges such as lying, stealing, raging and aggression will be discussed as well as the accompanying trauma effective responses. The goal for this session is to build a toolbox of trauma competencies to be utilized in whatever setting is needed. The focus is on strategic and practical responses to pain-based behaviors.

Advancing Your Trauma Competency with Complex Consultation (3 hours/Day 2)

In this session, we will begin to advance our understanding of how trauma manifests in youth with long-term, complex, or severe trauma and are living in out-of-home care settings. This session is meant for those with significant previous trauma training or education and/or participated in clinical consultations for complex trauma cases. This is not a session for beginners, and participants should come with current, active case challenges to be used during the session to illustrate the application of trauma competencies.

