An Exploratory Regional Study on Child Welfare Outcomes in Aboriginal Communities

A Project Report Prepared for
The Association of Native Child and Family Services Agencies of Ontario
and the Ontario Ministry of Children and Youth Services

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The Association of Native Child and Family Services Agencies of Ontario (ANCFSAO) is a community-based Aboriginal organization governed by a board of nine mandated and non-mandated First Nation child and family service agencies in Ontario. The ANCFSAO is mandated by these nine member agencies to build a better life for all First Nations and other Aboriginal children through policy development and analyses, operations, research and advocacy in promoting the culturally based delivery of quality family services to Aboriginal populations within Ontario.

Note: This report presents perspectives and opinions which do not necessarily represent the views of The Association of Native Child and Family Services Agencies of Ontario and the Ontario Ministry of Children and Youth Services.

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Acronyms

ANCFSAO: Association of Native Child and Family Services Agencies of Ontario
FNCFCS: First Nations Child and Family Caring Society of Canada
LAC: Looking After Children
NOM: National Outcomes Matrix
RAC: Research Advisory Committee
NCFST: Native Child and Family Services of Toronto
PFS: Payukotayno James and Hudson Bay Family Services
WFS: Weechi-it-te-win Family Services
AAFS: Anishinaabe Abinoojii Family Services

Use of Terms

The term 'Aboriginal' encompasses a broad definition. The *Constitution Act of 1982* defines Aboriginal people as Indians, Inuit, and Métis. As the term is commonly used today, however, Aboriginal includes people with registered and nonregistered Indian Status, including the Inuit, and Métis (Gough, Blackstock & Bala, 2005). Readers will also note that words such as 'Aboriginal', 'First Nations', 'and/or Native' have been capitalized throughout this report. Many Aboriginal peoples and scholars (see Isaac, 1999 for example) both in Canada and internationally argue that such words should be capitalized when referring to specific Aboriginal groups of people, in much the same way that reference to groups such as the 'English' and/or 'French' are capitalized. This report adheres to that perspective and hence the capitalization of those words throughout this report (Bennett & Blackstock, 2006). Use of the term 'Indigenous' in place of Aboriginal is common in an international context and is becoming somewhat more common in Canada.

Chapter 1

Overview of Study Purpose, Methodology and Research Activities

1.1 Introduction

This report is based on an exploratory study conducted in partnership between the Faculty of Social work of the University of Manitoba, the First Nations Child and Family Caring Society of Canada (FNCFCS), the Association of Native Child and Family Services Agencies of Ontario (ANCFSAO) and four mandated Aboriginal Child and Family Services Agencies within the Province of Ontario. This study was funded through the Child Welfare Research and Evaluation Grants Program of the Ministry of Children and Youth Services of Ontario. This report contains the following:

- Results from a literature review on child welfare outcomes completed for the study;
- Results from community-based research on the use of *Looking After Children* and National Outcomes Indicator Matrix, as well as other evaluation tools currently utilized within participating agencies, with particular attention to the effects of culture and community context on use;
- Recommendations arising from the experiences with the use of LAC and the National Outcomes Indicator Matrix, as well as other tools, and recommendations on how outcome assessment can be elaborated or modified to capture culturally relevant outcome data on Aboriginal children and families.

1.2 Purpose and Study Rationale

The primary goals of this study were to identify the key types of helping services provided to Aboriginal children and families receiving services from Aboriginal child welfare agencies within Ontario and the usefulness of elements of the *Looking After Children* (LAC) framework and National Outcome Indicator Matrix (NOM) for assessing outcomes for children and families by recording key stakeholders' (i.e., children, caregivers and service providers) perceptions of the effectiveness of such tools and related indicators in the Aboriginal context. Results of the findings from this study were to assist in developing recommendations on how outcome measurement within an Aboriginal child welfare context should occur.

1.3 Major Research Questions

The research questions identified for this study were:

1. What are the perceptions of Aboriginal children and families about the types of services that they receive and how these should be assessed?

2. What are the experiences of service providers in utilizing the LAC framework, the National Outcomes Indicator Matrix (NOM) or other tools to assess child welfare outcomes in an Aboriginal context and what are their perceptions regarding the effectiveness of the evaluation tools in providing valid, reliable and culturally appropriate indicators of child welfare outcomes?

3. What adaptations to existing outcome measurement strategies, including the use of LAC and NOM, are required to provide a culturally appropriate and utilization-focused framework for evaluation with Aboriginal children, families and communities?

4. A fourth research question was identified when the pilot project was approved by the Ministry; however this was conditional on the nature of responses to the first three questions. This question was: "What are the specific research questions and proposed methodology for more comprehensive testing of a modified outcome measurement framework?

1.4 Agencies Participating in the Study

Four mandated agencies within the Province of Ontario participated in the study. These agencies were:

- Native Child and Family Services of Toronto;
- Payukotayno James and Hudson Bay Family Services;
- Weechi-It-Te-Win Family Services Inc.; and
- Anishinaabe Abinoojii Family Services

1.4.1   Native Child and Family Services of Toronto

Native Child and Family Services of Toronto were incorporated in 1984. It received its mandate in 2004 and is the only agency within Ontario that provides a range of statutory services to Aboriginal families residing within a metropolitan setting. The types of services provided by Native Child and Family Services of Toronto include:

- Child welfare and residential care
- Prevention services
- Licensed day care
- Children's mental health and family well being
- Aboriginal Head Start
- Youth Programs, including a high school
- Transitional Housing
- Early Years Centre
- Social / Recreational Programs
- Summer Camps

1.4.2 Payukotayno James and Hudson Bay Family Services

Payukotayno James and Hudson Bay Family Services agency is located in Moosonee, Ontario and is the most remote of the participating agencies. Payukotayno was mandated in 1987 and provides services to eight First Nation communities:

- Moose Cree First Nation (Moose Factory)
- Mocreebec Council of the Cree Nation (Moose Factory)
- Local Services Board (Moose Factory)
- Weenusk First Nations (Peawanuk)
- Fort Albany First Nation
- Kashechewan First Nation
- Attawapiskat First Nation
- Town of Moosonee

A range of statutory and integrated services is provided by Payukotayno and includes:

- Child protection services
- Foster care
- Child care
- Child and family intervention (clinical)
- Early intervention
- Awashishuk Centre – Society operated group home
- Residential – three Society operated receiving homes
- Youth Justice – Attendance centre
- Community and family support
- Prevention

1.4.3 Weechi-It-Te-Win Family Services Inc.

Weechi-It-Te-Win Family Services received its mandated in 1987. The head office is located in Fort Frances Ontario and it services the following 10 First Nation communities:

- Big Grassy First Nation
- Big Island First Nation
- Onigaming First Nation
- Rainy River First Nation
- Naicatchewenin First Nation
- Stanjikoming First Nation
- Couchiching First Nation
- Nigigoonsiminikaaning First Nation
- Seine River First Nation

- Lac La Croix First Nation

The services provided by Weechi-It-Te-Win Family Services include:

- Community care program
- Training and learning centre (for youth 12-17 years)
- Family counseling program
- Treatment foster care
- Tele-psychiatry program
- Children's mental health services (0-6 years)
- Psychological services
- Nanaandawe'I diiwinan ziidoniwewin – access to traditional healing approaches
- Clinical support services
- Customary care

1.4.4 *Anishinaabe Abinoojii Family Services*

Anishinaabe Abinoojii Family Services served as the first agency site for data collection for this study. Anishinaabe Abinoojii is located in Kenora, Ontario. It was mandated in 1994 and services 14 First Nations communities comprised of:

- Noatkamegwanning First Nation
- Wauzhushk Onigum First Nation
- Asubpeechoseewagong First Nation
- Wabaseemoong Independent Nation
- Obashkaandagaang First Nation
- Ochiichagwe'babigo'ining Ojibway Nation
- Wabigoon Lake Ojibway Nation
- Northwest Angle #37
- Wabauskang First Nation
- Shoal Lake #39
- Shoal Lake #40
- Northwest Angle #33
- Migisi Sahgaigan First Nation
- Lac Seul First Nation

The services currently provided by Anishinaabe Abinoojii Family Services include:

- Child protection to children 0-15 years of age
- Alternative care (foster care)
- After hours on call services
- Customary care
- Family involvement

- Community involvement
- Holistic and bi-cultural services
- Prevention services (assisting families with services in order to prevent family breakdown)

1.5   Methodology and Sample Size

This exploratory study was primarily based on a qualitative research design. As outlined in the proposal, the qualitative components of this study included interviews with key stakeholders consisting of:

1. Crown wards and other children in care (CIC) – estimated sample size of 20;

2. Children who remain in the care of their families of origin, currently receiving child welfare / prevention services - estimated sample size of 10;

3. Primary caregivers (parent, foster parent, kinship care providers) for each child identified above - estimated sample size of 30;

4. Agency staff most directly involved with these cases to ascertain their experience with LAC and/or NOM - estimated sample size of 30;

5. An average of 10-12 file reviews from each agency using a file audit instrument to examine the use of evaluation data as part of recording and case planning - estimated sample size of 50.

In addition to conducting interviews, the study also included an analysis and synthesis of the literature pertaining to outcome assessment in child welfare.

Field visits to the participating agencies by research staff took place between January and September 2008. Feedback sessions with those agencies that requested such visits were completed.

Meetings with the Executive Director of the Association occurred on a regular basis and a major feedback session occurred with the Board of the ANCFSAO near the end of the data gathering cycle. A major activity of this project, consistent with its participatory commitment, was a two-day regional workshop. This was held in the fall of 2008 and was a primary stage shaping recommendations from the project.

Specific research activities and approaches to analyses are summarized prior to the presentation of results on each of the research strategies used in this study (see Chapter 3).

The research instruments developed for this study included semi-structured interview guides for children, parents, caregivers and child welfare staff. In addition a set

of questions was developed for focus groups held with each of the participating agencies during field visits. An agenda and questions were also identified for a workshop that was held with the participating agencies in the fall of 2008. The following research instruments were developed to assist the research team members in carrying out the study:

- Interview guide for child and family services workers.
- Interview guide for parents.
- Interview guide for foster parents.
- Interview guide for children.
- Agenda with questions for workshop.
- File review guide.
- Focus group questions.

Interview guides for workers, parents, foster parents and children are included as Appendices A through D. Although interviewers utilized these guides the nature and format of questions were altered to permit a more conversational style of interview, particularly when interviewing children.

The purpose and objectives of the study were explained in detail to all participants who were interviewed. Consent forms were read and the details were discussed with all participants. Participants were asked to sign the consent form if they agreed to participate and copies of the consent forms were given to all participants. In the case of minor children they were asked to sign an 'Agreement Form' and the official guardian was asked to sign the consent form.

1.6   Ethics

Ethical guidelines were developed to ensure the respectful treatment and human dignity of all the participants involved in this study. The ethical guidelines were based on implementation of OCAP principles (Ownership, Control, Access and Possession) (Schnarch, 2004). Ethical procedures for the study were approved by the University of Manitoba on June 7, 2007.

1.7   Data Analysis

The research techniques proposed for this study includes a mixed approach of one-on-one interviews, focus group interviews, file reviews and field notes. The primary focus on a qualitative research design required the use of content analysis techniques. All interview data were transcribed to enable in coding and the synthesis of themes. File surveys were converted to narrative summaries and then assessed against a priori questions pertaining to care planning.

1.8 Limitations

There are several limitations to be noted in assessing the results of this study. These include the following:

- The small number of sites and somewhat fewer participants than estimated.
- The diversity of agency experiences and practice contexts which limits generalization.
- Delays and disruptions in data collection (front-end and throughout the process) which undermined the capacity to fully engage liaison staff and the Research Advisory Committee (RAC) in the research process.
- Travel distance between agencies and research personnel and the related costs of research visits and meetings.
- Participating agencies were all at different stages of implementing the LAC and/or NOM models identified in this study.
- Difficulty recruiting and retaining children, parents and foster parents for interviews.

Chapter 2

Literature Review on Approaches to Measuring Outcomes in Child Welfare

2.1   Introduction

The primary purpose of this chapter is to review the literature on approaches to outcome assessment in child welfare. Section 2.2 examines the contextual space within which the assessment of outcomes in First Nations and other Aboriginal child welfare services must be considered. In Section 2.3 generic frameworks and models of assessment are reviewed, including a brief discussion of general issues that affect outcome measurement in child welfare. In Section 2.4 we consider how generic assessment models apply to the Aboriginal service environment, initiatives that attempt to establish Indigenous approaches to the assessment of child and family well-being, and contextual factors which affect the application of culturally appropriate models of outcome assessment in Aboriginal communities.

Although the purpose of this chapter is to review the empirical results from assessments of outcomes we briefly highlight some of the results of these reviews as these shape the current interest in and demand for greater attention to outcome assessment. We adopt the definition outlined by the Ontario Association of Children's Aid Societies (OACAS) (2006) which defines the measurement of outcomes as "the assessment of the impact, benefit or change as a result of participation in services" (p. 1). In the OACAS report, an elaborated outcome measurement cycle is illustrated (see p. 3) which begins with the development of an agency strategy and culture committed to outcome assessment, and then follows steps to the implementation of such a system within a child welfare service context. Outcomes are distinguished from outputs, and the latter reflects such things as units of service that have been delivered or counts of the number of people that have served. Although these are important indicators of volume they do not tell us the extent to which individuals, families and communities actually benefit from services that are provided. In child and family services our historical preoccupation has been with recording outputs.

This is not to suggest that research on outcomes has been absent from the field. In a 2007 review of research on outcomes for children and young people in care, Broomfield and Osborn (2007) conclude that many of the studies they reviewed were of good quality and the majority of children in care was in good physical health and displayed improvements in psychological functioning over time. However, poor mental health outcomes were identified and a significant minority of children in care experienced complex psychological and behavioural problems. While the majority of children included in these studies (approximately 45%) experienced placement stability, severe placement disruption affected between 15 to 20% of those in care.

MacMillan et al. (2007) reviewed a series of research studies regarding prevention and treatment approaches in child maltreatment and identified mixed results. These researchers recommended a four point national child maltreatment research strategy for Canada focused on:

1. Determining risk and protective factors and causal mechanisms related to child maltreatment;

2. Evaluating the child welfare, justice and mental health systems to assess their impact on children exposed to maltreatment;

3. Assessing interventions designed to prevent child maltreatment; and

4. Assessing interventions for children and families in which maltreatment has occurred.

In another review of the effectiveness of child welfare interventions, Dufour and Chamberland (2003) also summarize mixed results and recommend more attention to the dissemination of information effective programs and increased collaboration among researchers and practitioners in developing best practice.

The *Looking After Children* (LAC) framework (Ward, 1995) has been a useful instrument for informing clinical practice for children in care, but by aggregating findings it has also been possible to identify more generalized outcomes in comparison to children in the general population. In summarizing results from a number of studies, of foster care, Kufeldt (in press) notes that placement in alternate care has been relatively successful in ensuring the safety of children, and, in general, health related objectives for children are adequately met. In reviewing other dimensions of the LAC framework, however, identity issues and lower educational outcomes were commonly reported. It is perhaps somewhat encouraging that follow-up research indicated some improvements in educational outcomes. In other research related to adults who were formerly in care as permanent wards, Kufeldt (2003) found mixed results: about half of those surveyed had achieved an overall positive outcome whereas the other half were still struggling with adjustment issues and about 20% of the sample were living in relative isolation with few supports at the time of data collection.

The area of early intervention and family support has received attention but early reports on the success of family preservation and reunification programs have demonstrated that these programs are no magic bullet in ensuring child well-being or preventing at least a significant number of at-risk children to care. However, more comprehensive family support strategies have produced promising results (Cameron, Vanderwoerd, & Peirson, 1997).

Much of the research in child welfare outcomes relates to targeted research projects. Many of these studies have been small, and larger studies, when these are commissioned, are both relatively expensive and capture results over a relatively limited time frame. This has encouraged the development of performance measurement systems or the systemic adoption of outcomes measures, as in the case of LAC in Ontario. Such

systems are attractive in generating broad, comparable indicators on an ongoing basis which can influence program and service planning and ensure accountability. However, Tilbury (2007), in a review of performance measurement in England, demonstrates how such indicators can focus attention narrowly on investigation and placement measures in ways that contradict the more comprehensive family support measures included in legislation. This is even a more critical issue in Indigenous communities where cultural and community well-being are important factors. She encourages a critical approach to the assessment of performance indicators where outcomes related to performance, effectiveness and efficiency are examined closely for differences in values and perspectives. With this approach, the use of performance measurement may help to open up debate and encourage new approaches to policy and service development rather than simply identifying the progress towards predefined 'measures of success'. A more interactive, collaborative approach to establishing and measuring performance is indicated if this advice is heeded.

2.2 Systemic Issues Affecting Outcome Assessment in Indigenous/Aboriginal Child Welfare

2.2.1 *The Effects of Colonization*

When considering child welfare outcome assessment in First Nations and other Aboriginal communities, what are the key factors to consider? First, there is a need to recognize the ways in which these communities are hampered by the long-term effects of colonization, including the overrepresentation of Aboriginal children in care. Second, there is a need to understand the ways in which Aboriginal communities are distinct. This, in turn, requires recognition of the potential of alternative philosophical approaches to child welfare practice and evaluation.

In Canada, the historical and cultural nature of development, coupled with the variable access to supports and services, has led to very different life experiences and outcomes for Aboriginal children and their families. A 2007 United Nations Children's Fund (UNICEF) report argued that relative to other nations on the list of the world's richest countries, Canada has been slow to honour its commitments to children, as identified in the 1989 United Nations Convention on the Rights of the Child, with the plight of Aboriginal children highlighted as especially desperate (UNICEF, 2007). Aboriginal children and youth are at a clear disadvantage in Canada: economically, they are more likely to be born into and grow up in poverty; physically and emotionally, they are more likely to suffer health problems, maltreatment, incarceration and mistreatment (Ball, 2008).

It is difficult to identify the number and rate of First Nations or Aboriginal children in care in Canada. For example, Farris-Manning and Zandstra (2007) estimate that between 30% and 40% of the children in care in Canada are Aboriginal. Based on an estimate of 76,000 children in care in 2000 to 2002, this would suggest that between 23,000 and 30,000 Aboriginal children were in care at that time. The majority of these children are First Nations and there is some evidence that First Nations children are

overrepresented relative to other Aboriginal children (Blackstock, Prakash, Loxley, & Wien, 2005). Nationally, 5.5% of First Nations children living on reserve were in child welfare care in 2003 (Indian and Northern Affairs (INAC), 2005), a rate estimated to be eight times that of all children (both Aboriginal and non-Aboriginal) living off reserve (Auditor General of Canada, 2008). Year end data collected by INAC suggests a growth in the number of children in care. For example, between 1995 and 2001 the number of First Nations children living in care on reserve increased by 71.5% (McKenzie, 2002), although more recently there is evidence of a moderating trend. There are estimates that suggest that as many as 27,000 First Nations children are in care, more than at any point in history, including the residential schools era (Assembly of First Nations, 2007), however it is difficult to verify the accuracy of these estimates. As of March, 2007, the Auditor General of Canada (2008, p. 10) estimated the number of on-reserve First Nations children in care to be approximately 8300. The Auditor General's estimate which is based on INAC data reflects an in-care rate of more than 5% of the on-reserve child population, and eight times the rate of children in care off-reserve. It is important to emphasize that accurate figures are simply not available because there is no nationally consistent method of counting children in care. With respect to Ontario, ANCFSAO (n.d.) notes that there were 29,143 children in the care of Ontario's Children's Aid Societies between 2006 and March 2007, and the number of Aboriginal children in care is estimated to be between 17-20%. The Association notes its own projections are that between 30 and 50% are Aboriginal because Aboriginal heritage is narrowly defined as First Nations status in the database of many agencies. This summary also notes that the rate of cases investigated for neglect in First Nations/Aboriginal Children's Aid Societies (i.e., 37%) is at least double the rate for non-Aboriginal rural and urban agencies.

The 1998 and 2003 cycles of the Canadian Incidence Study on Reported Abuse and Neglect (CIS-1998 and CIS-2003) found that First Nations children were more than twice as likely to be reported for neglect than non-Aboriginal children (Trocmé, Knoke, & Blackstock, 2004; Trocmé, MacLaurin, Fallon, Knoke, Pitman, & McCormack, 2006), and once reported they were also more likely to be admitted to care. There is also a relationship between structural factors such as poverty, poor housing and substance misuse and the overrepresentation of First Nations children among substantiated neglect cases (Blackstock, Trocmé, & Bennett, 2004; Trocmé et al., 2006).

When Aboriginal children are removed from their homes, efforts to place them within their geographic community with extended family, with a family with similar ethno-cultural background, or in foster care that is connected to the family and friends often does not occur. Although the placement patterns by some First Nations child and family service agencies indicates a significant growth in placement matching (see for example, Blackstock, 2009 who reports a 93% rate of placement matching from a study in Nova Scotia), there is still a significant number of Aboriginal children placed in non-Aboriginal alternate care resources. First Nations children in care are also quite likely to be in permanent care (i.e., Crown Wards). For example, a national survey of 28 First Nations child and family service agencies found that 47% of the children in care were in permanent care (First Nations Child and Family Caring Society of Canada, 2005).

Many researchers have asserted that as a group Aboriginal children have a diminished quality of life due to the long-term effects of colonization, particularly due to the forced residential school attendance of their parents and/or their grandparents (Ball, 2008). Exposure to residential schools extracted a cultural price on multiple generations. As children, residential school survivors were forced to give up their culture (stop speaking their language, which included refuting their spiritual beliefs, ceasing family communications, and relinquishing their Indian names); at the same time, many further suffered the injustices of physical, emotional and sexual abuse (Haig-Brown, 1988; Miller, 1996). As adults, residential school survivors can continue to bring these injustices forward, since the historical family ruptures of colonialism left many survivors lacking adequate parenting skills and diminished by reduced health status (First Nations Centre, 2005; Wesley-Esquimaux, & Smolewski, 2004). The long-term effects of these outcomes can be observed in the overrepresentation of Aboriginal children in the child welfare system.

2.2.2 *Three Competing Child Welfare Orientations*

There are two reasonably well recognized frameworks for the organization of child welfare services identified in the literature (Connolly, 2004; Hill, Stafford, & Lister, 2002); these are the child protection orientation and the family services or family support orientation. A third less well-recognized model, is the community caring orientation.

The child protection or Anglo-American orientation, as it is sometimes called, has been the dominant approach to child welfare in Canada (and elsewhere in the English speaking world) over the past several decades, and this orientation has characterized the service delivery models initially developed in First Nations communities when responsibility for child welfare began to be delegated to these communities in the 1980s. There is plenty of evidence that this orientation has failed First Nations children and families. As noted, it has led to increased referrals for alleged maltreatment, higher numbers of children in care, an often antagonistic relationship between parents and the child welfare system and poor staff morale. But these issues are not necessarily unique to First Nations communities; indeed the recognition of questionable outcomes for children and families in our current approach to child welfare has been a significant motivating factor for change, including the initiation of the Ontario Child Welfare Transformation agenda and the national interest in differential response systems.

The family services support orientation retains a concern for child protection but this is embedded within broader family service responses which are designed to strengthen the capacity of families to provide better care for their children as a first response. This model is more apparent in some western European countries such as Sweden, Belgium, France and Germany. Some of the characteristics of these two models are depicted in Table 2.1. In a sense the current North American interest in differential response models reflects a focus on the part of policy-makers to shift the conventional child protection model in the direction of the family support orientation.

The community caring orientation is a less well-recognized orientation, although its value is reinforced by research on community building, the use of community-oriented practices or a 'whole of community' approach, and the old adage that 'it takes a village to raise a child'. It is particularly relevant to Indigenous communities that adopt a more holistic model of caring with an emphasis on connections to family, community and culture (see Table 2.2). This orientation has characterized the initiatives of a number of First Nations child and family services agencies in Canada as they endeavour to develop new and different service approaches designed to de-colonize the historical effects of the mainstream child welfare system in their communities.

Although the community caring orientation builds on many of the perceived strengths of the family support orientation, it also incorporates an emphasis on building community capacity where some of these traditional community supports have been lost.

There are strengths and weaknesses to each orientation that need to be considered in shaping a service model, and Cameron (2006) has identified differences in the emphasis given to several service design characteristics. These are:

- differences in core values that are stressed;

- differences in the boundaries that are placed around the service delivery system;

- differences in the frequency and use of coercive authority; and

- differences in the balance between relationship building and formal control mechanisms in carrying out child welfare functions.

To illustrate, core values may emphasize the rights of the child within a more individual context (i.e., child protection orientation) or the rights of the child in a more communal context (i.e., the community caring orientation). As well, the expectations associated with the state's role in supporting families are somewhat different in each of these orientations. In addition, the boundaries of the child welfare system expand as one moves from a child protection to a family support or community caring orientation. The use of coercive authority is most prominent in the child protection orientation although there is increased awareness across all perspectives that the use of this authority should not be the primary method for engaging families. Although investigation and the gathering of information for court-related interventions are necessary, it should not be the primary focus of service activities. Building relationships between child welfare workers, parents and children based on trust and mutual respect is a requirement for providing more family-oriented interventions.

Table 2.1: Child Protection and Family Support Orientations in Child Welfare

Child Protection	Family Support
Associated with child protection systems in the United Kingdom, Canada, United States and Australia reflecting the following characteristics:	Associated with child protection systems in Belgium, France, Germany and the Nordic countries reflecting the following characteristics:
• Primary focus on investigation and placement with extensive reliance on risk assessment instruments.	• Child protection services embedded within broader family support provisions where family service and supports are a first response.
• Family support services are poorly resourced, located largely outside the child welfare system and poorly integrated with child protection functions.	• Increased resources devoted to early intervention and support and these services are linked to child protection services by emphasizing partnerships and collaboration.
• Emphasis on children's rights and child protection.	• Emphasis on family connections and flexible family-based service responses.
• A more legalistic, bureaucratic and adversarial response to child protection.	• Less emphasis on coercive authority; state and families viewed as having shared responsibilities for child rearing.
• Concentration of state resources on families identified as high risk.	• Assistance is not restricted to those who reach a 'threshold of risk'.

(Adapted from Connolly, 2004).

Table 2.2: Community Caring Orientation

Community Caring
Associated with smaller Indigenous communities, including Maori maraes in New Zealand/Aotearoa and Aboriginal communities in Canada, reflecting the following characteristics: • Includes family support responses but sees whole community as a 'kind of family'; thus, intervention builds on family support and child protection responses to emphasize community responsibility and strengths. • In Indigenous communities, the approach often represents a form of resistance to the loss of Indigenous children, and the need to build local capacity and traditions as a form of 'self-preservation'. • Uses conceptual models such as the 'circle' and medicine wheel along with a return to tradition as a means of asserting strengths for 'self-preservation'. • Jurisdictional control over child welfare services is an essential component in building community caring. • Methods include family group conferencing, an increased role for local child and family services committees, more collaborative service responses, and a community-oriented practice approach.

In order to counteract the ongoing loss of family, community and culture, there has been a trend towards the development of culturally-specific approaches to child welfare, both in terms of models of delivery and service provision itself. There is hope among Aboriginal policy leaders that such alternate child welfare interventions will reconnect Aboriginal children to their families, their ancestry, and their communities, and to overcome some of the lasting effects of colonialism.

2.2.3 *Research Related to these Orientations*

Research pertaining to mainstream and culturally-specific child welfare models indicates the inevitable and dichotomous tension between two historically-different approaches. On one hand, there is the "compartmentalized worldview", or Western world-view, which is generally characterized by its focus on deficits, pathology, and the medical model (Goodluck, 2002). Most research related to children in the past has utilized this deficits perspective (Ferris, 1988; Willeto, 2006). This includes the collection of objective, quantitative data, otherwise known as 'survival indicators', pertaining to risk factors such as infant mortality, child deaths, recidivism in the use of child welfare services, drop-out rates and numbers of children living in poverty (Ben-Arieh, 2000, p. 241). This information is then used to identify at-risk behaviours and to develop programs to improve problematic outcomes. As a result, child and family well-being tends to be measured according to social, health, education and employment indicators, as well as by other minor areas of mostly individualized indices of human behaviour. One of the strengths of this approach lies in its use: many communities and countries use such indicators to determine the overall well-being of children by examining the rate of various risk factors evident in children's lives. Such data is relatively easy to collect, and because it is collected across jurisdictions, it is easy to compare. This kind of data is also given attention because it tends to effectively and efficiently draw attention to the deficiencies experienced by specific groups and communities (Willeto, 2006). However, this approach has been criticized by those, such as Lafrance and Bastien (2007) for example, who note that these "current service and programmatic paradigms exist in direct opposition to traditional Aboriginal ways of thinking" (p.106).

As a result of these and related criticisms of the deficits model, there has been a growing body of literature regarding assets-based, strengths and resiliency models in addressing the question of children's well-being (Bowers-Andrews & Ben-Arieh, 1999; Ben-Arieh, Kautman, Andrews, Goerge, & Aber, 2001; Blackstock, Bruyere, & Moreau, 2003). This assets oriented framework, Willeto (2006) notes, is needed in American Indian child welfare, since many tribes have long desired outcomes materials "that address their resiliency, especially considering the colonizing efforts to subjugate and even eliminate them" (p.151). In addition, the unique strengths identified in Aboriginal children and their families by some of the contributors in Anderson and Lawrence (2007) may in fact be protective factors in enhancing resilience.

The alternative, relational, worldview - which is at the root of an assets-based approach - combines an understanding of contextual and interpersonal factors, and tends to be based on a combined indigenous world-view and the strengths perspective, focusing on wellness, spirituality, balance and harmony. Such an approach to child welfare outcomes measurement encourages the collection of data on child and family well-being which illustrate the "connections between the individual and land, biology, and language, as well as social, psychological, cultural, and spiritual forces" (p.21), and which address broader assessment themes such as: the power of the group, the importance of intergenerational connections, ethnic identity, and the recognition that learning can occur in many different situations (Goodluck, 2002).

Because the lack of Aboriginal jurisdiction over child welfare has been identified as one of the identified failures of the mainstream child welfare system to meet the needs of Aboriginal children, there has also been a trend toward Aboriginal-led child welfare agencies (Assembly of First Nations, 2006). This drive toward Aboriginal self-determination is intended, in part, to counteract the effects of 500 years of colonialism, as well as to overcome the internalized oppression that results from years of exposure to and interaction within mainstream child welfare systems (Lafrance & Bastien, 2007). By 2008, Canada had 108 First Nations child and family service agencies providing at least partial services to 442 of 606 reserve communities served by INAC (Auditor General of Canada, 2008).

In summary, there are several factors that are important to consider in designing outcome assessment systems in Aboriginal child and family services. First, the growth of children in care within First Nations, and the overrepresentation of First Nations children in care on reserves, by a factor of as much as eight times, requires new models of service delivery, even if new models of service delivery are also required for non-Aboriginal children and families. Second, this reality and the historical trauma associated with colonization, including the effects of the residential school system and the mainstream child welfare system, requires an approach which helps the child welfare system re-engage with communities in ways that build community capacity. Third, the best hope for transformation, a process that is occurring in a number of First Nations communities, requires a model rooted in a communal approach to caring and an alternative, relational world view consistent with traditional Indigenous philosophy. And finally, outcome measurement systems must be designed to be consistent with the evolving model of service delivery in First Nations and other Aboriginal communities, respecting that such models may be different in different communities and nations.

We turn now to a review of generic assessment and evaluation models that have emerged in the field of child welfare over the past two decades.

2.3   Generic Models of Outcome Assessment in Child Welfare

2.3.1   *General Developments in Outcomes Assessment*

The interest in the measurement and assessment of child welfare services is based on a number of factors. As a result of inquests and media interest in recent years, there has been increasing public attention regarding the outcomes for children who have been neglected or abused. In addition, the growth of government spending accountability requirements, have led to increased requests for documented evidence of program effectiveness (Casey Outcomes and Decision Making Project, 1998). Although child welfare outcome measurement has often taken the back-seat to the basic need to respond to the overwhelming needs of children and their families, child welfare agencies are increasingly required to prove the efficacy of the work they do (Trocmé, 2003).

These trends have been paralleled by a related focus on evidence-based practice in the provision of child welfare services. Evidence-based practice (EBP) can be defined as 'treatment based on the best available science', a definition that encourages a mode of service delivery that is rooted in scientific evidence of effectiveness. It also involves providing clients with information about various interventions, and enlisting the client's preferences in the final course of treatment (Thyer, 2003). McNeece and Thyer (2004) point out that "this is very different from the traditional practice model... [which] rarely looked for empirical evidence of treatment efficacy or presented treatment alternatives to the client" (p.9).

It is argued that an evidence-based approach is critical to achieving good outcomes and avoiding unintended consequences; moreover, it is in the best interests of service users because it is based on the best available knowledge of what works.

What can be seen therefore is the growing use of results-oriented outcome measures to set performance standards and to focus attention on the achievement of goals in child welfare (Wells & Johnson, 2001). In a climate which relies increasingly on scientific standards, service goals can no longer be based upon what 'seems like the best outcome'; rather they need to be based upon clinically relevant intervention research that evaluates the outcomes of child welfare services.

There is a degree of uncertainty about evidence-based practice. For example, it has been connected to the use of standardized screening, assessment tools, and practice guidelines, which are often set out as practice standards (Steenrod, 2005). However, evidence supporting such standards may not always be critically examined relative to the intended target population or fail to pass the 'test of time'. This concern is particularly relevant to child welfare standards in an Aboriginal context.

By contrast, O'Hare (2005) describes an effectiveness approach to EBP where the emphasis is on evaluating intervention in everyday practice. Two variations of this process-oriented approach are identified. One owes its origin to earlier proponents of empirical practice where one evaluated practice through qualitative case analysis and/or single subject designs to monitor and evaluate results. The problem with this approach, at least as it has been developed, was that little attention was paid to the knowledge and related decision-making criteria that guided the initial choice of intervention.

Recently a second approach has gained increased acceptance. In this variation, the use of existing outcome research is an important first step; however, applying the findings of outcome research to unique or particular contexts requires a considerable amount of flexibility and practice wisdom. Thus, practitioners need to adjust their intervention based on consumer feedback and ongoing evaluation of their own practice. In this tradition, a five step model is proposed by Sackett, Straus, Richardson, Rosenberg, and Hayes (2000):

1. Convert the need for information (about prevention, assessment, causation, intervention, etc.) into an answerable question.

2. Track down the best evidence with which to answer the question.

3. Critically appraise the evidence for validity, impact and usefulness in a particular situation.

4. Integrate information from the critical appraisal stage with client circumstances.

5. Evaluate the effectiveness and efficiency of 1-4, and seek ways to improve these in the future.

This model, which is based on evidence-based medicine, is not yet well-established in child welfare; indeed most efforts in the direction of EBP remain more general in scope and complicated by factors such as cultural and contextual relevance.

An important challenge facing the development of effective child welfare outcome strategies lies in determining the intended use and purpose of the outcomes measured. Traditionally, Canadian child welfare information systems have operated for financial accounting purposes. Referred to generally as Management Information Systems (MIS), these data collection systems commonly report the number of case openings per year and the number of children in care at year end (King & Warren, 1999). Typically, managed care systems aim to organize service delivery to achieve specific measurable results at a set cost. Because the outcome measures define the 'success' of a program and typically guide service delivery, they need to be carefully designed in order to fully reflect the goals of the service agency in question (Casey Outcomes and Decision-Making Project, 1998).

However, because the use of management information systems in child welfare has historically involved only simple data collection, it is questionable as to whether such outcomes-gathering approaches are capable of effectively driving child welfare services delivery. Trocmé, Nutter, MacLaurin, and Fallon (1999) point out that such an approach tends to provide a limited picture of child welfare activities, since commonly-recorded, simple "system service volume statistics" (such as the number of case openings per year and the number of child in care at year end) do not indicate how children in care fare over time (p.2). What is missing, for example, are key long-term outcome indicators such as the proportions of re-opened cases and the proportions of children investigated and subsequently placed in care. As a result, there is a growing recognition that child welfare system performance indicators need to more fully show the impact of services on the lives of families and children, and not simply operate to identify agency compliance with procedural expectations (Wells & Johnson, 2001).

Efforts to develop a set of appropriate measures for child outcomes are well-documented in the literature. These include the Casey Outcomes and Decision Making Project (1998), the development of the Child Welfare Outcomes Indicator Matrix (Trocmé et al., 1999; Trocmé et al., in press), the work of the Chapin Hall Centre for Children (Goerge, Wulczyn, & Harden, 1994), the *Looking After Children* model (Flynn, Lemay, Ghazal, & Hébert, 2003; Parker, Ward, Jackson, Aldgate, & Wedge, 1991); and the work of other researchers such as Barth, Courtney, Needell, and Johnson-Reid (1994),

D'Andrade, Osterling, and Austin (2008), Trocmé (2003); and Wells and Johnson (2001), to name a few.

2.3.2   *Key Dimensions of Success*

In child welfare, child and agency 'success' is generally assessed according to three core measurement outcomes: safety, permanency and child well-being (Wells & Johnson, 2001). These three interrelated core values and principles of child welfare underscore a set of overarching outcome domains that are necessary for the overall healthy development and functioning of all children.

Traditionally, safety, or child protection, has been the primary focus of child welfare work (D'Andrade et al., 2008). Whereas this once meant simply extricating children from hurtful environments, The Casey Outcomes Decision-Making Project (1998) suggests it now includes helping children remain safely with families that pose some degree of risk. As such, "a safe and permanent home with family members" is generally considered to be the "best place for children to grow up" (p.3). Safety is generally measured by the rates of abuse recurrence, as a key indicator of how successfully children are protected from further abuse and neglect. In some cases, this includes tracking child injuries and/or fatalities.

The second primary goal of child welfare, permanency, includes actions to reunify children with their parents or to find them adoptive homes as quickly as possible. Long term kinship care or a stable placement for older children may also reflect permanence. The permanency goal can translate into action to prevent out-of-home placement or to promote reunification and to support families following reunification. This goal is generally measured by the numbers of children in out-of-home care versus at home care, the number of moves in care, and the length of time children are in temporary care. While providing services to children in their homes and communities is preferential, sometimes the goal of family preservation is not in the best interests of the child (Lindsey, 1994). For example, programs designed to keep children at home are criticized when they fail to remove children from dangerous home environments.

The ultimate goal of child welfare, child well-being, is rooted in the recognition that children in care require more than simple physical safety, they also require opportunities to reach their full potential. Child well-being means "that a child's basic needs are met and the child has the opportunity to grow and develop in an environment which provides consistent nurture, support and stimulation" (Casey Outcomes and Decision Making Project, 1998, p. 4). Children who are abused are at risk for delays in their cognitive, developmental and academic progress. As a result, outcomes related to well-being include "education, physical health, and mental health of children while they are in care and upon emancipation from the system" (D'Andrade et al., 2008, p.136). School performance, in particular, is often used as a measure of cognitive functioning, especially in the case of school-aged children. Emotional and behavioural problems are also assessed as a measure of child well-being. In many cases, standardized measures which have been clinically validated are used.

Education is a key variable affecting success and the Casey Family Programs (2007) has developed strategies and practices for the improvement of educational outcomes in foster care. Educational outcomes for Aboriginal peoples have also received considerable attention, and the Canadian Council on Learning (2007) has reviewed the literature on learning and proposed a more holistic framework for measuring learning for First Nations, Inuit and Métis peoples. Although this model focuses more generally on education, the general framework used is relevant to consider in developing child welfare outcomes.

Considerable work has been done to elaborate on these three core outcomes. For example, Brown (1997) reviewed indicators from data based on the US Federal Statistic System, which are used as a basis for most well-being studies in the US. Five domains and 49 indicators, which illustrate how one might characterize children's well-being from a strengths perspective, have been identified. The five life domains are:

- social connectedness (family, peer and community groups);

- civil life skills (learning, cooperation, participation);

- personal life skills (capacity to learn and work);

- safety and physical status; and

- children's subculture (work, play, creativity, consumption).

Bowers-Andrews and Ben-Arieh (1999) note that no one theoretical perspective applies and cross-cultural differences need to be taken into account in assessment.

A number of outcome measures reflect a strengths and/or resiliency orientation, and both the *Looking After Children* (LAC) model and the Resiliency Framework which are reviewed later, fall into this category. We introduce some of these strengths-oriented frameworks here; however, others are identified in Section 2.3 where we discuss outcome assessment in Indigenous communities.

The Casey Outcomes Framework (Casey Outcomes and Decision-Making Project, 1998) identified seven domains and 22 related indicators. The major domains were: permanency, well-being, family support, safety, decision-making satisfaction for children and satisfaction by parents with the quality and effectiveness of services. This framework has a number of indicators that have informed other outcome assessment frameworks, but it is somewhat unique in including domains related to satisfaction.

The Canadian Policy Research Networks Model (Avard & Tipper, 1999) identified five domains: optimal child well-being, learning readiness, secure attachment and identity, social engagement, and competence and smart risk-taking. Positive child development outcomes are then proposed across three broad stages of child development: infancy/early childhood, childhood, and adolescence. Neither the specified domains nor

the indicators that are specified are exhaustive, and the LAC framework includes a more comprehensive approach to developmental outcomes.

Other efforts have been made to establish strengths-based models. The Search Institute (2006) in Minnesota developed 40 developmental assets based on literature from prevention and resiliency theories and models. This framework classifies childhood and adolescent behaviour at two categories of 20 assets each:

- external assets, which include support, empowerment, boundaries and expectations, and constructive use of time; and

- internal assets, which include commitment to learning, positive values, social competencies, and a positive identity.

This framework has been used nationally with many educational, health and social programs in the United States as a basis for understanding the developmental realities of youth in several communities.

A system of care model has been developed in some US tribal programs where efforts have been made to incorporate a strengths-based approach. The unit of attention in these instruments is either the family or the child. Some of the instruments used in evaluating system of care programs are: a) Behavioral and Emotional Rating Scale (Epstein & Sharma, 1998); b) The Community Readiness Survey (Beebe, 1998); c) the McMaster Family Assessment Device; d) The Child Behaviour Checklist (Achenbach, 1991a); e) The Youth Self Report (Achenbach, 1991b); and f) The Family Resource Scale (Dunst & Leet, 1987).

There has also been some work at developing indicators for communities. For example, the state of Victoria in Australia has identified community wellbeing indicators as tools for identifying priorities and measuring progress. The indicators are grouped under five major domains: healthy, safe and inclusive communities; dynamic, resilient local economies; sustainable built and natural environments; culturally rich and vibrant communities; and democratic and engaged communities. Although it is interesting to observe that the community dimension has not been totally neglected, and community-based indicators are certainly relevant to First Nations child welfare, it is beyond the scope of this review to examine measures of community well-being in detail.

2.3.3   *The Use of Standardized Measures*

In addition to those noted above, a variety of standardized clinical family and child measures have been developed for use in child welfare. These attempt to assess one or more of the dimensions of a child's or family's functioning. Examples include the Strengths and Difficulties Questionnaire, the Adult Alcohol Use Disorder Identification Test (AUDIT), and the Adult Emotional Wellbeing and Mental Health Inventory (MHI-S). While these standardized measures provide a detailed assessment of client status on a particular dimension, most are targeted at addressing a particular area of interest or concern. In addition, the length of many of these instruments and the time involved in

administration and analysis raise practical concerns that prevent widespread usage in child welfare settings.

There are also child well-being measures that have been developed in conjunction with risk assessment and family needs assessment models within the Structured Decision-Making Model (SDM) of practice developed by the Children's Research Center. Although not a validated measure, the Minnesota Child Well-Being Tool assesses the following indicators through social worker ratings: physical health, emotional/behavioural skills, education, family relationships, social/community support, cultural/community identity development, and substance abuse.

We briefly summarize two of the child focused instruments next. The first is the *Child Well-Being Scale* developed by Magura and Moses (1986), which was an early and widely used instrument in the assessment of child welfare services. The second is the Child Behaviour Checklist (CBCL), developed by Achenbach (1991a), which is used more often in clinical settings when working with children and youth with more serious adjustment issues.

The *Child Well-Being Scales* were developed as an outcome measure for evaluating programs in child welfare services. They consist of 43 separate dimensions covering areas of parenting role performance, familial capacities, child role performance, and child capacities. Each scale has a brief descriptive title followed by between three and six levels or categories of performance. Each level contains at least one descriptive illustration of what is meant by the particular level of performance. For example, levels in scale 12, Supervision of Younger Children (under 13), range from 'adequate' to 'severely inadequate' where these are defined as follows.

> *Adequate:* Parent provides proper and timely supervision of children's activities inside and outside of the home. Parent knows children's whereabouts and activities, whom they are with, and when they return. Definite limits are set on children's activities.

> *Severely Inadequate*: The younger children in this family have been improperly supervised by the parent(s). As a result, one or more of the children has been injured, requiring medical treatment, or has been victimized (molested, etc.). (Magura & Moses, 1986, p. 120)

The Child Behavior Checklist (CBCL) (Achenbach, 1991a) is intended to obtain caregivers' reports of children's competencies and behaviour problems in a standardized format. The CBCL can be self-administered or administered by an interviewer. It consists of 118 items related to behaviour problems which are scored on a 3-point scale ranging from not true to often true of the child. There are also 20 social competency items used to obtain caregivers reports of the amount and quality of their child's participation in sports, hobbies, games, activities, organizations, jobs and chores, friendships, how well the child gets along with others and plays and works by him/herself, and school functioning.

The family dimension has not been totally neglected although child welfare measures have tended to focus more directly on the children rather than the parents. Richardson, Spears and Theisen (2003) propose a network guide to measuring family development outcomes. This document reviews a number of family measures and then proposes a developmental process for identifying family outcomes.

Individualized scales are most useful at the clinical level. Generally, this kind of information is collected on clients, usually through direct observation by the clinician or by self-reports by the client. Such scales can provide important feedback regarding how individual clients are doing. The specific details collected are then linked to treatment plans and the circumstances of the child and family receiving service.

The use of standardized instruments to track individual client outcomes is not necessarily aligned with the outcome measurement needs of administrators and policy makers. Standardized instruments provide a detailed assessment of a client's status on a particular dimension, and most of these assessments are targeted in order to address particular areas of interest or concern. Administrators and policy makers, on the other hand, are more often looking for aggregate data that lets them know how well a program is serving a client population. They tend to be interested in outcomes that are common across all clients, which indicate the level of attainment of program and service goals, or that address funding performance and cost-effectiveness requirements (Trocmé, 2003). The National Outcomes Indicators Matrix, which is reviewed next, is one such measure.

2.3.4 *The National Outcomes Indicators Matrix*

Despite the fact that three primary objectives – safety, permanency and child well-being – have been agreed upon as the key elements of child welfare 'success', the practical application of these priorities is not necessarily clear among service providers or researchers. As Trocmé (2003) notes, this problem was addressed in the work of the Canadian Client Outcomes in Child Welfare (COCW) Project, which was designed to develop a common framework for reporting system level indicators across Canada:

> We found that there was no consensus about the objectives of child welfare services, and several apparent contradictions. Some informants spoke of the tension between family preservation and child protection. Others focused on the difference between child well-being and child protection. (p.11)

This is somewhat understandable given the complexities of child welfare work, where service providers are constantly forced to balance a child's immediate needs for protection, his/her long-term needs for a nurturing and stable home, the family's potential for growth, and the community's capacity to meet a child's needs. These are diverse and sometimes contradictory goals. Too much attention on any one area, such as child protection, for example, can potentially detract from broader efforts to ensure that children are thriving developmentally in care (Lindsey, 1994). While tension between protection and well-being is considered an unavoidable characteristic of child welfare work by some (Hutchinson, 1987), others suggest that the goals of child welfare need to

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be changed. For example, some have suggested that children might be better served if social workers focused more exclusively on child welfare, with child protection responsibilities segued to police authorities (Lindsey & Regehr, 1993). Regardless of such considerations, the three goals of safety, permanency and child well-being continue to drive most efforts to develop outcomes in the field of child welfare.

However, the measurement of these outcomes involves an additional set of challenges. A survey by the Child Welfare League of America noted that although 23 states had identified specific objective outcomes for their managed care initiatives, only 12 had determined how to measure them (McCullough, Payne, Langley, & Thomspon, 1998). Part of the problem is that the multi-faceted activities of child welfare service agencies create particular challenges for outcomes measurement. How can one easily measure such a diverse set of goals? How can we know if a service is *really* working for a child? What measures can be effectively used by agency staff? There is also the accuracy of outcomes measurement to consider. Even when measures are decided upon, there is concern that the complexity inherent in helping children and their families can be missed by selected outcome measurement tools (Trocme et al., 1999).

To be effective, an outcome measurement system therefore needs to find a balanced way to track the progress of actions associated with each child welfare outcome goal. As a result, multi-dimensional approaches, for both defining and measuring child welfare activities, are necessary. In contrast to basic Management Information Systems, these multidimensional approaches, or Child Tracking Systems (CTS), attempt to link each child welfare service event to the children and families served by that event (Trocme et al., 1999). With such an approach, the distinct paths of each child and family within the service system can be recorded, allowing for a much more detailed measurement of outcomes, including the proportion of investigated children admitted into care and the average number of placement changes.

The Child Welfare Outcomes Indicators Matrix, generally referred to as the National Outcomes Matrix (NOM) was developed as a final product of the Canadian Client Outcomes in Child Welfare Project (COCW) (Trocmé et al., 1999). The COCW Project was initiated by the Canadian provincial and territorial directors of child welfare, in conjunction with Human Resources Development Canada, to assess the effectiveness of child welfare services and policies across Canada. This was done via key informant interviews, literature and instrument reviews, consultation with a national advisory committee, and an examination of child welfare statutes, policy documents, and service information systems in each province and territory.

In its review of the state of outcomes measurement in Canada, the COCW Project found that limited progress had been made in child welfare outcome research since the late 1970s, when the lack of systemic child welfare data had first been identified (Kammerman & Kahn, 1976; Trocmé et al., 2000). In an attempt to rectify some of these shortcomings, the COCW Project reviewed a number of promising instruments and data collection systems, and found that although considerable interest in systemic data collection was in place, what was missing was amassed data; in fact, the Project managers noted that "In contrast to the abundance of outcome initiatives, we found few

examples of initiatives that had developed to the point of providing information that had influence on policy and practice decisions" (Trocmé et al., 2000, p.168). A number of factors were identified as responsible for this ongoing shortcoming, including the following: a needs-driven delivery system; the competing objectives of child welfare; definitional confusions; and the differences between clinical and administrative use of outcomes. The greatest challenge in developing an outcomes framework was traced to the difficulty in finding one framework that could successfully integrate and balance the principles of child protection, child well-being, and child and family support (Trocmé et al., 2000). A uni-dimensional outcome measurement system was considered risky, since it had the potential to support simplistic cure-all initiatives that could fail to address the multi-layered needs of maltreated children. Citing the four-dimensional framework developed by the American Humane Association Outcomes Roundtables, which uses found overlapping outcome domains (child safety, child functioning, family functioning, and family preservation), the COCW Project developed a Canadian framework that reflected some of these earlier issues and needs.

The NOM is a multi-level, ecological framework of ten indicators, which aims to "reflect the broad ecological traditions of Canadian child welfare practice" (Trocmé et al., 1998, p.1). It is designed to measure the overlapping and often competing objectives of child welfare within four domains: child safety, child well-being, permanence, and family and community support (Trocmé et al., 1999; Trocmé et al., in press). The NOM was developed in recognition that all forms of child welfare intervention "should take into account the child's immediate need for protection, the child's long-term needs for a nurturing and stable home, the family's potential for growth and the communities' capacity to support the child and family" (Trocmé et al., 2000, p.176).

The four domains and indicators for NOM are identified in Figure **2.1**.

Figure 2.1: **National Child Welfare Outcomes Indicators Matrix: Domains and Indicators**

Family & Community Support

8. Family moves
9. Parenting
10. Ethno-cultural placement matching

Permanence

5. Out-of-home placement
6. Moves in care
7. Permanency Status

Well-Being

3. School performance
4. Child behaviour

Safety

1. Recurrence
2. Injuries/ Deaths
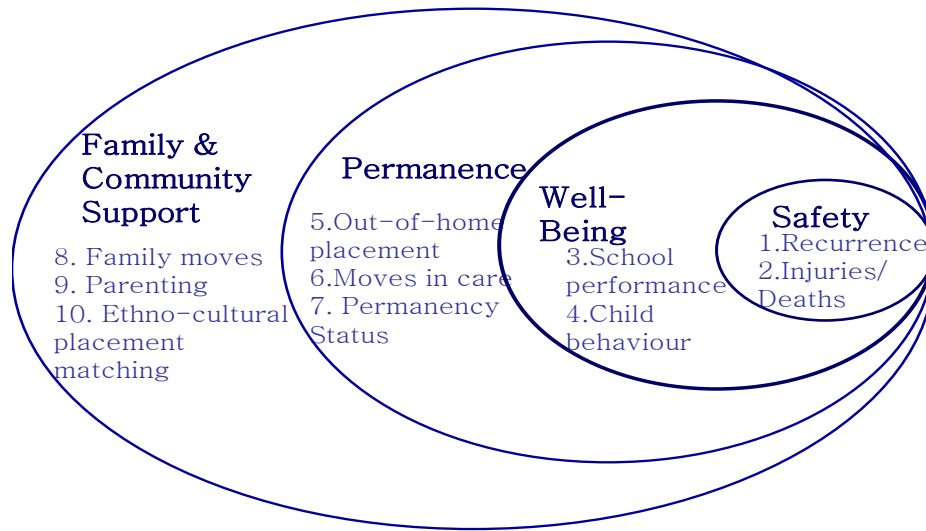
Source: Trocmé et al., in press.

The following summary of NOM draws on material included in Trocmé et al. (in press). The safety domain is measured by the recurrence of maltreatment, and the number of serious injuries or deaths. Child welfare services are designed first and foremost to protect children from further re-victimization. Recurrence measures need to consider the period of time over which data are collected, the types of events counted as recurrent, and the types of cases considered to be at risk of recurrence. Although NOM recommends a recurrence measure associated with the proportion of children who are investigated as a result of a new allegation of abuse or neglect within one year following closure of the case, it is important to identify what constitutes 'case closure' and whether this is an adequate criterion to apply. For example, if a child continues to remain at home after a substantiated allegation of abuse, along with the provision of some services, and a new allegation of maltreatment arises, is this not important? Serious injuries or deaths are important to track but here the problem is related to detection and the threshold for harm that is to be applied. NOM currently measures fatalities as the percent of children who die while in the care of child welfare services.

The child well-being domain of NOM currently includes measures of school performance and child behaviour. School performance can be measured by age to grade level ratios, test performance, placement in special education classes, attendance patterns and assessed risk of failures. The NOM measure for school performance is the proportion of children in out-of-home care who are in school and in the grade appropriate for their age. It will be apparent that there are limitations to this measure in that such an indicator does not consider the special needs of children or the effects of prior disadvantages which might have contributed to lower levels of achievement. Thus, some jurisdictions have added additional methods to reflect this indicator. Child behaviour is

also problematic but NOM recommends a four stage strategy for measuring emotional and behavioural problems: a) document the specific problems identified in children using the CIS-2003 child functioning codes; b) track the proportion of children with emotional and behavioural problems who are referred to specialized services; c) document the service completion rates for these children; and d) report on rates of improvement.

The permanency domain includes the following indicators: placement rate, moves in care and permanency status. For placement rate the NOM tracks the percentage of children who had at least one investigation in the fiscal year who were placed in out-of-home are within 12 months from the start of the first investigation. Out-of-home placements lasting less than 72 hours are not counted. A higher number of moves in care are generally associated with poorer outcomes for children in alternate care, although these may be affected by whether such moves are planned or unplanned in relation to the best interests of the child. The NOM tracks the number of placement changes experienced by children in out-of-home care during the fiscal year. Placements shorter than 72 hours are excluded from the measure as are initial placements, initial family reunification placements, and planned respite. Lasting reunification with family is the primary goal for most children placed in out-of-home care, and the majority of children will return home within one year of their initial placement. However, for some children reunification is not possible. The primary challenge in measuring the time it takes to achieve permanency status is determining when a situation becomes truly permanent. Although it can be argued that permanency can only be established once a youth has reached the age of majority many Canadian jurisdictions have set timeframes of two years or less for leaving children in temporary care. The NOM tracks children up to three years by counting the number of out-of-home days until general permanence or reunification has been achieved.

The domain of family and community support includes three indicators: family moves, parenting and ethno-cultural placement matching. Although not all family moves are negative, higher numbers of moves are associated with poorer child welfare outcomes, including placement. Changes in addresses within a fiscal year could be tracked to provide data for this indicator. Improving and measuring good parenting is limited by the lack of clear criteria on what constitutes good parenting. A number of standardized measures are available; however, these are not routinely used in child welfare. Although the NOM has not developed clear measures for this indicator it suggests the following strategy: a) document the specific problems facing parents (perhaps using the CIS-2003 parent risk codes); b) track the proportion of parents with problems who are referred for specialized services; c) identify service completion rates for these parents; and d) report on rates of improvement. The final indicator in this section is ethno-cultural placement matching. This is a priority issue in Aboriginal child welfare and is routinely identified as 'best practice' in these communities, beginning with kinship placement priorities. However, a somewhat related preference is to keep children closer to home (i.e., within the same community or a neighbouring Aboriginal community within the same nation). These two priorities can sometimes clash, although it is noted here that the NOM limits its focus to identifying a matched placement for First Nations children where at least one of the caregivers in the alternate placement setting is

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of First Nations origin. The indicator is also relevant to other cultures or faith communities, and could be expanded to differentiate between kinship and non-kinship placements.

Three developments pertaining to the NOM are important to highlight. First the family and community support domain includes indicators (i.e., parenting and family moves) which are applicable to children living at home or have been returned home. Second, development of the NOM is an ongoing process and indicators continue to be refined, expanded and adapted for use by a number of the participating territorial and provincial partners in this project. As well, the NOM has been used as a framework for developing evidence-based approaches with agencies. For example, with funding from the Social Sciences and Humanities Research Council (SSHRC), a project between McGill University and Batshaw Youth and Family Centres was established whereby the research team and the agency collaborated in the development and analysis of relevant service indicators to assist local agency planning and accountability (Trocmé et al., in press).

The McGill University-Batshaw Youth and Family Centre partnership is designed to assist the agency's senior decision-makers to make better use of three forms of evidence: a) service and client information systems; b) clinical expertise; and c) existing research and emerging practices. The first form of evidence is of particular interest. Using indicators identified through the NOM and existing data from the agency's computerized client information system, the project has developed agency level 'status reports' to be used to set measurable targets for agency-wide and team-specific improvements. Before the project the information captured within the agency's information system was used almost exclusively at the level of case management for individual clients and the information was not being used to assess agency programs or policies. New information not only provides the agency with useful information on its own client population but also supports the development of openness and an understanding of the important role of research within a child welfare practice environment.

The National Outcomes Matrix has value in generating service indicators, and as noted above, it can generate system level data to assist local agency planning and accountability. The measurement of indicators need not be time-consuming or complex, although efforts at operationalizing indicators and methods of expanding or adapting measurement methods is required to maximize utilization of the system. The NOM is not a clinical measurement system and we turn to a more clinically focused outcome model next.

2.3.5   *The Looking After Children Framework*

We reviewed general approaches to outcome measurement and clinically oriented standardized measures earlier in this chapter but this section focuses exclusively on the *Looking After Children* system, which was originally developed in the United Kingdom (UK). It is a key component of the Ontario Child Welfare Transformation agenda, and

has been implemented in a number of countries worldwide. Its prominent use as an outcome assessment framework for children justifies special attention in this review.

LAC is a comprehensive system for gathering information, making plans and reviewing children's cases in order to ensure that what is known about good parenting is integrated into practice. The centrepiece of the *Looking After Children* framework is the Assessment and Action Records (AARs) (Ward, 1995). These records focus on the child's development across seven developmental life dimensions (health, education, emotional and behavioural development, family and social relationships, identity, social presentation and self-care skills). Different AARs are designed for children at different developmental stages (< 12 months, 1-2 years, 3-4 years, 5-9 years, 10-14 years and 15 years and older).

LAC was developed in response to research evidence that indicated children in care were experiencing negative outcomes including the following: lack of monitoring of health and educational achievement despite poor outcomes; little participation in decision-making; and low quality relationships between child welfare workers and children in care (Parker et al., 1991). The development of LAC signalled a new way of guiding practice with children and young people in care, reflecting a shift from placement stability to concerns with long term developmental outcomes for children.

This strengths-based approach assumes that, given the complexity of care-giving arrangements for children in care, child welfare authorities need to partner with alternative caregivers and the child's family of origin to ensure that the child's development is supported and monitored. The LAC therefore includes a dialogue between the child in care, the caregiver, the child's worker, and wherever possible, the child's family of origin. The information from this interaction is captured as part of the Action and Assessment Record (AAR), which is then used to design and implement a plan of care. Repeated administration of the AARs permits an evaluation of outcomes; as well it assists with the case planning process. This approach is rooted in the notion that, as the legal guardian for a child in care, child welfare agencies have a responsibility to provide the same quality of care that a child should expect from a reasonable parent with access to adequate resources. The goal of LAC is therefore not only to measure the outcomes of children in care, but also to *improve* them (Kufeldt, Simard, Tite, & Vachon, 2003). Kufeldt (in press) highlights the *Looking After Children* model as a particularly useful form of guided practice, summarizing its value as follows:

- it focuses social work attention on the full spectrum of developmental needs;
- it acknowledges the reality of corporate parenting: taking care of children in guardianship is shared by a number of people;
- it emphasizes the free flow of communication between all parties, including educational and health personnel, as an aspect of shared parenting;
- it gives children a voice; and
- it stresses a proactive, action oriented approach to caring for children.

On a practical level, the LAC measures a child's developmental progress over time. This developmental progress is based on seven developmental dimensions, and as noted, the AARs are one of the key tools used to measure these dimensions. The AARs are also regarded as useful in ensuring that action is taken to address any identified gaps in service, and the information they generate is useful in supervision or discussions with caregivers on the progress of their children.

 Kufeldt et al. (2003) note that the key value of the LAC is its 'action orientation' (p.177), which is reflected in the way that the LAC system is used. For example, when developmental shortcomings are noted, the LAC model requires the development of a plan to address such gaps, including the steps for implementation, the individuals responsible and required timelines. Identified strengths are likewise recruited into the change process. And where change is slow or incomplete, detailed explanations are required within the LAC framework.

One of the key requirements to the successful implementation of the LAC program is worker commitment and agency support. In a review of foster care arrangements and the impact on foster care by unrelated families on children in care over a four year span, researchers noted promising results in an agency that had consistently used the AARs and was committed to the philosophy of LAC (Kufeldt, McGilligan, Klein, & Rideout, 2004). Improvements were noted along almost all of the dimensions, and workers liked the proactive nature of LAC and its ability, when used correctly, to avoid negative outcomes. Kufeldt (in press) notes that across various studies, the application of the AARs has the potential to translate findings into best practice in terms of resiliency-building in the children it serves.

One of the added strengths of LAC is that results can be aggregated to provide performance measurement data for children in care. For example, a number of studies (Cheers, Fernandez, Moritzer & Tregeagle, in press; Wise & Champion, in press) demonstrate how its use as guided practice has contributed to more general program benefits and the related development of best practice in the field. And while the LAC system has been used primarily to assess the well-being of children in care (most often wards under permanent orders of guardianship) it has the potential to be used with children receiving in-home services as well.

However, LAC has also encountered some resistance. In a review of pilot projects using LAC, Jones, Clark, Kufeldt, and Norrman (1998) note that implementing the LAC was found to be much more complex than initially perceived. This is because the LAC is an agency-wide system which requires organizational change to work successfully. When not supported, the additional demands of the LAC can prove to be very resource intensive. It requires additional training for staff, additional work in managing the data accumulated by the LAC records, and further work to address the "particular pressures and disincentives [it creates] for social workers and administrative staff because of the need for multiple data entry" (Jones et al., 1998, p.216).

There are also potential psychological disincentives to consider. For example, Jones et al. (1998) also note that the introduction of the LAC protocols can "produce a weary response in staff who experience new ideas as a new burden" (p. 217). There is also fear that the standardized mechanisms of LAC will minimize the exercise of professional judgment for agency workers, and concern that it will require a higher degree of management accountability for compliance and work quality among program managers (Cheers et al., in press; Jones et al., 1998).

Notwithstanding these potential difficulties in implementation, the LAC system has great potential to transform the way the child welfare services are delivered and monitored. Reflecting the general views of other researchers who have assessed the LAC model, the following benefits of using the system are noted:

1. An increase in the amount and range of information when planning for individual children in care;
2. The benefits of accessing this information more easily at a later date;
3. Setting standards for practice which are underpinned and supported by clear procedures;
4. Developing relationships and partnerships between practitioners, parents, carers, children and young people;
5. The involvement of children and young people in the process; and
6. The ability to aggregate outcomes to assess program effects.

LAC has been widely used in Canada, but Ontario is the only province that utilizes the framework in a comprehensive manner. The Ontario version of *Looking After Children*, which is known as OnLAC was developed by Flynn and his colleagues between 2000 and 2006 (see Flynn, Ghazal, & Legault, 2006; Flynn, Ghazal, Moshenko, & Westlake, 2001). The Canadian adaptation (known as AAR-C2) includes a number of standardized measures in an effort to combine performance measurement objectives with clinical assessment objectives and protocols. Of particular interest is the ability to compare results with information on child development from the National Longitudinal Study of Children and Youth (NLSCY). This capacity to compare results to a national normative sample of children and youth is made possible by altering the age cohorts for measuring outcomes for youth (four cohorts from age 10 to 21 instead of two) and the introduction of several scales and items from the NLSCY instruments.

The AAR in OnLAC remains the main instrument for assessing needs, planning services and assessing outcomes. Three general objectives are apparent. First, there is a direct service focus on assessing needs, establishing plans of care and monitoring outcomes on an annual basis in that the framework is to be implemented for wards under permanent guardianship on an annualized basis. Second, data is submitted centrally and analyzed to provide program level information to middle and senior managers within agencies. The intent is that such information can be used to make decisions about agency programs to improve services (Flynn et al., 2003). In addition, at the level of the province, data can be used to assess performance on a system-wide basis. Data generated by the system-wide application of OnLAC has also been used to establish cross-sectional

and longitudinal data bases and publish reports on the experiences of young people in care related to research matters of interest.

OnLAC was developed as one of the vehicles for meeting Ontario's strategic goals in child welfare. It was also combined with two other components of what is now known as the Ontario Practice Model (OACAS, 2009). There are the Structured Analysis Family Evaluation (SAFE) and Parent Resources for Information, Development and Education (PRIDE).

2.3.6 *Strengths and Resiliency*

Resiliency is a concept that has been embedded in much of the current thinking about vulnerable children, and some have broadened the concept to the notion of community resiliency, which has particular relevance in Aboriginal communities. One of the contested areas is how resiliency is defined. Although most define resiliency in rather broad terms as positive adaptation in the face of adversity, this interpretation is not universal. For example, Flynn et al., (2003) define positive adaptation as success within normal boundaries. In analyzing data from the AARs comparisons with a normative sample from the NLSCY are used to classify children in care as highly resilient, somewhat resilient and non-resilient. This assumes that resiliency is based on normative societal standards and achievements. But a broader perspective might take into account the resources young people have at their disposal and the constraints on the choices they are able to make. Adaptive decisions made by children, some suggest, are context driven.

The individualized framework in resiliency research is often difficult to reconcile within an ecological framework because it is virtually impossible to account for all of the assets, knowledge, capabilities or environmental and cultural resources that may be used to support resiliency. However, the importance of strengths and resiliency in the Aboriginal context cannot be underestimated and we return to this theme in the following section. Here, it is of interest to note the following list of six common strengths from an American Indian tribal perspective:

1. the maintenance of culture as indicated by factors like the number of members who speak their traditional language, the continued availability and use of ceremonies, and the level of participation in kinship networks and social gatherings;
2. opportunity structures such as singing and drumming;
3. community strengths such as nurturing and protecting children and youth and promoting positive attitudes towards helping families and children in need;
4. the strength of interpersonal relationships;
5. graduation rates from school; and
6. reading skills (Pam LeMaster, as quoted in Goodluck, 2002, p. 17).

A number of instruments have been developed to focus on children's strengths and resilience at the individual level and one is the California Healthy Kids Survey-Resilience Module, developed by the California Department of Education. This survey

consists of 68 items that tap 19 developmental strengths or assets that research has found to be associated with positive youth development and protection from at risk behaviours. Both externally situated strengths (e.g., the presence of caring relationships, high expectations and opportunities to participate in meaningful activities) and internally-situated strengths (e.g., social competence, autonomy, sense of meaning and purpose) are represented in this model (Rhee, Furlong, Turner, & Harari, 2002).

Resiliency Canada has worked with more than 50 communities and 25,000 grade 3 to 12 students from across the country to design and develop the Child and Youth Resiliency: Assessing Developmental Strengths questionnaire (Donnon & Hammond, in press). Not unlike other definitions of resiliency these authors adopt a general definition of resiliency as the capacity of children and adolescents to cope successfully in the face of stress-related, at-risk or adversarial situations. In general, resiliency models move beyond the identification of risks to highlight and develop strengths that occur in the face of risk. Donnon and Hammond identify four models of resiliency but focus more directly on what is described as a 'protective-protective' model of resiliency. This model essentially holds that the risk levels decrease with each protective factor present. Based on their research there are additive effects from both intrinsic and extrinsic strengths that enable children and youth to cope with adversity more effectively. Extrinsic factors include such things as family, peers, school and community whereas intrinsic factors are personality characteristics such as empowerment, self-control, cultural sensitivity, self-concept and social sensitivity.

The proposed model of Resiliency Canada is a 10 domain framework including 31 indicators of developmental strengths. Information is collected by administering the Child and Youth Resiliency: Assessing Developmental Strengths (CR:ADS and YR:ADS) instruments, which results in the creation of corresponding resiliency profiles. In addition this information allows for ongoing support or intervention to promote resiliency in ways that build capacity and empower the child or youth.

The domains and developmental strengths for this model of resiliency are outlined in Table 2.3.

Table 2.3 List and Description of the 31 Developmental Strengths in Child and Youth Resiliency

Resiliency Factors	Developmental Strength and Description
Extrinsic Factors	
Parental Support & Expectations	• **Caring Family:** Family provides a nurturing, caring, loving home environment
	• **Family Communication:** Can communicate with family openly about issues/concerns

	• **Adult Family Members As Role Models:** Family provides responsible role models
	• **Family Support:** Family provides trust, support, and encouragement regularly
	• **Parental Involvement in Schooling:** Family is active in providing help/support
	• **High Expectations:** Family encourages youth to set goals and do the best he/she can
Peer Relationships	• **Positive Peer Relationships:** Friendships are respectful and viewed positively by adults
	• **Positive Peer Influence:** Friendships are trustworthy and based on positive outcomes
Community Cohesiveness	• **Caring Neighbourhood:** Youth live in a caring and friendly neighbourhood
	• **Community Values Youth:** Adults in the community respect youth and their opinions
	• **Adult Relationships:** Adults try to get to know the youth and are viewed as trustworthy
	• **Neighbourhood Boundaries:** Neighbours have clear expectations for youth
Commitment to Learning At School	• **Achievement:** Youth works hard to do well and get the best grades in school
	• **School Engagement:** Youth is interested in learning and working hard in the classroom
	• **School Work:** Youth works hard to complete homework and assignments on time
School Culture	• **School Boundaries:** School has clear rules and expectations for appropriate behaviours
	• **Bonding to School:** Youth cares about and feels safe at school
	• **Caring School Climate:** School environment and teachers provides a caring climate
	• **High Expectations:** School/Teacher encourages goal setting and to do the best they can

Intrinsic Factors	
Cultural Sensitivity	• **Cultural Awareness:** Youth has a good understanding and interest in other cultures
	• **Acceptance:** Youth respects others beliefs and is pleased about cultural diversity
	• **Spirituality:** Youth has strong spiritual beliefs/values that play an important role in life
Self-Control	• **Restraint:** Youth believes that it is important to restrain from the use of substances
	• **Resistance Skills:** Youth is able to avoid or say "no" to people who may place them at-risk
Empowerment	• **Safety:** Youth feels safe and in control of his/her immediate environment
Self-Concept	• **Planning and Decision-Making:** Youth is capable of making purposeful plans for the future
	• **Self-Efficacy:** Youth believes he/she has the ability to do many different things well
	• **Self-Esteem:** Youth feels positive about his/her self and future
Social Sensitivity	• **Empathy:** Youth empathizes with others and cares about other people's feelings
	• **Caring:** Youth is concerned about and believes it is important to help others
	• **Equity & Social Justice:** Youth believes in equality and that it is important to be fair to others

2.4 Outcome Measurement in Aboriginal Child and Family Services

2.4.1 *The State of the Art*

There are several limitations to the application of the domains and indicators of child well-being reviewed in Section 2.3 to the Aboriginal context. The inappropriateness of many standardized measures has been noted and other systems minimize or omit altogether the notion of culture and the spiritual domain. Although it is appreciated that the NOM indicators are still in the developmental stage the operationalization of such domains as safety, permanency and well-being are quite narrow. For example, the notion of safety in an Aboriginal context may include feeling safe about one's beliefs and values and the ability to express these. Family wellness is a key focus of child welfare in Aboriginal child and family services yet it is often neglected in the development of outcomes.

The relative success of any child welfare system depends on the answer to one question: How well are the children and families doing? However, in the case of Aboriginal communities, the first step of assembling the relevant information to answer this question has often proved difficult. In Canada, Ball (2008) notes that "almost no empirical research has been published to date to guide those establishing priorities, creating policies or making investments in improving the quality of life and developmental outcomes of Aboriginal infants and preschoolers" (p.5). Not only is there extremely limited information available regarding Aboriginal children's services and well-being, there is also very little information that has been specifically prepared *by* or *for* Aboriginal organizations (Libesman, 2004; Ball, 2008). Willeto (2006) likewise indicates a severe lack of indicator information produced on American Indian/Alaska Native children in the United States.

In Canada, Ball (2008) summarized a set of 'quality of life of Aboriginal children' indicators, citing information from various sources including Statistics Canada, Canadian Institute of Health Information and independent researchers. A significant amount of this information can be traced to three sources : 1) the First Nations Regional Longitudinal Health Survey in 1997; 2) the children and youth component of the 2001 Aboriginal Peoples Survey (for children and youth aged 6 to 14), conducted by Statistics Canada; and 3) the 2006 Aboriginal Children's Survey (for children six months to five years)(Statistics Canada, 2001; Statistics Canada, 2006). Regardless, much of the information on Canadian Aboriginal children's living conditions, health and developmental outcomes rests on a variety of databases with varying inclusion criteria, informal reports and a scattering of program evaluations (Ball, 2008). In assembling outcome indicators for Aboriginal children, Ball (2008) notes:

> No published reports of systematic assessments of developmental conditions or milestones in a population of young Aboriginal children were found for this review. No monitoring, screening or diagnostic tools have been empirically validated for use with Aboriginal children (p. 6).

Resiliency frameworks have some relevance to Aboriginal child welfare, and a well known American model is the Search Institute's (n.d.) national framework of 40 developmental assets. This framework, which is not inconsistent with Resiliency Canada's model, as earlier discussed, is based on literature from prevention and resiliency theories and models. Childhood and Adolescent behaviour are classified into two categories of 20 assets each: a) external assets, which include support, empowerment, boundaries and expectations, and use of time; and b) internal assets, which include commitment to learning, positive values, social competencies and positive identity.

The Association of Native Child and Family Service Organizations of Ontario's (ANCFSAO) report on Customary Care (Kelly, 2006), stresses that although the criteria for well-being and care of children in First Nations communities may look quite different in some areas than the expectations prescribed by the Ministry, these criteria may

prescribe standards for agencies, caregivers and communities that are higher than conventional criteria because they require additional skills and resources. Although not directly related to outcome monitoring or assessment, the increasing focus both in provincial legislation and policy with Aboriginal communities and issues makes customary care an important factor in any discussion on child welfare outcomes in Aboriginal communities. The informal caregiving relationships whereby extended family or community members took in children whose families were, either temporarily or permanently, unable to care for them is the traditional form of 'child welfare' in First Nations communities. With the increasing acknowledgement of First Nations sovereignty in matters of caring for children and a renewed exploration of customary care across Ontario, the task of integrating traditional caregiving patterns and legislatively defined roles for child welfare agencies is a challenge.

Other Canadian research has focused on the concept of wellness. At a more generic level there are the social determinants of health, and there have been some beginning efforts to consider how these apply in an Aboriginal context (Reading, 2009). Cooke (2005) reviews a First Nations well-being index published by Indian Affairs and Northern Development (INAC) which focuses on socio-economic factors such as education, labour force participation, employment, income and housing. This reflects a narrow view of wellness that is primarily limited to conventional structural factors. Armstrong (2001) includes traditional ways but the indicator is somewhat oversimplified in that it consists of the percent of the population that speaks an Indigenous language at home.

In a doctoral research study on the well-being of northern Manitoba Cree youth, Tiessen (2007) found that a stronger Native identity was associated with a more positive sense of well-being. Stronger perceptions of internal control (i.e., individual ability to determine outcomes) were associated with a more positive sense of psychological well-being. However, perceived group-level control was also associated with a higher perception of well-being; and there was also an association between greater perceived external control (by others, the Creator, etc.) and greater well-being.

Ten key Aboriginal informants were interviewed in a BC study on the mental health and well-being of Aboriginal children and youth (Mussel, Cardiff, & White, 2004). Several themes were identified. These included the cycle of oppression, isolation, thinking about desired change, issues with confidentiality and individualism, more leadership opportunities, critical thinking and the importance of discussions about mental health were identified. As well, a number of culturally related themes emerged from analysis of these interviews: cultural considerations in policies, values, language, wisdom from Elders, connections between those who were young and those who were older, the need for child welfare to be spiritually and not materially motivated, the importance of community development and the importance of reconnecting with extended family (pp. 27-30).

Adelson (2000) documents the health and policies of Cree well-being by considering what constitutes wellness in a northern Cree community. Indicators include

the connection to the land and eating bush food; in essence wellness was not an abstract state but was related to everyday events as represented by the English translation of the Cree concept of well-being: 'being alive well'.

A limited review of the international literature on Indigenous children's well-being led McMahon, Rock, and Walker (2003) to propose the following indicators of well-being: health, education, social, cultural, spiritual, housing and economic. It is interesting to note that this list combines some structural variables (i.e., housing, economic) which have been associated with poorer outcomes for First Nations children and families (Trocmé et al., 2006) while others reflect a combination of developmental and Indigenous worldview factors.

There is joint research between Canada, New Zealand and Australia on indicators of health and wellness in an Indigenous context. In one background paper, Ratima, Edwards, Cringle, Smylie, and Anderson (2006) focus on Maori conceptualization of health, and the need for flexibility. In a report from the New Zealand Ministry of Health (as cited in Ratima et al., 2006, p. 10), indicators of Maori health and wellness include socio-economic status, environmental factors, participation in society, including the Maori world, a secure identity and control over one's destiny. This framework is being used as a starting point to develop a National Maori set of health indicators to achieve the goal of 'whanau ora' (i.e., Maori families supported to achieve maximum health and well-being). Identified indicators include 'wairu' (i.e., aspects related to spirituality), 'tikanga and kawa' (i.e., Maori process), values, geneology knowledge, and 'marae participation' (i.e., traditional community centres), although there was some discussion about the appropriateness of measuring spirituality. In a report by Durie et al. (*Te Ngahuru* as cited in Ratima et al., 2006, p. 18) ten collective outcome goals of wellness were identified: positive participation in society, vibrant communities, enhanced extended family capacities, autonomy, language use, practice of culture, knowledge and values, regenerated land base, access to clear water and healthy environments, resource sustainability, and accessibility. Directions for future work were also identified and these included the development of indicators that were consistent with the concepts of health, positive in nature, and related to the social, economic, cultural, environmental and political determinants of health, including a counterpoint to institutional racism (p. 21).

In the United States, the National Indian Child Welfare Association (NICWA) and Casey Family Programs (CFP) also worked to develop American Indian-Alaska Native well-being indicator information using secondary data sources. Willeto (2006) reports that, with limitations, data was amassed according to the 10 parameters of the Kids Count data book model, which is a national and state-by-state effort to track the status of children in the United States (Annie E. Casey Foundation, 2008). This data included results for the 10 Kids Count well-being indicators, grouped into four domains (see Table 2.4). In fact, the indicators identified are framed as deficits or risk factors and labelled here accordingly.

Table 2.4: The Ten Well-Being Indicators from the Kids Count Data Book

Domain	Risk Factors to Well-Being
1. Physical Health Well-Being	• Low birthweight • Teen birth • Infant mortality • Child deaths • Teen deaths by accident, homicide, suicide
2. Educational Well-Being	• High-school drop-outs • Teens who are not attending school and not working
3. Economic Well-Being	• Children living in families where no parent has full-time, year-round employment • Children in poverty
4. Social Well-Being	• Single parents

Because data for American Indians was found to be routinely excluded from large scale indicator studies, the data collected had to be found through alternate and secondary sources. Surprisingly, the only indicator that had readily available Native American information by state was infant mortality; the other nine indicators had to be determined by special estimation techniques (Willeto, 2006).

Why is there such a shortage of readily-available information? Generally, methodological barriers, such as small population and sample sizes, and the high costs related to over-sampling, are cited as the reasons for such oversights (Barth, 2000; Owings & Peng, 1999; Sandefur, Rindfuss, & Cohen, 1996). It is also the case that too often, the parameters for information collected are simply not relevant to American Indian communities. This is also the case in Canada. Most early childhood screening and assessment tools and school readiness inventories currently used in Canada have been developed and validated in non Aboriginal communities (Ball, 2008). As such, the selection of standardized measures to assess children and families is fraught with problems of cultural sensitivity. Many child welfare practitioners have noted that the tools and approaches created as a result of work with non-Aboriginal children and families are not culturally appropriate for Aboriginal children (Royal Commission on Aboriginal Peoples, 1996).

Goodluck's (2002) and Goodluck and Willeto's (2001) work on the Casey Foundation – NICWA project is worth summarizing briefly although this project must be regarded as only a beginning foray into the development of Indigenous outcomes for children and youth. She reviews material on resiliency but begins her quest to compare human well-being concepts by contrasting the 'compartmentalized' worldview in mainstream society with the 'relational' worldview. As noted in Section 2.2.3 different culture norms, beliefs, societal values and assumptions support each of the two worldviews. In the relational worldview, human behaviour is defined as integrated, holistic and interactive. Mind, body, spirit and context are connected to each other and affect each other continuously. In the relational worldview there are four elements: influences from the strengths perspective; wellness as paramount; health based on spiritual elements; and balance and harmony, which give meaning to life. The spiritual domain is the foundation of human well-being in this worldview. If the spiritual domain is not attended to by the individual, family, and community, the individual may be out of balance with his or her environment and may need healing from the community.

This orientation toward life considers human well-being as a series of protective factors. Potential protective factors may include the power of the group, tribal identity, education, next generation focus, collective orientation, spirituality, and voices based on oral traditions and songs although these protective factors may vary across indigenous cultures. In her research, Goodluck, a social worker with about 30 years of experience first indentified Native American strengths based on a literary review. She identified 42 strengths and these were identified into theme groups. Examples of these themes are:

- power of the group;

- relevance of identity;

- importance of spirituality; and

- values.

The frequency of each individual strength was then counted and the top ranked strengths were: extended family, spirituality, social connections, cultural identity, childcare customs, traditions, stories and kinship and mutual assistance. Three domains with associated suggested behaviours were then established and these were compared with the Search Institute's 40 developmental assets (Search Institute, 2002) and the five life domains identified by Bowers-Andrews and Ben-Arieh (1999) as a way of verification. The hypothesized domains and suggested behaviours proposed by Goodluck are shown in Table 2.5. It is important to stress that Goodluck's proposed domains and characteristics are intended as guidelines for the development of programs to affect individual and community change; that is, they were not developed as specific outcomes for children and youth. Much more work would be required in order to reach this goal.

Table 2.5:   Native American Domains and Suggested Behaviours

Domain 1: Helping Each Other	Domain 2: Group Belonging	Domain 3: Spiritual Belief System and Practices
• Practices sharing work and living	• States membership in the group	• Knows traditional Native American songs and dances
• Practices caring for others	• Has tribal membership and is enrolled in the tribe informally and formally	• Practices traditional religion and is learning from a traditional person
• Participates in life cycle events (birthing, naming healing); caring for children in the family	• States clan affiliation and family history	• Has prayer and song as part of his or her life
• Participates in traditional lifestyle behaviour (use of language, singing, dressing in traditional clothing)	• Resides with extended family, belongs to a tribal group or works for a tribal organization	• Knows his or her Native language
• Participates in pow-wows; visits grandparents on the reservation	• Participates in American Indian youth organizations	• Has participated in telling stories, drumming, dancing and singing
• Participates in artistic behaviour	• Attends pow-wows, tribal ceremonies and is recognized as part of the community	• Participates in sweat lodge ceremonies, fasting, vision quests, etc.

Source: Goodluck (2002).

More information is clearly needed to develop specific outcomes which include adequate recognition of cultures and traditions. In this regard, Ball (2008) recommends a national program to monitor conditions and outcomes for Aboriginal children in Canada and to guide evaluation interventions.

2.4.2   *Contextual Considerations*

There are several contextual issues that affect the ability to establish culturally-appropriate outcome assessment in Aboriginal child and family services. One is the particular focus on family preservation, reunification and community capacity building. A second is the question of capacity, the related resources required to implement outcome assessment systems, and the developmental process associated with this. These two

issues are reviewed in this section. It was earlier noted that OnLAC was developed, along with PRIDE and SAFE as part of the Ontario Practice Model. But other significant changes have also occurred within the past few years within the province's child and family service.

2.4.2.1 Focusing on Families and Communities

An important issue is the introduction of differential response models of service to more effectively stream low risk cases to alternate family support related services rather than more intrusive investigation focused services has occurred. Second, a new range of assessment tools has been introduced at the intake and early assessment phase. These include the following:

a) revisions to the *Eligibility Spectrum*, the tool used in the initial safety assessment of a referral related to neglect or abuse;

b) the introduction of a new, and much shorter *Risk Assessment Tool* (RAT) which replaces the more cumbersome *Ontario Risk Assessment Model* (ORAM);

c) the inclusion of a *Risk Reassessment Tool* and supplementary tools which can be used as supplementary assessment measures; and

d) the inclusion of a *Family Strengths and Needs Assessment* tool.

These instruments are largely adapted from the Structural Decision Making (SDM) system used in California and elsewhere in the US and Australia. These instruments are regarded as "having the best track record in the field" Shlonsky & Lambert, n.d., p. 3).

A sample of staff in Ontario child and family service agencies participated in the developmental phase of a number of these tools (see Shlonsky & Lambert, n.d.), although there was limited involvement by Aboriginal staff, and no specific pretesting in First Nations agencies. This test phase examined a series of risk assessment tools and four contextual assessment tools. Although focus groups examined different risk assessment tools, all groups examined the four contextual tools. One assessment form was derived largely from the ORAM, and was identified as the *Ontario Revised Risk, Strength and Needs Assessment*. A second was the *California Family Strengths and Needs Assessment*, a much shorter tool derived from the SDM system in California. The other two assessment instruments were the assessment module in *Looking After Children: Canadian Version* (LAC-CA) and the *Bristol Core Assessment Tool*. The former is a largely narrative assessment module that requires a relatively long period of time to complete along with substantial knowledge about the child and family being assessed. The latter instrument is a more detailed time-intensive version of the *LAC Initial Assessment* which also includes a scale for each domain. Domains are comprised of child development needs, parenting capacity and environmental factors. Information from these two assessment instruments is used to derive a plan that drives service provision.

In general, this test phase resulted in the selection of tools that were more streamlined than the previous instruments used in the system; thus the tools adapted at the front end of the service delivery system are largely based on California's SDM system.

It is important to note these developments because outcome measures currently reviewed focus largely on the child in care; more specifically OnLAC is currently intended to assess only those children who are Crown wards. While this is important, outcome assessments for family and child well-being for those cases where children remain at home or are in temporary care awaiting reunification are also important and make up the majority of clients receiving services. In addition, as family connections and in-home supports are a priority focus in Aboriginal child welfare, this area of outcome assessment requires much more attention. Although it can be argued that re-administration of the Risk Reassessment Tool and re-administration of the Family Strengths and Needs Tool can be used to assess change, these tools are not really designed to assess family or child outcomes. It can also be argued that outcome assessment for families should focus on monitoring service plans but no indicators have yet been developed to facilitate this. Indeed, the factors included in the Risk Assessment Tools are largely immutable to change over time and constitute very poor measures of progress.

The Assembly of First Nations (2006) suggests that differential or alternative response models may provide some of the key elements for improving the approach to First Nations child welfare evaluation. Differential response models are designed to provide a range of potential response options customized to meet the diverse needs of maltreated children and to support more effective collaboration with other community service providers (Trocmé, Knott & Knoke, 2003). Differential response systems typically use multiple 'tracks' or 'streams' of service delivery. While some jurisdictions may initiate up to five tracks, most employ two streams with an investigative track, handling high risk cases and an 'alternate stream' handling lower risk cases. Some lower risk cases may receive support services from the child welfare agency whereas others may be referred to community support services. The overall intent is to provide more early intervention and support services to lower risk cases which will improve parenting and child outcomes and prevent future referrals for child maltreatment.

The three evaluation components include: 1) indicators to follow a child's development based on age; 2) indicators to evaluate the parent's ongoing capacity to meet the child's needs; and 3) evaluation of family and environmental factors that could affect a parent's capacity to meet their child's needs. The evaluation components of differential response models draw attention to one of the key elements in the evaluation of Aboriginal children's well-being: families. The third evaluation component includes environmental factors such as extended family, social integration and living conditions, and addressing the call to integrate family and community related outcomes as part of any Aboriginal child welfare outcomes assessment framework (Trocmé et al., 2003).

Many researchers note that family and community-based approaches to child protection and child welfare treatment interventions are more appropriate and likely to

lead to success in Aboriginal communities (Connors & Maidman, 2001; McKenzie & Flette, 2003; McKenzie & Shangreaux, in press). In a review of international child welfare approaches for Indigenous communities, Libesman (2004) notes that "an understanding of communal identity and a related whole-of-community rather than individually-focused responses to child protection" are essential (p.14). There is a risk, she argues, in using individually focused models of evaluating child welfare services in Aboriginal communities, in that the complexities (and potential supports) of extended family networks in these communities will be overlooked.

The family-centered approach used in many Aboriginal community-based programs is designed to support parents' development, both as a means to enhancing and supporting their own and their children's development. For example, child and family welfare programs in Australia, include cultural strengthening as a preventative measure (p.43), and incorporate the idea that cultural and community connections are essential to the effective care and capacity development of Indigenous children (Bamblett & Lewis, 2007). Nicholls (2003) reviews a similar approach in New Zealand, identified as the 'woven mat', which highlights the relationships between people and their environment; this multi-faceted model emphasizes how the well-being of Indigenous children is critically determined by contextual factors. Models that link child well-being and resiliency to community resiliency are consistent with the neighbourhood resource theory, which suggests that the higher the quality and degree of social supports and social capacity available to a child at a community level, the better the child outcomes (Conner & Brink, 1999). Community and family-based approaches also provide an opportunity to draw upon the resiliency inherent in cultural ways of knowing that sustained generations of Aboriginal children before and after the disruption of colonial impediments (Blackstock & Trocmé, 2005).

Family well-being is addressed in some conceptual models and reviews of child welfare outcomes (Casey Outcome and Decision-Making Project, 1998; Trocmé, Loo, Nutter & Fallon, 2002). Some of the generic measures to assess families and children include: Family Support Scale (Dunst, Jenkins, & Trivette, 1984); the Family Resource Scale (Dunst & Leet, 1987); Supporting and Strengthening Families Scale (Dunst, Trivette & Deal, 1994); and the Family Empowerment Scale (Koren, Dechillo, & Friesen, 1992). In many models of child welfare evaluation, family and parenting issues are generally seen as predictive factors for child outcomes (specifically in risk assessment models). With such an approach, family issues simply help to define the 'current problem' in a child welfare intervention, and tend to be neglected in terms of the assessment of child welfare outcomes. Alternatively, family issues may be recognized as important, but require separate evaluation strategies that often consist of lengthy standardized measures (Pecora, Fraser, Nelson, McCoskey, & Meezan, 1995; Pecora, Seelig, Zerps, & Davis, 1996).

As earlier noted, trying to select a standardized measurement for the assessment of Aboriginal children and/or families is always compounded by issues of cultural sensitivity and cultural appropriateness (Dana, 1993). Many instruments reinforce the cultural biases and assumptions that are appropriate only to English-speaking children of

European heritage living in middle-class and urban settings (Ball, 2008; Goodluck, 2002). The beliefs and values represented in such measures are those of the mainstream, not Aboriginal culture. The blind application of mainstream measures to Aboriginal communities can overlook the fact that differing belief systems can mean differences in objectives, indicators, who does the evaluation and how the information is used. In this context it is important to note that the use of culturally inappropriate physical standards for determining a child's need for substitute care have been a major contributor in the past to higher rates of removal of Aboriginal children outside their communities. In addition, when the standards for foster homes on reserves are viewed from the mainstream society perspective, most First Nations homes do not measure up, reducing the potential numbers of 'suitable' home-community foster placements.

Voss, Douville, Little Soldier, and Twiss (1999) have suggested that strengths and resiliency models are most appropriate in addressing the question of children's well-being in Aboriginal communities, and are preferable to many current standardized measures which are deficit oriented. The strengths perspective is consistent with Aboriginal philosophy and the concepts of balance and harmony. As such, the Aboriginal worldview will be better reflected in strengths-based child well-being indicators that move beyond the traditionally Eurocentric focus of prevailing social work pedagogy and practice (Sinclair, 2004; Voss et al., 1999).

We earlier identified Goodluck's efforts to develop a beginning model in Native American communities, and Sandefur et al., (1996) stress the need to recognize and develop child welfare interventions along these lines in order to ensure the continuation of the unique tribal and cultural identities of American Indians and Alaska Natives. Although it is noted that some outcome measures in Native American communities make use of more conventional instruments or some adaptations of these, the question remains as to whether existing outcome measures can be adapted for use in Aboriginal communities in Canada or whether a more grounded theory approach should be utilized to develop such measures, beginning not with existing instruments but with the identification of Aboriginal world views, and related values and strengths, particularly in relation to child and family well-being. In some cases this may lead to different concepts; in other cases it may mean redefining the nature of the concept to include different dimensions and different indicators. For example, the concept of safety, may reflect not simply physical safety but perhaps feeling safe while practicing one's spiritual beliefs, or talking about one's family.

2.4.2.2   Capacity Issues

The ability to assess outcomes is dependent on agency and system capacity. In addition, outcome related data, which can be used to inform evidence-based practice must be accessible on a timely basis to policy-makers, program managers and practitioners. Even more important is the fact that utilization depends on the perceived usefulness of the information to ongoing planning and service provision. Some of the important questions to be asked include the following:

- Are there adequate financial resources to implement an outcome assessment system?
- Has adequate training been provided?
- Are staff able to implement data collection based on available time, other workload priorities and their own skills and knowledge?
- Has general planning pertaining to agency philosophy and program priorities reached a stage of relative stability so that focused planning can be devoted to evaluation and outcome assessment?
- Are systems in place to ensure timely feedback of data where this is a requirement?
- Is there management support for the development of an outcome monitoring system?
- Is there adequate technology to support an outcome assessment system?

These are critical first order questions to be considered in assessing agency readiness for implementing an outcome measurement system.

The recognition of outcome assessment as a process is recognized in reports completed by the Ontario Association of Children's Aid Societies (OACAS, 2004, 2006). In the 2004 publication on quality assurance a process for quality improvement and preparation for outcome measurement is discussed and Appendix K provides a self-assessment tool that can be utilized to assess readiness for outcome measurement. In the 2006 publication on establishing an outcome measurement framework, there is a useful discussion about developing an agency outcomes culture, developing client-focused outcome measurement practices, and developing system-level indicators. While this discussion is somewhat general it does provide guidelines on the processes that can be used to establish client and service outcomes. One of the most important issues to recognize is that different agencies will be at different stages of readiness to implement outcome assessment models, and this reality must be considered in mapping a strategy to enhance the use of assessment measures. For example, Wells and Johnson (2001) note that the "process of initiating the development of an outcomes-based framework of accountability requires major shifts in agency culture at all staffing levels to focus on achieving outcomes. This shift involves a fundamental change in how staff at all levels think about interventions, manage programs, interact with clients, and how providers are held accountable" (p. 177). A closely related consideration is the adequacy of resources to make such a shift, and the need for resources is particularly acute when agencies are delivering required services, adapting a new evaluation or assessment model to respond to cultural and other local needs, and building capacity for the implementation of a new outcome monitoring system.

Central to this requirement is recognition of both the strengths and limitations of existing services in relation to culturally appropriate solutions and the need for agency and community autonomy in designing the necessary steps to improve child outcomes. For example, there is important research (see Chandler & Lalonde, 1998; Cornell & Kalt, 1992) that associates a growth in traditional values and practices with positive child outcomes but Aboriginal communities must have the necessary autonomy and

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jurisdictional control in order to create these options for children and families. It is also recognized that a variety of structural factors affect the well-being of children. For example, data from the *Canadian Incidence Study of Reported Abuse and Neglect* (CIS-2003) (Trocmé et al., 2006) demonstrates that structural factors such as poverty, unsafe housing and related caregiver problems are associated with maltreatment referrals in First Nations communities. Addressing all of these issues is beyond the capacity of the child welfare system. Nevertheless, the child welfare system is an important partner in addressing child and family well-being that goes beyond the narrow provision of child protection in Aboriginal communities. Without significant investment in capacity building at the community and agency level, it will be difficult to establish culturally appropriate child welfare response models and evaluation tools. Ball (2008) recommends collaboration between governments and Aboriginal organizations, supported by streamlined access to resources, in order to successfully implement culturally appropriate improvements in the quality of life for Aboriginal children and youth. This also requires the development of new information gathering strategies to monitor conditions and measure program effectiveness.

Chapter 3

Results

3.1   Introduction

A wide range of data gathering procedures occurred at three of the agency sites, including interviews with children, parents, foster parents, social workers, and supervisors/managers. As well, files and other documents were reviewed, and feedback was provided on initial findings. After an initial visit to Weechi-it-te-win Family Services, where permission to conduct interviews was denied, the agency agreed to participate. An abbreviated set of interviews were conducted in September, 2008. Two of the **four** sites were using the LAC system for Crown wards and children in care for one year or more. The system was well integrated at Native Child and Family Services of Toronto (NCFST), in more of a developmental phase at Anishinaabe Abinoojii Family Services (AAFS). It was in the preparatory stage at Payukotayno Family Services (PFS) and was not being used at the fourth site (i.e., Weechi-it-te-win Family Services or WFS). No site was using the NOM system. Interviews with children and caregivers at the PFS site were somewhat limited by flood evacuation preparations and recovery although a sample of interviews in each category did occur from this agency. Over all sites, the largest number of interviews, which were all transcribed and analyzed, was received from social workers.

Table 3.1 includes a summary of all individual and group interviews conducted during the site visits. The number of interviews with children was initially estimated at 30 and 24 children were interviewed. The estimated number of interviews with caregivers (parents and foster parents) was originally estimated at 30 and 23 were interviewed. These differences are primarily explained by the difficulties in accessing participants at two of the four sites. The number of social workers interviewed individually was 25 and an additional 19 (with some overlap) participated in focus group discussions. There were 18 individual interviews with supervisors and managers and 20 different individuals participated in focus group discussions. As earlier noted, a workshop near the end of the project obtained additional feedback from agency staff and managers; the number of these participants is not shown in Table 3.1.

External stakeholders were also consulted during this study. These included Ministry representatives, representatives from the Ontario Association of Children's Aid Societies (OACAS), and experts familiar with the implementation of LAC and NOM.

At each site, an agency liaison person was identified and this individual was responsible for selecting caregivers (parents and foster parents) and children to be interviewed. The sample selection was restricted to those children in care for more than one year in care who were in the 10 – 15 year age range. Caregivers were to be selected for those children included in the sample. Children living at home were to be selected if families had been receiving 'at home' services for a reasonable period of time (6 months

or more). As these criteria were specified the sampling method was purposive but liaison staff were also asked to select cases where the respondent were willing to participate. Thus there were elements of convenience sampling implied in the method. Every effort was made to interview workers available in the agency who worked with children or families included in the primary sample, but other staff were also invited to participate.

Table 3.1: Number of Individual and Focus Group Interviews by Agency

Category	Toronto CFS	Abinoojii FS	Weechi-it-win FS	Payukotayno FS	Total
Date of Interviews	Feb. 12-13, 08 Mar 10-15,08	February 25 – March 1, 08	May 12-16,08 Sept 23-25, 08	May 20-26, 08 July 8-10, 08	
Children in Care	**5** Mean Age = 12 yrs Range 10-14	7 Mean Age = 12.3 yrs Range = 10-14	3 Mean Age = 11 yrs Range = 10-14	3 Mean Age = 13 yrs Range = 12-14	18 Mean Age = 12.3 yrs Range = 10-14
Children at Home	5 Mean Age = 12 yrs Range = 10-14	0	1 Age 12	3 Mean Age = 13 yrs Range = 10-14	6 Mean Age = 12.7 yrs Range 10-15
Parents	2	1	0	6	9
Foster Parents	6	4	3	1	14
Children's Services Workers	5	6	2	3	16
Family Service Workers	3	3	1	2	9
Managers and Supervisors	4	4	4	6	18
Sub-Total Individual Interviews	**30**	**25**	**14**	**21**	**90**
Focus Groups with Managers	0	1 (N=7)	1 (N=6)	2 (N=7+7)[1]	4 (N=27)
Focus Groups with Staff	0	1 (N=7)[2]	0	2 (N=7+5)[1,3]	3(N=19)
Total Focus Groups	**0**	**2 (N=14)**	**1 (N=6)**	**4 (N=14+12)**	**7 (N=46)**

Notes: [1] Focus groups conducted on two different occasions and some participated in both groups.
[2] Included three Children's Services workers and two Family Services workers not previously interviewed.
[3] Included three Children's Services workers and three Family Services workers not previously interviewed.

At each site, excluding WFS, files were also reviewed. Data was first recorded on a lengthy file survey guide and then transcribed in a summary fashion relative to data categories identified as important to the study. Files were reviewed for children in care,

family service cases and foster parents. File reviews were enormously time consuming and although the full quota of files, as outlined in the initial work plan, was not met the estimated time allocated for the file review stage was met. In addition, the research team concluded that the file reviews that were conducted provided them with the necessary information on themes that were important to this exploratory study.

All interviews and file review summaries were then transcribed for analysis. Using analytic methods for narrative data, comments were then organized as themes and sub-themes.

A final two day interactive workshop that involved Board members for ANCFSAO, the Research team, key staff from each participating agency and representatives from the non-mandated agencies that belong to the Association was held in Toronto. This workshop involved a presentation of general findings, presentations from two special resource consultants on NOM and LAC, and small group and plenary feedback on key questions used to guide the workshop. Results from this workshop were recorded and summarized.

Findings are organized in the following manner. A summary of themes emerging from the interview phase of the study are presented for four major groups of respondents: children, caregivers, family and child service workers, and supervisors/program managers. Then a summary of results from the file review survey is included. This is followed by a brief summary of special issues pertaining to each research site included in the study and a summary of results from the workshop that concluded the data gathering phase.

3.2   Results from the Interviews

3.2.1   *Children in Care*

Eighteen children in care and six children at home where family-based services were being provided were interviewed. Relevant data for analysis services was primarily limited to children in care. Interview transcripts for children receiving at home family based services were analyzed. These children reported little direct contact with social workers, and although the six children who were interviewed had some relevant comments on indicators of well-being, responses were consistent with those reported for children in care. Due to the small number of respondents from this group a separate table of results is not included, and no additional themes were noted from this small group of respondents.

The most common themes and sub-themes emerging from the interviews with children in care with indications of the frequency of their occurrence are shown in Table 3.2. Although the number of respondents associated with each response category is shown in parentheses in tables that summarize interview findings, these should be interpreted with caution. While they provide some indication of the importance of the

sub-themes, questions were open ended and answers to all possible response categories were not elicited. Thus it would be somewhat misleading to give these numbers too much weight.

Table 3.2   Themes from Interviews with Children in Care (N=18)

1. Reaction to Agency Services and Relationship with Social Worker

- Most viewed agency services as helping them (e.g., dealing with anger, school progress) (N=13), but exceptions were noted where children felt they were not seen often enough (e.g., once or twice a year) or they felt they were not being listened to (N=5).

- Most children were happy with their placement (N=14); however, two children were looking forward to returning home and one wanted a new foster care placement.

- The majority of children were pleased with their social worker, saw him/her as someone they could talk to and who understood them 'a lot' (N=13). Key variables were the frequency of visits (monthly or more often) and whether they felt they were being heard and understood.

- A frequently noted criticism were the changes in social workers – most children had had between two and four workers and they indicated that turnover made it difficult to establish positive relationships (N=9).

- Almost all children valued their connections with family members (parents and extended family members) (N=16), but they also identified family members (mothers or fathers) who were not involved or with whom they did not have a good relationship (N=7).

- Most children felt workers were available when needed (N=10), but teenagers (notably those 14 or older) seemed to prefer a more 'hands off' approach (N=4).

- While children identified their social worker as someone they could turn to, if needed (N=8), many also named family members (N=8), some identified their foster parents (N=4), and others identified 'teachers' or a 'friend' (N=3).

- Children identified workers as helping them around Aboriginal identity issues by such activities as taking them to powwows and enabling them to attend summer cultural camp (N=10). Identity related interventions also included talking to them about their Aboriginal background and encouraging other cultural activities.

- Although most children seemed to value cultural connections, a few children, notably those who were somewhat younger, found this 'less important' (N=4).

2. *Self-Assessment of Progress in Care*

- Almost all children felt they were doing better this year than last year (N=14). Frequently mentioned changes included better school performance, dealing with anger and getting along better with others.

- Children, particularly those who were older, articulated future aspirations, often tied to education (N=8).

- A limited number of children felt their level of freedom was restricted in their placements or that they would like to participate in more activities (N=4). One child described concerns regarding safety and bullying from other children in the neighbourhood.

3. *Indicators of Well-Being*

- The most commonly noted outcome was school progress (N=10), but others self-identified 'getting along with others' (N=6) and 'how well they were doing in their placement' (N=5).

- When prompted, Aboriginal culture and their identity as an Aboriginal person was identified as important, and they were able to give examples of activities that helped reinforce this (N=8).

- For some, peer relationships were important (N=6), although others defined this as much less important (N=4).

- Positive relationships with their parents, sibling and extended family members emerged as very important (N=13).

- Being listened to and understood as well as having a role in decision-making was very important to these children (N=14).

- For some (N=5) it was difficult to generate self-identified responses and considerable prompting was required.

4. *Involvement in Planning and Evaluation*

- There was a mixed response to how well children felt engaged in developing their own plan of care. Some could recall discussions and signing papers but the details often escaped them (N=5). Some reported being involved and valued this opportunity (N=7); others felt it was social workers 'deciding what was to be done' without much involvement on their part (N=5). As not all children were involved in the LAC process it is difficult to draw conclusions from these comments or to relate these processes specifically to LAC. With respect to AARS, some children resented all the questions posed by workers and tried to avoid answering these very directly (e.g., "I don't like the people. All they ever do is take me out to lunch so they can ask me a bunch of questions").

- Almost all children wanted to be involved and listened to, and for most, they seemed to value their social workers asking 'how well they were doing'(N=14).

These results suggest a combination of factors that encourage positive development for children in care. First, the relationships with social workers and their care providers is important to children's views of their adjustment. With respect to social workers, many of these children voiced concerns about turnover and changes in workers. Communication was critical as voiced by one child:

> Besides the whole fact of switching people and creating problems they need to talk to us and know that we're talking back. Know that we're actually talking to each other, not talking at us. Sometimes it seems like they're talking down to us.

Some of the outcomes important to these children are quite consistent with outcomes noted in LAC as important to all children. For example, formal education, emotional and behavioural development and self-care were identified either directly or indirectly. Two of the dimensions of LAC are particularly important in an Aboriginal context. These are family relationships and identity. Family connections were particularly important to these children and extended family members were often identified as 'sources of support and people who understood them'. Agencies and social workers working with these children often encouraged culturally related connections and these activities were helping to instill a positive sense of Aboriginal identity in these children. In at least four cases children expressed a desire to learn their own language. The Aboriginal identity dimension is a particularly important objective for Aboriginal child and family service agencies and the children we interviewed seemed to benefit from activities designed to reinforce this.

A number of children also stressed the importance of safety. Although many children had difficulty in defining what should be considered in assessing how children in

care are doing, one child in care with AAFS put it this way: "Whether a person has friends; what they want to be when they grow up – being safe and being loved".

3.2.2 *Caregivers*

Themes and sub-themes from caregivers, which included both parents and foster parents, are summarized in Table 3.3. The parents interviewed in this qualitative study were receiving at-home services but some also had children in care or at one point had children who had been in care.

Table 3.3   Themes from Interviews with Caregivers: Foster Parents (N=14) and Parents (N=9)

1. *Views of Agency Services*

- Most foster parents expressed satisfaction with the services from their agency (N=9); however there were exceptions as indicated by the following quote: "Foster parents are not getting support from the agency; there is a lack of respect for foster parents and not enough training.

- Worker turnover and continuity was identified as a common problem for both foster parents (N=8) and the children.

- The focus on Aboriginal culture was valued by both Aboriginal and non-Aboriginal foster carers (N=11).

- One non-Aboriginal foster parent, who had fostered for other agencies, became a foster parent for an Aboriginal agency because she liked the focus on support for families: "Its part of the Aboriginal culture. The community will step in to help the child, but they don't just help the child, they will help the family. They will, the men will gather around and take the man to the sweats if he needs it or do whatever they can. . . . you cannot save the world but where there's a willingness on the part of the parents to participate, the community is there behind them 100%".

- Parents with children at home offered a somewhat more mixed review of services. Some reported positive experiences and support - preferring the services from their current agency over the services they had received in the past from mainstream agencies (N=5). However, others found the services less helpful. For example, one parent reported receiving good services from a previous worker, but found the current worker unhelpful: "He comes too often. I don't really like him. He has an attitude that you end up, you end up, you feel like you're a little child. He's the adult speaking down to you. He doesn't speak on an equal level". Another

problem identified was the lack of information provided on service process and rights.

- On a few occasions (N=3) foster parents questioned the workers unannounced visits to schools to meet with their foster children, and in some cases this was reported as upsetting to children. Although it was recognized these visits were important, one foster parent felt she should be informed and then advise the child that the social worker would be contacting them on the day in question. When this was raised with the worker by one foster parent, the matter was resolved by working through the foster parent, who would then advise the child of the upcoming visit.

- Selected parents referred to particular help they had received not only in relation to counselling but also in referrals to Aboriginal healing services, including sweats (N=4). One respondent placed considerable value on the use of talking circles.

- Foster parents were often involved directly in cultural activities because they took their children to events such as powwows (N=7).

2. *LAC and the Planning Process*

- A number of foster parents were familiar with OnLAC (N=6) and some had received training. In general they saw the value in the AARs in having input into planning and giving children a voice in their plans of care. However, they found the forms to be very long and time consuming to complete, even in a participatory fashion. In one case the tool was criticized as not being 'culturally relevant'.

- Although foster parents spoke positively about efforts to maintain contact with family (N=8), this was often difficult for the children who could not understand why they could not go home or why their parents did not make more of an effort to improve their parenting skills.

- Most parents, whether or not they had experience with OnLAC, commented on desirable outcomes for their children consistent with some of the LAC dimensions: school performance, stability and good relationships with others were identified as important (N=10).

- Both parents and foster parents described the special needs of the children in their care, and in many cases, these challenges, including emotional abuse (of them), special learning needs and children running away, were significant (N=9).

- Although these interviews were not designed to obtain feedback on PRIDE and SAFE, several foster parents (N=6) commented on PRIDE. For the most part, the training was regarded positively but 'not new'.

3. Feedback on Desirable Outcomes for Children

- Foster parents self-identified education (N=9), relationships with adults and peers (N=6), good health (N=9) and a positive sense of self as important outcomes (N=4).

- Some parents (N=3) expressed the view that social workers and agencies often focused on the past; they felt they should focus more on the present and the future rather than on the past, and some voiced the need for more regular contact with their worker (N=3).

- Cultural and family connections were stressed and this emphasis was also consistently voiced by parents (N=6). It was noted that the child had to be interested in his or her culture in order to make this a valuable experience, and some attention to the 'readiness of the child' was important. In some cases foster parents noted that the agency's leadership was very important on this issue (N=3). Positive aspects mentioned included contact with Elders, participation in naming ceremonies, participation in powwows, and learning about cultural traditions.

It is difficult to generalize from these findings but the important place of culture, general support for the participatory nature of developing plans of care (which is apparent in OnLAC although this need not be tied to OnLAC), and general support for many of the developmental dimensions in LAC emerge from these findings. One parent described a relationship of mutual respect that had evolved with the non-Aboriginal foster mother who was caring for her children. While these types of relationships are not always feasible it is important to promote these connections whenever possible. Admitting she was somewhat overprotective and very distrustful of foster parents because of a previous negative experience she now noted that "her children are now in a good home. She (the foster mother) comes and drops them off sometimes. If I'm running low with food, she'll come and bring some food or make our dinner. And she comes in the house and has dinner with us. After I gave her a chance she's a nice woman".

3.2.3 *Child and Family Service Staff*

Social workers in agencies were often distinguished by whether they worked primarily with children in care (i.e., child service worker) or with families (i.e., family service workers), although these functions were sometimes combined. Sixteen Children's Service workers and nine Family Service workers were interviewed individually. Three new workers from each of these service categories from each of these

classifications participated in focus group interviews. Other participants in the focus groups included intake workers and child Care aides. Comments received covered a number of topics pertaining to outcomes monitoring and services provided to families and to children in care. Because of the broader concern about services to families comments regarding the assessment tools utilized at the front end of the service delivery continuum were also elicited. This includes particular attention to the safety assessment tool (i.e., the Eligibility Spectrum), the new Risk Assessment tool, and the Family Needs and Strengths Assessment tool.

The Eligibility Spectrum classifies the nature of immediate response depending on the level of seriousness of the referral. The required response time varies with the level of seriousness. If there is no real protection concerns, referrals to community services may occur. As differential response models in agencies increase these services become an additional option for low and moderate risk cases. The Family Risk Assessment tool is administered if a case is retained for service. This is to be completed within 30 days but may be extended to 60 days. If a case requires ongoing services it will be transferred to a Family Services worker. In most agencies a Family Strengths and Needs Assessment will be initially completed by a Family Services worker. This form is completed again at designated intervals or if there is a change in circumstances. There are also a range of supplementary tools, including a Risk Reassessment Tool, associated with the new system introduced in 2007.

The use of these assessment tools with families is designed to lead to a service plan. For children in care for 12 months or more the AARs, associated with OnLAC, are to lead to a Plan of Care (POC). Under the new system introduced this is known as the Enhanced Plan of Care. In fact, the use of AARs (completed annually for these children and reviewed quarterly) is not always used to shape POCs as POCs are often developed in advance of completing the AARs. Moreover, AARs are not routinely completed for those children in care for less than 12 months.

POCs have been adopted to include more questions related to cultural issues. This modification has taken two forms: the addition of an eighth dimension on culture or the addition of questions pertaining to cultural issues on each of the existing seven dimensions. ACFS, for example, had added questions on culture to each of the existing dimensions. On the Education dimension, for example, questions to determine whether the child was receiving culturally relevant information such as Aboriginal history, information on traditions and language training, have been added. NCFST had created an eighth dimension on culture in their POCs.

Table 3.4   Themes from Interviews with Child and Family Service Workers (N=31)

1. Reaction to New Tools for Family and Risk Assessment

- Workers had mixed responses to new Risk Assessment and Family Needs and Strengths Assessment tools – some preferred the new system because

it was faster and required less paperwork (N=8); others found the lack of narrative opportunities limiting and preferred the old ORAM model (N=5).

- The Eligibility Spectrum was generally regarded as acceptable.

- Most criticism focused on the Risk Assessment tool because it failed to consider factors that could mitigate risk in the present, and once a high level of risk was established, there was very little likelihood that re-administration of the instrument would indicate any reduction in the risk level. The fact that the form could not be altered was also regarded as limiting (N=8). Suggestions for change included reconsideration of questions related to substance abuse and the inclusion of narrative questions which might clarify issues.

- The structured nature of the Family Needs and Strengths Assessment tool was also regarded as somewhat limiting, and recommendations were made to include more narrative opportunities in this instrument (N=6). It was noted that children receiving services in the home do not always receive full attention because questions focus on the parents (N=6). In addition, community and cultural values are not covered very well (N=6).

- All of those who commented on service planning for families (N=10) agreed that the Service Plan, which is intended to be narrative in nature, allowed for adequate flexibility.

- Those who commented on the re-administration of the Risk Assessment tool and the Family Needs and Strengths tool said there were not adequate measures of determining progress or outcomes (N=8). While assessing progress through monitoring the achievement of goals outlined in the Service Plan is a means of assessing results there is no systematic approach for doing this. As a consequence there appears to be less attention to outcome assessment related to families and to children receiving services at home.

- PRIDE was generally regarded as acceptable with some modifications regarding Aboriginal culture (N=9); however SAFE was regarded by many as culturally inappropriate (N=7).

- In some agencies, alternate models of conceptualizing service responses (e.g., medicine wheel approach in WFS) were being developed, and these were regarded as more culturally appropriate than standardized Ministry forms and tools.

2. Reaction to OnLAC, NOM and the POC

- Overall, social workers had received training on OnLAC but agencies were at different stages in the implementation process. Experience in using results for case planning was somewhat more apparent in two agencies. Performance related summary data from the AARs had been provided to only one agency.

- The POC, which is based on the seven dimensions in LAC, was generally regarded as useful (N=10).

- There was general agreement that foster parents and children over the age of 12 years need to participate in the AAR and POC processes (N=11). Most (N=9) also supported the involvement of birth families but there were exceptions as well as practical challenges in engaging them particularly when distance was a significant factor (e.g., NCFST and PFS).

- Some (N=6) found the AARs to be helpful in getting people involved in the planning process and in going beneath the surface in planning for the child as illustrated by this comment: "I'm frustrated with it at times, and at times I can see with the tool that it is going to be positive. I think getting through the initial AARs, and getting those done is – it's time consuming, but on the other hand it gives really positive feedback in terms of how we can either monitor or what we can do different in our plans of care".

- Others (N=7) were less convinced of the value. One issue highlighted was the applicability for children with learning disabilities and the irrelevance of many questions that did not get to the real needs of their children: "AARs become this tedious checklist thing which isn't always appropriate to the child's development . . . . so the tool is not very useful, but I do think enhanced plans of care are".

- Still others (N=5) felt that the OnLAC would work more effectively for younger children in care: "OnLAC to me would be more effective for kids from 0 to 8 or 0 to 10. For those 10 to 18 . . . . when you go into the home and you're asking them all types of questions, it's a reminder that they're in care. So if they (the Ministry) could devise questions in a way not to be so intrusive then you're going to have a better response.

- For many, the completion of the AARs was associated primarily with compliance expectations and their use in case planning was regarded as somewhat limited (N=7). For example, POCs were often completed in advance of the AARs. Another significant factor was the time taken to complete these forms – an added paperwork and administrative burden such that staff estimated that up to 70% of their time was being spent on

paperwork. Although this is not all related to the OnLAC AARs, these play a significant role, particularly when computer entry of the data is also an expectation: "To get the *Looking After Children* into the computer took about three months. I haven't been able to see any of my kids hardly. I've had another person going out to see my kids for visits and going to court, so I've lost three months of time with them . . . . It makes me feel pissed off".

- The incorporation of a cultural component, which is integrated into the service framework of agencies, along with extended family connections and community considerations, is regarded as a real challenge because it is difficult to include these considerations within existing tools and assessment models. With respect to Plans of Care, two of the current agency responses, as earlier noted, have been to create an eighth dimension on culture, and to add culturally focused questions to each of the existing seven dimensions. Some of those interviewed (N=6) regarded these as inadequate responses and expressed a preference for a more culturally conceptualized framework. Additional challenges in some agencies also include the interpretation of culture. This was particularly apparent in NCFST where a number of the families and children are biracial (e.g., immigrant of color and Aboriginal) and 'cultural appropriateness' takes on different dimensions in this context. A similar problem emerged in PFS where there is a strong Christian-traditional Aboriginal divide in some communities and including a more traditional Aboriginal focus is met with some resistance from families with a strong Christian identity.

- It was unclear whether POCs were to be used simply as a forward planning document or as a system for monitoring and recording progress as well. In many cases the outcome monitoring aspect of POCs was not readily apparent but some staff saw value in using the POCs in this way.

- Resilience in an Aboriginal context was discussed and succinctly summarized by one respondent as 'love for one's parents, love for the community and a love of oneself'.

- When asked about items to consider in enhancing monitoring and evaluation for service improvement, responses emphasized a number of capacity-related issues: recruitment and retention; working more closely with front-line staff and considering their opinions; and making the instruments they work with far less time consuming so that staff can spend more time in the field.

As noted in Table 3.1 there were 18 individualized interviews with supervisors and managers. Four focus groups were also conducted with supervisors and managers; however, two of these meetings occurred at different occasions with the same individuals in the same agency. Five new managers or supervisors who had not been interviewed individually attended focus group discussions. Analysis of data presented here focused on their general responses to the OnLAC tools but information was also obtained on agency operations and program priorities in order to understand the context of current planning and implementation of approaches to assessing outcomes. Table 3.5 summarizes the major themes from supervisors and managers.

Table 3.5   Themes from Interviews with Supervisors and Managers (N=23)

1. General Reactions to Current Tools

- Frustration was expressed regarding customary care provisions in some communities where conflict between Bands and agencies had resulted in limited action on customary care provisions (N=7).

- A significant number felt that the LAC dimensions provided a good framework for considering outcomes (N=14).   However, adaptation was required to include the cultural dimension and the existing AARs were too time-consuming to complete.

- The enhanced POC and PRIDE were regarded as helpful by many (N=12) but needed to be culturally enhanced. SAFE was regarded by most (N=10) as culturally inappropriate.

- Outcome data was not generally being used to enhance strategic planning; there was too much focus on compliance related requirements without attention to the value added for the agency.

- Agencies often face basic challenges related to service planning such as resource inadequacies, remoteness issues, high staff turnover, and lack of training. These capacity related issues need to be addressed before one can adequately address outcome monitoring systems. An added burden is the time and effort required to adapt tools for the realities faced in their agencies and communities.

- Within the OnLAC dimensions identity poses the greatest challenge and examining how this dimension needs to be adapted to respond to particular needs of Aboriginal children was identified as a priority. Time and resources often limit the attention that can be given to these tasks It was also noted that a number of other service approaches developed by agencies incorporate 'cultural ways of doing things' and an evaluation

system needs to be built on this reality rather than imposed on agencies. There was a sentiment expressed by some (N=8) that "the new tools just don't work for us, and in some ways they are poorer due to their structured nature and the absence of opportunities for narrative comments".

- No agency had any knowledge of or was using the National Outcomes Indicators Matrix (NOM).

The extensive range of comments from staff at all levels of these participating agencies is difficult to summarize in general but several different types of responses can be identified. These are noted below:

1. There is some but rather limited support for the existing AAR forms and the process because of the inappropriateness of many questions, the length of the form and the time required to complete it. The value is the encouragement given to involving children and caregivers more directly in the assessment process and the opportunity to surface some new issues. Although selected workers (primarily from NCFST) who had more experience in using AARs saw more value in AAR process, both positive and negative comments were received from the two agencies engaged in the implementation of OnLAC. The LAC dimensions, however, **w**ere generally regarded to be of value and cultural adaptation or consideration of these dimensions in the development of a new Aboriginal focused outcome monitoring tool should be considered. The enhanced POCs built around the seven dimensions are more useful than the AARs, although it is noted that AARs are at an early stage of implementation in most agencies, and agencies have not experienced any real benefit in using these results to improve performance monitoring.

2. Front-end assessment instruments for families, including the Family Risk Assessment and Family Needs and Strengths assessment tools need to be adapted to be more relevant to Aboriginal agencies and the communities they serve.

3. Capacity related issues within agencies, such as staff/management skills, training and experience limit the attention that can be given to service monitoring and evaluation. These issues are important prerequisites to the development and utilization of results from outcome monitoring. Other issues include factors related to remoteness, the different cultural realities within communities and agencies and the availability of both family support programs and alternate care resources for children. Added to these realities is the cumulative impact of the ongoing number of system changes on the ability of both agencies and staff to cope.

3.3 Results from Analysis of File Reviews

Files were reviewed in three agencies, and 59 file reviews were completed (see Table 3.6). A file review survey form was constructed for this purpose and then narrative summaries were produced of file contents to permit a synthesis of results. A number of Child in Care files (N=8) and Family Service files (N=8) had limited information. Data from these file reviews were initially retrieved; however, findings were not helpful in tracing the planning process, which was the primary focus of this component of the study. Because of this focus final analysis was limited to 23 Child in Care files and 15 Family Service files. Five foster family files were reviewed. Most files were well organized and a typical file contained several sections beginning with licensing information and ending with information on each child placed in the home. Because of our particular interest in outcomes for children and families, which were covered more extensively in family service and child in care files, we excluded findings from foster family files in this summary.

Files were often quite large. For example, in one child's file, the case was first opened in December, 1998 and the child had been in care since that time. Along with annual social history information, quarterly reports, case notes and correspondence there were 44 POCs and quarterly reports on file.

Table 3.6 File Reviews Completed (N=59) and Included in Analysis (N=38)

Agency & File Type	Number Reviewed	Included in Analysis
Toronto CFS		
Children in Care	15	12
Family Service	7	5
Foster Parents	1	0
Abinoojii FS		
Children in Care	11	7
Family Service	5	3
Foster Parents	4	0
Payukotayno FS		
Children in Care	8	4
Family Service	11	7
Foster Parents	0	0
All Agencies		
Children in Care	**31**	**23**
Family Service	**23**	**15**
Foster Parents	**5**	**0**
Total	**59**	**38**

There were two general purposes to these file reviews. One was to understand more about the POCs, how these were developed and how outcomes were identified and

used to monitor progress. As indicated, we found some inconsistencies in data and examples of cases where reporting was not current. However, most files were quite comprehensive; indeed the extent of information included was somewhat overwhelming, and we developed an appreciation for comments from workers about the extent of time spent on reporting. A second purpose was to examine AARs. AARs were completed on six cases but as these were not on file we were unable to assess these and the number of completed AARs was too small to assess in any event.

Narrative comments extracted from the files have served to inform and confirm results reported during the interview phase, and these results were summarized in Section 3.2. We include here a summary table of results from 38 files (23 child in care files and 15 family service files) where information permitted an assessment of the planning process and approach to service monitoring (see Table 3.7). It is important to note that because some information was missing or unclear does not mean that the information was not available in some other form. Electronic file records were being established in some agencies and some file information may not yet have been updated from recent service activities.

File review results for children in care indicate that access arrangements for parents were present in 21 of 23 cases; indeed file recording made frequent reference to family contacts, including extended family involvement, and these networks appeared to be consistent with interview results from children who frequently commented on the importance of family connections.

Approximately 40% of placements were in kinship placements; only one child was in a group home. The use of Outside Placement Resources was most common in PFS and this relates to a chronic shortage of community-based foster homes.

Of particular was the reporting on POCs and service plans. Whether plans presented clear and measurable outcomes involved some judgment by researchers but distinctions were made between statements such as 'supporting cultural identity' (a general outcome) and additional objectives such as 'receiving traditional name', 'attending powwows' and 'contact with Elders' within certain time frames (clear and measurable outcomes). Roughly half of the POCs reviewed were classified as containing clear and measurable outcomes and about one-third of family service plans were identified as possessing clear outcomes. Not all of these plans identified clear target dates although most did. Outcomes covered a range of well-being indicators including education, behavioural outcomes, interaction with family members, health, and reinforcing a positive sense of one's Aboriginal identity.

Table 3.7   Summary of File Review Results (N=38)

Variable	Type of File	
	Child in Care 23	Family Service 15
Child Status		NA
• Society Ward	11[1]	
• Crown Ward	12	
Access		NA
• Yes	21	
• No	2	
Placement Resource		NA
• Kinship Care	9	
• OPR Group Home[2]	1	
• OPR Foster Home[2]	3	
• Agency Foster Home	10	
Service Plan or Plan of Care[3]		
• With clear and measurable outcomes	11	5
• Outcomes identified in general	10	6
• Unclear outcomes	2	4
Target Dates Identified		
• Yes	8	3
• Unclear	15	12
Tasks		
• Completed and recorded	4	1
• In process	7	5
• Unclear	12	9

Variable	Type of File	
	Child in Care **23**	**Family Service** **15**
Who Participates in Developing Plan		
• Worker	20	13
• Caregiver	19	-
• Child	17	3
• Family (mother, father or relative)	6	13
• Other	1	-
• Unclear	3	2
AAR Completed		NA
• Yes	6	
• No	7	
• Not Applicable	10	
Services Indicated		
• Counselling	9	8
• Referral	15	8
• Cultural Connections	16	3
Current POC		NA
• Yes	20	
• No	3	
Family Assessment Documents	NA	
• Safety Assessment		10
• Risk Assessment		10
• Strengths & Needs Assessment		11
• Supplementary Tools		3

Notes: [1]On three of these files there was evidence of previous supervision orders; on one file a temporary care agreement had previously been in place.
[2]OPR refers to Outside Placement Resource.
[3]Service plans are completed for Family Service cases, and Plans of Care are completed for Children in Care.

There was an effort to record whether more specific tasks leading to the implementation of service objectives were noted and recorded. Documentation related to these more specific activities was less evident.

It is of interest to note that there were relatively high levels of participation reported from caregivers and children in establishing a POC; however, it was less common for the child's parents to participate. At the same time, nine of 23 placements were with relatives, so extended family members would have been involved as the caregiver. Although workers would generally be involved as a matter of course, in three cases it appeared that others were more involved, even though the individual was not clearly identified. Service plans for families generally involved the worker and one or more parent but the children at home were not routinely involved in the process.

AARs were completed for six children in care and in process for another seven children. There were probably too few cases to enable any judgment about whether these affected the nature of POCs, although preliminary information did not suggest any major differences in the types of plans recorded on file. However, information emerging from AARs may have affected service activities that were not recorded on file.

Service activities, as reported on files, were generally classified into three broad categories: counseling, referral for other services and services that involved efforts to reinforce or make cultural connections. Attention to culture was indicated in a significant proportion (70%) of children's cases.

An up-to-date POC was present on 87% of the children's files.

It must be stressed that these results are exploratory only; it was not a random sample of files nor was our review intended to evaluate service provision in any way. These findings do indicate a range of service activities in POCs, but the attention to culture is particularly significant. Although there is attention to the development of service plans, the assessment and reporting of outcomes is less systematic.

3.4   Special Issues Pertaining to Each Research Site

Each agency site included in this exploratory study on outcomes were quite different in terms of structure and service context. As well, the stage of development, particularly in relation to the use of OnLAC varied significantly across agencies. These differences have implications in charting a direction for moving forward. Some of these special considerations are identified in this section. Although all agencies have Quality Assurance Coordinators, the nature of activities carried out by these coordinators varies across agencies.

3.4.1 Native Child and Family Services of Toronto

This agency, serving Aboriginal people living in the city of Toronto, is the most culturally diverse in that it responds to children and families from a diverse range of Aboriginal communities across Ontario. In addition, a significant number of families are of a mixed racial background (e.g., Aboriginal and immigrant) which presents special challenges in terms of responding to the issue of culture. It utilizes a range of cultural

programs to reinforce Aboriginal culture and holds cultural retreats for staff to enhance their capacity to deliver culturally appropriate services.

Their focus on families has attracted a number of foster parents committed to this service vision, and they have also inherited a number of children from other agencies where AARs and OnLAC have been used. There is a strong recognition of the importance of outcome monitoring to assess service delivery but workload issues and staff changes have prevented a more structured response to agency-wide outcome monitoring. The agency was engaged in the development of new recording systems for both children in care and families at the time of the research visits.

It is more difficult to ensure cultural programming for children in care but the agency offers a range of culturally relevant voluntary services. A particular challenge is liaison work with Band Councils across the province.

The agency has developed an eighth dimension on cultural needs which is incorporated into the Plan of Care format and file reviews demonstrate that this dimension is well developed and tasks related to this are regularly assessed. PRIDE has been adapted to orient foster parents about Aboriginal culture as most foster carers are non-Aboriginal.

The new system has increased recording requirements given the number of high needs children and the number of placement moves some of these children have experienced.

When compared to other agencies, NCFST has had the most experience in completing OnLAC AARs. Although some of those interviewed (including staff and foster parents) saw value in the AARs, in general, completion of these forms is more often than not seen as a 'compliance requirement'. Information received back from the University of Ottawa has not been perceived as particularly useful and little has been done to use this information for planning purposes. Two problems were identified here. One was the lapse of time in receiving results. Second, the time to examine aggregated results was regarded as a luxury that could not be afforded when faced with so many other, more immediate and case-specific priorities. Some discussions of the data at management meetings were reported, and some interest in exploring implications was expressed; however, other more pressing priorities have been obstacles to further use.

Staff at the agency saw the agency as unique in that staff were empowered to make decisions, 'be creative', and maintain connections to family, including extended family members.

3.4.2 Payukotayno Family Services

This agency serves remote communities in the James and Hudson Bay region of the province, including some communities with significant social problems and few

social supports. The agency's head office is at Moosonee although there are pressures to decentralize more of its services to local communities. The high cost of travel, the lack of resources, including foster care resources, and ongoing problems with staff recruitment and retention have significant effects on service delivery. Many workers lack formal social work education or enough in-service training and workers voiced concerns about the need for an agency strategic plan as an important priority. Most alternate care resources are located outside the region (outside placement resources or OPRs) and it is difficult to recruit local foster care resources. Foster parents saw more agency support as essential to developing a larger number of local resources. There are also divisions between communities with respect to culture in that some advocate a more traditional Aboriginal focus whereas others reflect a strong Christian influence that is less accepting of traditional values and practices. Inconsistencies in family support programs were identified as some services (e.g., parenting programs, anger management classes) seem to come and go with little or no warning. These types of programs are most often developed by prevention staff located at the community level. Service coordination issues between the agency and Band Councils were identified.

There are many highly motivated and committed staff but the service and geographic environment present a range of challenges. This is particularly apparent in the approach to OnLAC and outcome monitoring more generally. Understandably many staff voiced a concern that planning and quality assurance examination needed to precede the development of an outcome monitoring system and the development of appropriate outcome indicators in particular. Several staff had taken the OnLAC training, and enhanced POCs had been used for about a year at the time of the research visits. While concerns were expressed about the practical issues of trying to implement the new system (many children out of region with associated high travel costs) the dimensions to be considered in developing a POC were regarded as helpful. Some workers reported using Talking Together Circles (facilitated by an external agency with parents getting to select who participates) as an intervention in child protection. Some valued this form of practice but others were more skeptical about follow through.

3.4.3   Anishinaabe Abinoojii Family Services

AAFS became a designated agency July 1, 2006 and serves five First Nations as well as those living off reserve in the area. Prevention services are located separate from protection services although the agency makes use of a lot of early intervention and family support services. Other than a specialized Intake and Assessment Unit and an Alternate Care Unit, agency teams both child care workers and family service workers.

All staff had received training on OnLAC and AARs were in the process of being implemented at the time of the research visits. This agency has a strong commitment to Aboriginal culture and has adapted the seven dimensions in the POC by adding culturally related questions to each dimension. There was some lack of clarity about the required frequency of POCs. At the time of the visit Enhanced POCs were being completed in

advance of the AARs due in part to the length of time required to complete AARs and related reporting time requirements.

At the time of the visit little had been done to aggregate data from the AARs and to utilize this for decision-making, in part because so few of the forms had been completed.

Service plans for families and children receiving in home services tended to be quite general with little specific focus on children's needs and/or progress. Major concerns were raised at this agency about the Risk Assessment Tool and the need for some modification. Many staff also expressed being overwhelmed with recording requirements.

AAFS works quite closely with Weechi-it-te-win Family Services, as both agencies serve communities within the Treaty 3 area.

3.4.4 *Weechi-it-te-win Family Services*

WFS has done considerable work in designing a cultural model of service for its communities and it uses conceptual models like the medicine wheel to reframe its service model and approach. The circle concept was used to design a Case Review Discussion Wheel that outlines needs, including spiritual needs and schooling, to be considered in planning. As well, the spokes in this wheel identify key informants to be included in the planning process. The agency's service philosophy is guided by Elders, the Seven Grandfather teachings and other traditional teachings. It has also developed its own customary care program.

Only a limited number of staff and clients were interviewed from this agency but it is important to note the strong cultural traditions and focus of this agency in its work. Staff have received OnLAC training and while the dimensions within the OnLAC framework were regarded as helpful there are major concerns regarding the structure and format of the AARs currently being used in OnLAC system. A list of potential child well-being indicators developed in the agency includes the following dimensions: physical; emotional; social; mental; spiritual; family connections, community connections, and Anishinaabe identity.

This agency collaborates with AAFS, and at one time supervised the services provided to AAFS communities.

3.5 Results from Workshop

On September 11 and 12, 2008 a workshop was held in Toronto to present preliminary findings from the study, obtain feedback from key agency representatives about these findings and generate answers to questions which would help shape the final

report. Twenty-seven participants, including three members of the Research Team, and two consultants participated in the two day workshop. Key representatives from the four agencies participating in the study were in attendance as well as representatives from a number of non-mandated agencies that are members of the Association.

Initial presentations from each agency participating in the study were made in response to three questions. These questions were:

- How is your agency currently responding to the measurement of outcomes for children in care and families?

- What adaptations have you made to build more culturally appropriate approaches in relation to outcomes?

- What are some of the advantages and disadvantages of your experience to date in assessing outcomes?

Responses to these questions have been highlighted in results reported elsewhere in the report; however, the workshop provided an opportunity to clarify information generated by the on-site research visits. Agency responses to these three questions are summarized below.

Current Practices in Measuring Outcomes

As earlier discussed, two agencies were utilizing the OnLAC model for assessing outcomes for children in care for more than one year. In one case (NCFST), the model was relatively well established; in the other case (AAFS) the OnLAC system was in the process of being implemented. In two other agencies (WFS and PFS) the OnLAC model was not yet being used, although staff had received OnLAC training. Notwithstanding these different stages of OnLAC implementation, all agencies were implementing a system of case or care plans and monitoring results from these plans on an ongoing basis for all children in care. With respect to families there was some effort to monitor the implementation of service objectives and overall results. However, no standard system for cases not represented within the OnLAC target population had been established. Agency representatives identified the need to develop better ways of assessing outcomes, but were very concerned about a 'one size fits all' approach to this. In general, they argued that cultural and contextual differences as well as differences in specific case situations required a more flexible approach.

Adaptations to Build More Culturally Appropriate Approaches to Outcome Assessment

Several strategies were identified but it is important to note the significant variations in contextual realities faced by different agencies and variations in responses that emerged from local appreciation of these factors. For example, WFS embraces a service model which has a very strong adherence to traditional culture. This agency is

very cautious in adopting measurement systems that do not begin with a focus on community traditions and Anishinaabe culture. Outcomes for children and families are based on a strong commitment to culture and identity rooted in a cultural understanding of well-being. While no clearly articulated system has yet been institutionalized, well-being is assessed through a culturally infused set of factors that include good health, spiritual well-being, community connections, family connections and a positive Anishinaabe self-concept. These issues are considered in monitoring and evaluating case plans.

AAFS had adapted the POC dimensions by including specially designed questions to address special cultural implications for the seven LAC outcome dimensions. Although this was regarded as beneficial, concerns were expressed that this did not centre culture as the overriding concern in outcome assessment. In case planning and outcome assessment where OnLAC was not being used cultural considerations are included in case plans and reflected in progress reviews.

In NCFST, an eighth dimension has been added to the POC which focuses entirely on culture; however application is complicated by the mixed cultural heritage of many families and children. Although consistent efforts are made to reinforce Aboriginal culture in service planning and evaluation, there is also a strong commitment to centre cultural considerations in the client's needs and perspectives about their cultural heritage, and to respect the different cultural combinations represented by the clients they serve.

In PFS, capacity related issues and a conflict between traditional cultural expressions and a more evangelical tradition in communities served by the agency had inhibited the development of a clearly articulated approach to how culture should be assessed in measuring outcomes.

Advantages and Disadvantages of Experiences to Date

Agency-based feedback to this question is highlighted below:

- the enormous challenges of dealing with remoteness and the need to establish some service stability first at PCFS before finalizing an outcome measurement system and the importance of recognizing the teachings of the Elders;

- the inappropriateness of the AARs for children at AAFS and the ongoing work to develop a Plan of Care framework that includes physical, spiritual, emotional and mental well-being;

- the need to reject mainstream approaches and develop a bi-cultural framework rooted in Anishinaabe ways at WFS; and

- the challenges of building an appropriate cultural model within NCFST, given the mandate and practical issues related to providing services in Canada's largest city.

Other Workshop Activities

Two consultants made presentations – one on LAC and one on the National Outcomes Indicator Matrix (NOM). The latter consultation was arranged because of the general lack of knowledge about NOM. The presentation highlighted the way in which the use of NOM could be shaped as a collaborative, capacity-building process between the Research team at McGill University and an agency to advance the collection and use of performance indicator data to build evidence-based practice. The National Child Welfare Outcomes Indicator Matrix outlines four general factors (safety, well-being, permanence and family and community support) and ten indicators used to assess these factors. But the presentation also illustrated how a project using these indicators, known as the Evisdence Based Management Project, had been established at Batshaw Youth and Family Centres (BYFC), an Anglophone child welfare agency in Montreal. Conceived and developed jointly between BYFC and McGill University's Centre for Research on Children and Families, the project involved a collaborative process to develop a knowledge utilization infrastructure by making better use of client service information systems to explore child welfare outcomes. The research team was instrumental in helping the agency clarify indicators they wished to collect, providing analytical support, and working with reference groups to refine data collections systems that generated helpful information for service monitoring and planning. The collaborative developmental model presented was identified by workshop participants as the 'Batshaw model', and it represents one approach to the development of a more evidence-based practice model in child welfare.

A number of workshop participants expressed interest in this model and the Principal Investigator and Executive Director of ANCFSAO linked the research team with the Executive Director of WFS following the workshop to begin an exploratory process to determine how the NOM approach outlined at the workshop could be adapted for their use.

Following a summary of results from the research project working groups were formed to address the following question: What indicators of child and family well-being should be included in a system designed to assess outcomes for Aboriginal children and families? A summary of these responses is included in Table 3.8.

Table 3.8   Indicators to be Considered in Assessing Outcomes for the Well-Being of Aboriginal Children and Families

1. *Indicators of Well-Being*
   - Identity
     - ➢ Knowledge of culture and history.
     - ➢ Belonging to clan, community and nation.
     - ➢ Connection to language and spirituality.
     - ➢ Ceremonies, visions, dreams and traditional teachings.

   - Relationships
     - ➢ To family and extended family.
     - ➢ To land, creator and community.

   - LAC Outcomes relevant but need contextualization
     - ➢ e.g., informal education important.
     - ➢ use medicine wheel framework
     - ➢ importance of being loved as a part of living 'a good life' (Bimitizewin)
     - ➢

2. *System Level Indicators*
   - Prevention of children coming into care.
   - Parent and community well-being.
   - Indicators similar to mainstream but context may differ.
   - Permanence means connections with family, extended family, community, culture.
   - Relationship to standards.
     - ➢ Indicators at system, programs and case level important.

3. *Resiliency Indicators*
   - Non-involvement in justice system.
   - Non-involvement in substance abuse.
   - People you can count on.
   - Positive self-identity.
   - Educational attainment.
     - ➢ staying in school.
     - ➢ informal and acquisition of traditional skills.
     - ➢ extra curricular knowledge.
     - ➢ learning spirituality.
     - ➢ learning traditional art.
   - Sense of belonging.
   - Teaching others.
   - Helping others.

A second work group activity addressed the question of how a new model for assessing outcomes in First Nations child and family services could be built. A number of suggestions emerged, including the following:

1. Take a step back and consult with local leaders and people about the structure of services and priorities (i.e., don't focus on the tools).
2. Partner with First Nations resources.
3. Incorporate an assessment of prevention.
4. Use the Batshaw model to develop own system.
5. Need to respect diversity in communities.
6. Ensure it is strength-based.
7. Should streamline documentation and reporting.
8. Measures should be developed by First Nations and linked to First Nations standards.

Groups were also asked to identify advantages and disadvantages of developing their own model. Advantages noted were the ability to chart their own path, it would reinforce community ownership and incorporate Aboriginal traditions and values, and it would enhance utilization because it would be developed locally from the perspectives of Aboriginal people. Some difficulties were recognized. For example it would take considerable time and resources and it may not meet Ministry expectations. However, if it was negotiated carefully there was an assessment that the result could both meet the needs of Aboriginal agencies and communities and the Ministry's need for accountability.

A final work group activity involved consideration of the following question: What adaptations are required to mainstream models for assessing outcomes to make those more appropriate to Aboriginal culture and community realities? Although there were some efforts in groups to identify modifications in forms that could be made, such as to reorient the framework to the medicine wheel model or add a cultural dimension to the tool there was little enthusiasm for this approach. The clear preference was to develop an Aboriginal-based model beginning with a community consultation phase and research that focused on Aboriginal principles and practices. It was recognized that this did not mean ignoring existing models, including the LAC dimensions, which should be considered. However, other dimensions pertaining more directly to the 'lived experience' of First Nations and other Aboriginal communities would also need to be considered.

Three underlying principles were articulated. First, if the goal is to develop a new system, an interim step may have to include adaptations to some of the existing outcome assessment systems. Second, the diversity of Aboriginal communities would need to be respected; thus any new system would need to permit some flexibility. Finally, the process that is designed to develop the new model must respect OCAP principles (that is, ownership, control access and possession by Aboriginal communities).

Chapter 4

Summary and Recommendations

The summary and conclusions to this exploratory study focus on two general topics: a) knowledge transfer and research capacity building; and b) answers to the research questions. Recommendations follow this summary.

4.1 Summary and Conclusion

4.1.1 Knowledge Transfer and Research Capacity Building

This exploratory study was initially identified as a pilot project that would engage with communities in a participatory fashion to explore helping services that made a difference to children and families receiving services from a sample of Aboriginal child and family service agencies within the Association of Native Child and Family Service Agencies of Ontario (ANCFSAO). As well, the project was designed to explore perceptions of the usefulness of the LAC framework and NOM for assessing outcomes and what changes might be required in order to develop more culturally appropriate outcome assessment measures and procedures.

Four designated agencies participated in the project. Liaison resource people were designated in each agency to facilitate the data gathering phase which included interviews with children in care, parents, foster parents and social workers. An advisory committee was identified and appointed. A project coordinator was to manage the project in conjunction with the Principal Investigator and Research Associate. Logistical problems with locating and retaining a Project Coordinator, who was to be located in Thunder Bay, caused delays in the project. A Project Coordinator located in Ottawa was hired and worked for several months but in the end was unable to complete a number of assigned tasks. The usefulness of agency liaison staff is self-evident in a project where participating agencies are widely dispersed. These individuals know local staff and parents and can help to facilitate interviews. However, these individuals were also very busy and a number of other pressing matters within agencies took precedence. They also found it difficult to recruit parents and children for interviews. Other commitments by the two primary research staff at Winnipeg prevented them from filling in all the gaps around project coordination. In addition, the flood affecting communities in the James and Hudson Bay area at the data gathering stage contributed to problems in the level of participation. These issues affected timely completion of the project and limited the extent of 'participatory processes' at certain stages. Nevertheless, the good will and cooperation from all participating agencies, along with the Ministry's cooperation in allowing extensions to the project, enabled the successful conclusion of this exploratory study.

As this was an exploratory study, knowledge dissemination has primarily focused on providing feedback on findings to agency-based project participants (e.g., staff, program managers, supervisors, and the Board of the Association). There was provision for summary feedback to parents, foster parents and children who were interviewed but almost no one from these groups requested this. Information dissemination occurred through interactive focus group interviews in each agency and power point presentations at agencies where special feedback visits were requested. There were limited opportunities to meet with the Advisory Committee to the project but a major meeting with the Board of the ANCFSAO near the end of the data collection phase provided preliminary results and an opportunity for feedback on the final stages of the project. Regular meetings were held with the Executive Director of the Association for planning and feedback purposes. The initial workplan called for a regional workshop where preliminary findings would be presented and participants would engage with the researchers in providing feedback and direction in completing the final report. This workshop not only included representatives from each participating agency in the project but also representatives from non-designated agencies within the ANCFSAO. This two-day workshop was a very successful component of the project in stimulating discussion on outcome assessment, and participants provided invaluable feedback on the key research questions guiding this project.

A primary knowledge transfer vehicle will be the final report which will be made available to the Board and to agencies through the Association.

Another important knowledge transfer activity was the introduction of information on the NOM and the linkages made between one agency and the Evidence-Based Research Project at McGill University to pursue discussion on the feasibility of a collaborative working partnership using the NOM.

This study was exploratory only, but project activities have stimulated considerable thinking and collaborative discussion between agencies about measuring outcomes and how the development of an Aboriginal focused outcome assessment model could occur.

Research activities in each agency were limited during this pilot project phase but interest was expressed in localized follow-up related to the research questions identified for this study. Time and the limited scope of this project restricted major capacity building changes, and given the focus of this exploratory project that was not major goal. Nevertheless, the experience of this project provides direction of how a follow-up project might occur, and some of the lessons learned will help to ensure effective implementation of a future project on this topic.

4.1.2   Research Questions

a) **What are the perceptions of First Nations children and families about the types of services they receive and how these services should be assessed?**

It is important to emphasize that this study was not an evaluation of agency programs and services and the sample of children and families is so small that results cannot be generalized in any way. Thus results reflect feedback only to be considered in the further development of outcome measures. Detailed responses to this question were summarized in Chapter 3. However, some general summary comments are noted.

The children in care we interviewed felt generally supported by workers, their needs were being met and they were often engaged in assessments even if they did not seem to fully comprehend the significance of these procedures. They were able to articulate some outcome concepts related to well-being in response to general questions but prompting was often required to generate a more comprehensive list of well-being domains. Family connections and the importance of these was almost universal and there was interest and support for efforts to ensure cultural learning and a positive sense of their Aboriginal identity.

Caregivers including foster and kinship carers felt involved in the process of assessment and planning. They were also very supportive of the case planning process particularly in relation to the cultural component. In selected cases recommendations for more involvement with workers were made; there was also some powerful examples of foster parents engaging in supportive tasks and relationships with parents. Both caregivers and children identified worker turnover as an issue. The experiences of parents varied somewhat but some respondents, who had experienced services from mainstream agencies, expressed a strong preference for the services from their current Aboriginal agency. Both social workers and results from the file reviews suggest that children at home may receive less attention in service planning and assessment than the parents.

Positive perceptions of service appear to be closely tied to the development of a respectful, trusting relationship between the worker and the child, parent and foster parent.

b) *What are the experiences of service providers in using the LAC framework or the National Outcomes Indicators Matrix (NOM) to assess child welfare outcomes in an Aboriginal context, and what are their perceptions regarding the effectiveness of these evaluation tools in providing valid, reliable and culturally appropriate indicators of child welfare outcomes?*

The responses of service providers, supervisors and managers to this question were quite varied. First, although all staff had received training in OnLAC a much smaller number had actually used the Assessment and Action Records (AARs). Among those who had used AARs some found these of some value but most questioned the length of the forms, the time involved in administering AARs and the relevance of a number of questions. Some questions were regarded as inappropriate and unnecessary for their children; as well, questions about cultural relevance were also raised. In a number of cases, AARs did not appear to be directly utilized in shaping Plans of Care (POC). However, the LAC dimensions, as represented in the enhanced POC, were regarded more favourably although these required cultural enhancement. It was unclear

whether POCs were being used consistently to assess outcomes or for forward planning purposes only.

No agency was familiar with the NOM so this information was introduced at the regional workshop.

Other problems were identified. The AARs are to be utilized with children in care for one year or more, and if this is regarded as an outcome measurement tool it fails to address a number of other important target groups: children in temporary care for less than one year, families receiving services at home and community well-being. In general, the scope of the indicators being assessed in the AARs was regarded as culturally inappropriate because of their more individualized focus on child well-being. Although this is important, it was argued that this was not enough in an Aboriginal context. In addition, important domains such as spirituality were largely absent from the instrument.

Finally serious concerns were raised about the current Risk Assessment Tool and the structured nature of the Family Needs and Assessment Tool. It was stressed that the outcome assessment frameworks or indicators for assessing family well-being are largely neglected in the new practice model.

> c) *What adaptations are needed to ensure that the LAC framework, NOM and/or other outcome measurement strategies are required to provide a culturally appropriate and utilization-focused framework for use with First Nations children, families and communities?*

There were exceptions, but the majority of respondents did not support the continued use of the existing AAR framework in OnLAC. Some interest was expressed in NOM if this system is adaptable to the local context and indicators can be operationalized through a collaborative working partnership. Take-up on this option is dependent on interest and the existence or development of an adequate client tracking system for selected indicators within agency partners and this may require additional time and resources. One agency was engaged in exploring the NOM with the research group coordinated from McGill University at the conclusion of this project, and the researchers with the project had played a role in facilitating this connection.

The outcome dimensions in LAC with the addition of culturally relevant questions or an eighth dimension pertaining to culture should be further considered. Some adaptation to the enhanced POC has already occurred to make these somewhat more culturally relevant and more work on these adaptations could occur. Alternatively the LAC dimensions could be used to inform the development of a model based on other more culturally relevant domains or a framework such as medicine wheel. Cultural adaptation to the existing LAC dimensions within the POC is generally regarded as an interim solution, or as one part of a more comprehensive strategy. First, it fails to address matters such as family outcomes and structural factors present in communities which are associated with maltreatment referrals, particularly in relation to neglect. Second, a more

culturally grounded approach to generating Aboriginal focused outcomes, that might incorporate many of these dimensions is regarded as essential to ensure 'cultural validity'.

Based on this research project, it would appear that if a consensus about the dimensions of well-being could be reached then the development of modified AARs to assist in case planning and evaluation might be the next logical step. It is also apparent that the general interest in the LAC dimensions (albeit with some modifications) suggests that many of these dimensions have some application across cultures, and that they may be able to be adapted 'in a good way' as part of the solution to better assessment of the well-being of Aboriginal children.

4.2   Recommendations

A fourth research question was originally included in the grant application. This was related to a proposed methodology for testing a modified outcome measurement framework. The present exploratory research project was designed within the OCAP principles. Results clearly demonstrate that it is premature to identify any particular measurement framework.

1. **It is recommended that continued work to build a more relevant set of outcome domains and indicators for Aboriginal communities utilizing a research strategy based on OCAP principles (Schnarch, 2004) be undertaken, and that consultations occur with the ANCFSAO and its member agencies on the scope of this work and the time frame that will be required. One important principle is the need to respect the diversity that exists among agencies so that systems which are developed permit some local flexibility and adaption. It is noted that this recommendation is not only consistent with the data collected from agency participants in this project, but it is also consistent with the results from the literature review on the application of child welfare outcomes and indicators in an Aboriginal context.**

Although further discussion is needed to identify a feasible process for the development of Aboriginal child welfare outcomes, consideration should be given to a more community-based approach than was possible in this study. For example, one might begin with a working definition of child and family wellness and engage a more representative sample of community members in the consultation process. Continuous community involvement in the development and refinement of outcome priorities, definitions and indicators could occur through an ongoing process of consultation. Such a process, combined with provisions for ongoing feedback not only to the agency, but also to community informants, would be more in keeping with the OCAP principles and an Indigenous worldview in that it reflects an ongoing circular form of data collection, analysis, data collection, analysis and utilization. Such a process will also enhance the cultural validity of results and encourage more widespread community ownership of outcomes. Two particular research methods are relevant to consider in the design stage. One is the potential use of methods based on grounded theory and the other is the

possible use of the Delphi technique (Witkin & Altschuld, 1995, pp. 193-203). A grounded theory approach would begin by consulting with key stakeholders in developing Aboriginal concepts of well-being which may be refined into more abstract domains that lead to a second stage of identifying indicators. The Delphi technique, which involves rounds of data collection, feedback, and reaction to the feedback in the form of clarification, new insights and responses, is consistent with the OCAP principles identified above. Either one of these general processes should also include cross-comparisons with existing dimensions of well-being from LAC or other sources in arriving at a practical approach to assessment and evaluation.

Two other recommendations are identified.

2. **Capacity building requirements in agencies must receive attention; in the absence of this and an overall agency service plan, it will be difficult to introduce and maintain effective outcome measurement systems. It is also apparent from this research that measurement systems need to be adapted to reflect agency needs and priorities at a particular point in time and these may evolve as capacity increases.**

3. **Continuing efforts to adapt some of the existing measures should be supported as an important step in customizing present assessment procedures and measures to ensure that these are adequately grounded in Aboriginal culture and language. There are two reasons for this recommendation. First, some of these adaptations are already underway in some agencies, and this process needs to be encouraged. Agencies and their staff are interested in building guided practice from an Aboriginal perspective and there is a commitment from the participants in this study to advance the foundational research completed during this pilot project. Second, the process of identifying Aboriginal specific domains and indicators using a more grounded theory approach (i.e., Recommendation #1) is likely to require a reasonable period of time before it leads to an assessment and measurement system that is 'implementation ready'. The importance of assessing outcomes means that this should not simply wait for results from a process that begins with mapping the domains of Aboriginal well-being. Indeed, the two approaches may serve to reinforce each other.**

With adequate action on the recommendations noted in this report the ANCFSAO and its agency partners have the potential to be a Canadian leader in designing a more effective Aboriginal child welfare assessment model for their children and families.

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Appendix A

Interview Guide for Child and Family Services Workers

Interview Guide for Child and Family Services Workers

Review research study purpose, answer questions about the study, review recording method to be used, discuss focus group protocols if applicable, review and sign consent form.

The general purpose of this interview is to understand your experience in evaluating outcomes for the children and families for whom you provide service.

1.   Do you use the *Looking After Children* (LAC) framework to evaluate outcomes for children in care? If yes, ask Questions a) to d).

     a)   What has been your experience in using the framework?
- Probe for strengths and weaknesses.

     b)   Are the factors used to identify outcomes for children relevant to those children on your caseloads?
- Probe for factors that are more or less important and any missing factors or emphasis in the framework.
- Probe for cultural relevance of factors and interpretation.

     c)   Is the process for recording these outcomes acceptable to you?
- If not, discuss problems and recommendations for change.

     d)   Are the results helpful to you and your agency in planning for children in care?
- Probe for details and examples.

     e)   Are the results helpful in other ways?

2.   Do you use the *Outcome Indicator Matrix* in assessing results from child welfare interventions in your agency? If yes, ask Questions a) to e).

     a)   What has been your experience in using the Matrix?
- Probe for strengths and weaknesses.

     b)   Are the results helpful to you and your agency in planning services for children and families?
- Probe for details.

     c)   Are the factors used in the Matrix adequate in measuring outcomes?
- Probe for additional suggestions of factors.

     d)   How are these results recorded in your agency?
- Probe for any special issues.

e) Is the Matrix relevant to an Aboriginal agency?
- Probe for strengths and weaknesses.

3. What other approaches to evaluating outcomes are used in your agency?

   a) What methods are used to record outcomes for children in care?

   b) What methods are used to record outcomes for families?

4. If you were building your own measurement system that would record results for Aboriginal children and families receiving services from an Aboriginal agency what would this system look like?

   a) What factors or things would you include?
   - For children in care?
   - For families receiving in home services?
   - For parents who have children in care?
   - What are the special cultural factors that need to be considered in designing a system to assess outcomes?

   b) What are things to be considered in developing a way to monitor and assess results to make such a system easy to use?
   - Probe for frequency of reporting, method of reporting, use of technology.

   c) What are the things to be considered in developing information to help you in case planning?

   d) What are the things to be considered in developing information to help you in case planning?

5. What recommendations do you have for us in trying to generate some options for assessing outcomes in child and family services that gives adequate consideration to cultural issues in Aboriginal communities but remains practical and useful to staff using this system?

Respond to questions and closure.

Appendix B

Interview Guide for Parents

Interview Guide for Parents

Review research study purpose, answer questions about the study, review recording method to be used, review and sign consent form.

1.   I would first like to understand about your family and when you became involved with the child welfare agency.

    a)   Who is in your family?
- Probe for children at home, children not at home, ages and gender.
- Probe for other parents circumstances.

    b)   Can you tell me about your involvement with the child welfare system?
- Probe for when involvement began, what were concerns, and what children were involved.

2.   Can you describe the services you have received over the past year?

    a)   What types of services have you received from social workers? How often?

    b)   What other types of services (e.g., support workers, counselling, group activities) sponsored by the child welfare agency have you participated in?

    c)   What other programs and services have you and your children participated in?

3.   What changes have you been trying to accomplish for you and your children by becoming involved in these services?

    a)   What problems or concerns were you trying to address?

    b)   What were you and your children trying to accomplish by attending these programs or being involved with the services provided by the agency?
- Probe for each service/program.

    c)   To what extent were your hopes met?

4.   In thinking about the problems you experienced and the services you have received, how should one determine whether these are making a difference?

    a)   With respect to the children, what factors need to be considered in determining how well they are doing?
- Probe for relationship factors within the family, peer relationships, school attendance and success, sense of identity, importance of culture,

recreation, other issues.

b) With respect to you and the other parent (if applicable) what factors need to be considered in determining how well you are doing?
- Probe for relationships with children, support for and involvement with children, ability to care for and appropriately discipline, importance of cultural and family connections, other issues.

5. A child welfare agency is required to monitor and report on the results (that is, whether parents and children are improving) from the services that the agency provides.

a) How important do you think this is?

b) How should the agency involve parents and children in doing this?

c) What things should be considered in determining whether children are doing well?

d) What things should be considered in determining whether families are doing well?

e) What emphasis should be placed on the child and what emphasis should be placed on family issues?

f) What emphasis should be placed on extended family issues? If applicable, describe what should be considered.

g) What emphasis should be given to community and cultural factors? If applicable, describe what should be considered.

6. Provide examples of factors included in the *Looking After Children* (LAC) framework and *Outcome Matrix Indicators* and obtain feedback on the importance of these factors. Use this to ask about other things that should be included.

Respond to questions and closure.

Appendix C

Interview Guide for Foster Parents

Review research study purpose, answer questions about the study, review recording method to be used, review and sign consent form.

1. I would first like to understand about your experience in fostering in general, and then more specifically about your experience in fostering (name of child).

    a) How long have you fostered and how many children have you cared for?
        • Probe for general experience, special issues with any children and general outcomes for these children.

    b) How long have you cared for X?

    c) What were the reasons s/he was placed with you?
        • Probe for special issues and challenges faced by child.

2. Can you describe the services you have received from the agency social worker over the past year?

    a) Probe for nature of services, frequency of contact, and involvement in discussions regarding X.

3. What services has X received directly?

    a) Probe for details or nature and scope of services, frequency of contact, etc.

4. What things do you look for in determining whether X is making progress during his/her stay in your home?

    a) What are the special issues or concerns that need to be addressed?
        • Probe for goals and accomplishments.

    b) What are the normal every day things that need to be considered in determining things are going well for a child of this age?
        • Probe for factors related to school, peer relationships, family relationships, identity and self-esteem, recreation and accomplishments.

    c) How important is family and culture in assessing how well children in foster care are doing?
        • Probe for examples.

5.   A child welfare agency is required to monitor and report on results (that is, whether children in care are improving) from the services that are being provided, including placement in foster care.

a)   How important do you think this is?

b)   How should the agency involve you as a foster parent in this process?

c)   What things should be considered in determining whether children in care are doing well?

d)   What emphasis should be placed on child development and behaviour factors, on family/foster family relationships, on culture and community factors?
    • Probe for examples.

6.   Provide examples of factors included in the *Looking After Children* (LAC) framework and *Outcome Matrix Indicators* and obtain feedback on the importance of these factors.

a)   What is missing?

b)   What other factors should be included?

Respond to questions and closure.

Appendix D

Interview Guide for Children

Interview Guide for Children

Review research study purpose and answer questions about the study, review recording method to be used, review and sign consent form.

1. I would like to understand more about the help you have received from child welfare.

    a) Have you talked to a social worker from child and family services?
    - Probe for frequency, when contact began.

    b) What was the reason for these meetings?
    - Probe for problems and concerns addressed.

    c) Were these discussions helpful to you?
    - Probe for examples.

2. Have you received help from other people, services or individuals?

    a) Probe for details about who has helped and how.

3. Have you received special help or assistance from your parents, other family members or foster parents?

    a) Probe for examples and who has helped.

4. When you think back a few months, are things better for you now than they were then?

    a) What has changed?
    - Probe for details and examples.

5. Do you feel your social worker understands you? Your parents/foster parents? Others, like your teachers?

6. If your social worker is to report how well things are going for children of your age, what things should they consider?

    a) How important is school?

    b) How important is your ability to get along with others in your family/foster family?

    c) How important is support and understanding from your parents/foster parents?

d) How important is your relationship with friends or other children you know?

e) How important is how you feel about yourself?

f) How important are the activities and things you do in the community?

g) What other things should be considered in finding out about how well you are doing?
   • Probe for details.

7. Some of the things that are being considered when child welfare agencies report how well children are doing are identified below. For each item, I would like you to think about whether it's not all that important, somewhat important or very important. Feel free to provide any additional comments.

a) The health and safety of the child.

b) Progress in school.

c) Whether child feels good about themselves.

d) Whether child gets along with other children of the same age.

e) Whether child gets along well in a family.

f) Relationship with extended family members.

g) Involvement of child in activities in the community.

   • Probe for other factors such as culture.

Respond to questions and closure.