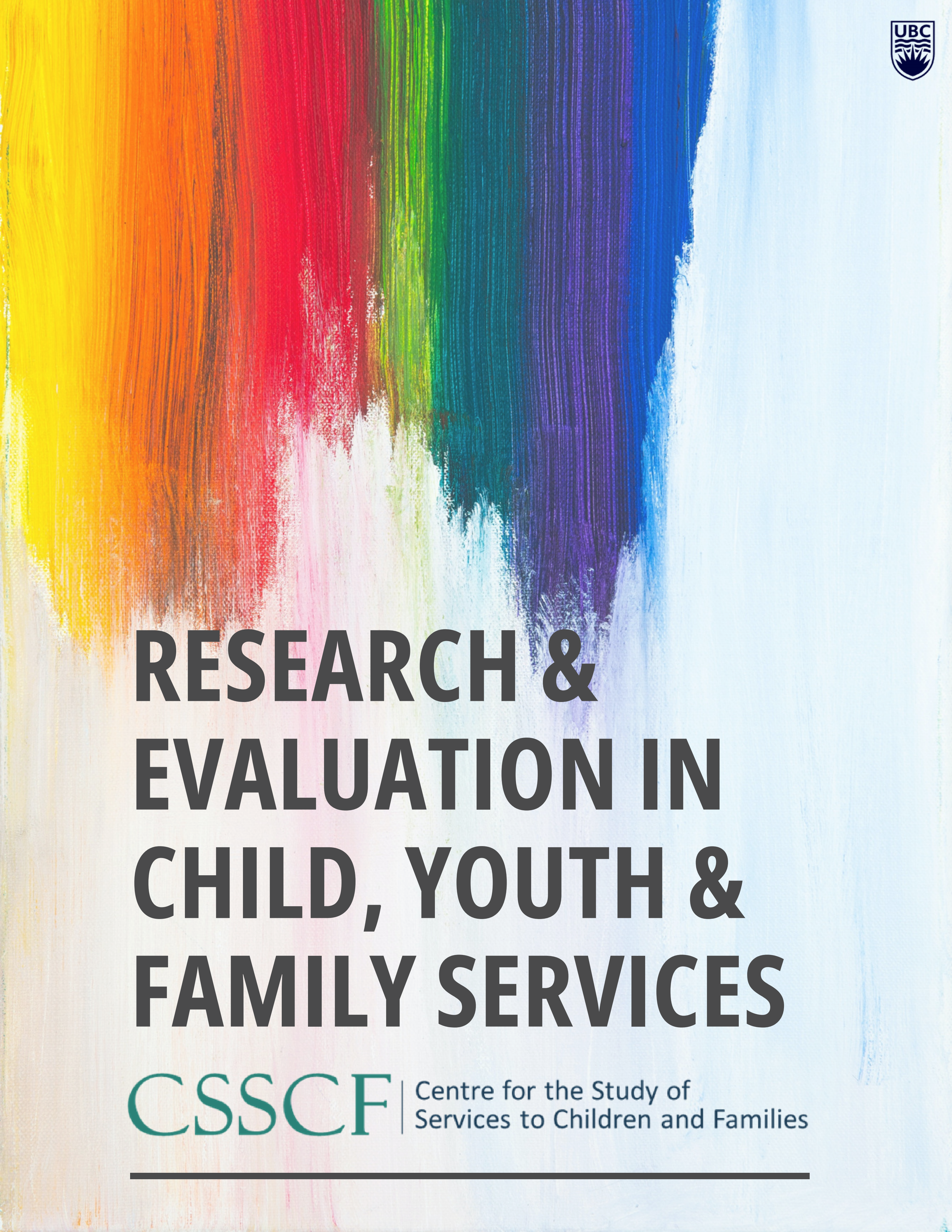

RESEARCH & EVALUATION IN CHILD, YOUTH & FAMILY SERVICES

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RESEARCH AND EVALUATION IN CHILD, YOUTH AND FAMILY SERVICES

2023 | Volume 5 (Special Issue).

We acknowledge the University of British Columbia Vancouver campus is located on the traditional, ancestral, and unceded territory of the xʷməθkʷəy̓əm (Musqueum) peoples and the Okanagan campus is located on the traditional, ancestral, and unceded territory of the Syilx Okanagan Nation.

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The conclusions, interpretations and views expressed in these articles belong to the author(s) as individuals and may not represent the ultimate position of the Ministry of Children and Family Development.

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Journal Aims

Research and Evaluation in Child, Youth, and Family Services seeks to advance the principles of social justice and transformative child welfare through robust inquiry. It achieves this by fostering collaborative partnerships among researchers, agencies, and communities to highlight evidence-informed policies, programs, and services that aim to enhance the well-being of children, youth, and families within diverse social contexts.

Preface

In 2011-2012, the University of British Columbia (UBC) and the Ministry of Children and Families Development (MCFD) established a Sponsored Research Agreement to fund and offer a full academic year graduate level research course that enables Masters of Social Work (MSW) students to conduct applied research. This University-Ministry partnership is based on mutual benefit: for students, the ability to learn about research processes and to conduct research projects on timely, relevant and actionable issues, for MCFD to enhance organizational research capacity and that meets MCFD research priorities and needs. Since then, MCFD have continued to commit annual funds and resources to offer a MSW research and evaluation course through UBC.

The *Research and Evaluation in Child, Youth, and Family Services* e-Journal is a compilation of the research completed in my tenure as the instructor for the MSW research and evaluation course since 2018-2019. Working in small research teams, MSW students receive guidance and support from MCFD research sponsors, MCFD research coordinators, and the course instructor to propose/refine the research questions, create a research design, acquire UBC and MCFD research ethics approval, recruit participants, collect and analyze data, and produce a final presentation and report for MCFD. Year-after-year, high-quality research is produced but is not published or available beyond UBC and MCFD. As a Knowledge Exchange and Mobilization (KxM) Scholar at UBC, I aimed to provide an open access format to disseminate the research beyond UBC and MCFD to enhance the child welfare empirical literature in British Columbia, Canada, and beyond. With support from the Centre for the Study of Services to Children and Families (CSSCF), we now have a platform to mobilize this knowledge.

This creation of this e-journal is made possible through the support from the following:

The **Province of British Columbia** through the **Ministry of Children and Family Development** annual funding via the Sponsored Research Agreement. The research projects would not be possible without the contributions from the **MCFD Research Sponsors** who proposed the research topics and the **MCFD Research Course Coordinators** who provided support to the MCFD Research Sponsors, MSW Students, and the course instructor.

The **University of British Columbia, School of Social Work (Vancouver)** provided support in administrating the Sponsored Research Agreement and offering the MSW Research and Evaluation in Child, Youth, and Family Services course. The **University of British Columbia, Library** provides access to the Open Journal System (OJS) software and server space for the e-journal.

The **Centre for the Study of Services to Children and Families** provided an avenue to share and further disseminate the e-journal. **Cathy Jiu** was the format editor who transposed the research reports into the ejournal format. **Michelle O'Kane** was the journal editor who helped oversee the editorial and production process.

I want acknowledge the **MSW student researchers** for their hard work and diligence in learning and producing rigorous research that informs social policy and practices. Finally, immense gratitude to the **individuals, teams, agencies, and community partners who participated in the research** and shared insights and recommendations for how to better support the children, youth, families, and communities in British Columbia.

Barbara Lee, MSW, PhD
Editor-In-Chief
Assistant Professor, School of Social Work, University of British Columbia
Director, Centre for the Study of Services to Children and Families
Knowledge Exchange and Mobilization (KxM) Scholar

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Editor's Note

Research and Evaluation in Child, Youth, and Family Services seeks to advance the principles of social justice and transformative child welfare through robust inquiry. It achieves this by fostering collaborative partnerships among researchers, agencies, and communities to highlight evidence-informed policies, programs, and services that aim to enhance the well-being of children, youth, and families within diverse social contexts. Volume 5 is comprised of four journal articles completed by a total of 9 MSW students.

Foster Parent Retention was conducted by Avery Bell, Natalya Falkingham, and Kayla Lajeunesse. The purpose of this research study was to explore the experiences contributing to foster parents leaving the service in the South Fraser Region in British Columbia and better understand how the Ministry of Children and Family Development (MCFD) can enhance foster parent retention. This study used an exploratory research approach and identified four themes: retention of foster parents; relationship with agency; strengths, relationship with agency; deficits and desired changes. The study suggested future research, policy, and practice recommendations to enhance foster parent retention based on its findings.

Promising Interventions for Children with Suspected or Confirmed Fetal Alcohol Spectrum Disorder (FASD) was conducted by Andro Abaya, Briana DeJonge, and Natalya Rogachyova. This exploratory study used online focus groups and interviews with professionals working with children and families with suspected and confirmed FASD to explore on promising programs, approaches, and interventions with this population. Three main themes were identified in the analysis: 1) understanding behaviours, 2) creating spaces of inclusion, and 3) targeting structural barriers to be a promising approach for children with FASD. The study outlined barriers mentioned by professionals along with their suggestions on how to address them.

Transforming Ministry of Children and Family Development's Approach to Service Evaluation: A Jurisdictional Scan was conducted by Elie Haddad. This jurisdictional scan was conducted on the province of Alberta's usage of an outcomes-based service delivery (OBSD) framework to inform how MCFD can better support vulnerable children, youth and families. Three overall themes were noted through the jurisdictional scan: 1) OBSD was not implemented in isolation, 2) OBSD has clear intention and purpose to its formulation, and 3) OBSD was not envisioned as the "best practice" approach to evaluation and engagement within Children's Services.

Evaluating Providence Health Care's Cultural Safety Education Initiative for Healthcare Social Workers: Preliminary Results was conducted by Gary Lai and Shelby Decker in collaboration with Providence Health Care (PHC). With the phasing out of the San'yas training, PHC social work leadership team created their own cultural safety educational initiative with ongoing input from the Indigenous Wellness and Reconciliation team. A quasi-experimental design was used to evaluate the initial two months of the one-year educational initiative. The initial results demonstrate promising potential in strengthening participant's perceived confidence and knowledge in culturally safe and trauma informed practice. Findings have potential transferability to other sectors such as child welfare to practice in a culturally safe and trauma informed approach.

The conclusions, interpretations and views expressed in these articles belong to the author(s) as individuals and may not represent the ultimate position of the Ministry of Children and Family Development. We hope you enjoy this volume of research articles and that it can help inform research, policies, program development, and practices. If you have any questions about any of the research projects, please contact me at b.lee@ubc.ca.

Sincerely,

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Editor-In-Chief
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Evaluating Providence Health Care's Cultural Safety Education Initiative for Healthcare Social Workers: Preliminary Results

Lai, G., & Decker, S.

Citation: Lai, G., & Decker, S. (2023). Evaluating Providence Health Care's Cultural Safety Education Initiative for Healthcare Social Workers: Preliminary Results. Research and Evaluation in Child, Youth and Family Services, *5*, 4-18. https://doi.org/10.14288/recyfs.v5i1.199163

Abstract

Purpose: The purpose of this research paper is to evaluate the effectiveness of the Indigenous cultural safety (ICS) workshops run by Providence Health Care (PHC). There is a focus on identifying what confidence and cultural safety are and how they can be obtained in practice with social workers in a healthcare setting. **Methodology**: Three virtual mix-methods surveys were created and administered throughout December 2022 to February 2023. The surveys required participants to self-assess their attitudes, beliefs, knowledge, and skills as they relate to cultural safety in their practice. Survey groups included a control group which completed a one-time survey. Participants of this group did not attend the ICS workshops. The second group included the intervention group who were required to complete a pre-test survey prior to attending an ICS workshop as well as a post-test survey after attendance. The post-test survey included questions about the workshops themselves for further investigation. Quantitative responses were analyzed using an independent t-test (control and intervention responses) and paired t-test (pre-test and post-test responses). Qualitative responses were analyzed using thematic analysis. **Findings:** The independent sample t-test yielded no statistically significant responses between the control and intervention group. The paired t-test yielded significant positive results demonstrating that social workers felt that they had an improved ability to locate services for trauma survivors, recognize and employ trauma-informed practices, and educate colleagues on trauma-informed care post ICS workshops. The post-test specific responses demonstrated that social workers felt that the ICS workshops provided a valuable aspect to their learning as practitioners. The qualitative responses from participants highlighted the success of the ICS workshops, specifically the use of the case vignettes. Opportunities for improvement included prioritizing the safety of the space through less leadership involvement and the desire for the inclusion of the IWR team within the ICS workshops themselves. **Research Limitations**: Confidence and cultural safety require corresponding outcomes based assessments to determine fidelity. Furthermore, the research evaluation occurred simultaneously to the educational initiative ICS workshop roll-out which could have an effect on research sample size and participant satisfaction. **Value of Research**: There are recognized barriers to measuring confidence and the provision of culturally safe care in healthcare settings. This paper adds to the pool of knowledge that social workers do see value in this type of workshop training.

Keywords: Indigenous cultural safety; workplace cultural safety; cultural safety training; healthcare; social work

DOI: 10.14288/recyfs.v5i1.199163

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Introduction

In 2015, Providence Health Care (PHC) signed a Declaration of Commitment to Cultural Safety and Humility in recognition of its duty to act upon the recommendations laid out by the Truth and Reconciliation Commission of Canada's Calls to Action (2015). In 2019, British Columbia's provincial government passed the Declaration on the Rights of Indigenous Peoples Act (DRIPA), establishing a framework for reconciliation (Horgan et al., 2022). Considering the findings and recommendations highlighted by the In Plain Sight report (Turpel-Lafond, 2020), health organizations are urgently seeking ways to address Indigenous-specific racism and cultural safety within their institutions. With the phasing out of the San'yas training, PHC social work leadership team took a new direction with input from the Indigenous Social Worker and Cultural Safety Consultant, and created their own cultural safety educational initiative with ongoing input from the Indigenous Wellness and Reconciliation team at PHC. The goal of our research was to conduct an evaluation of PHC's educational initiative by conducting a literature review and by obtaining mixed-methods data from the participants themselves. In gathering this data, the team sought to answer the following research question: "does the educational initiative enhance healthcare social worker's confidence in being able to practice culturally safe care when working with Indigenous service users in a hospital setting?".

Literature Review

Theoretical Framework

Albert Bandura, creator of Social Learning theory, stated that "cognitive processes play a prominent role in the acquisition and retention of new behavior patterns" (1977, p. 192). Bandura saw learning on a trajectory which moves from observation to performance to performance feedback and adjustment (1977). Successful performance, as Bandura postulated, comes from the interaction between environmental feedback as well as the internal feedback of the performer (1977). With an educational training initiative, supported learning with the goal of sustained behavior change are essential. For our research, we used social learning theory and the work of Bandura (1977) to inform our interpretations of the educational initiative and the data retrieved.

Confidence

Confidence is described by Bandura (1977) as a "conviction that one can successfully execute [a desired] behavior required to produce the [desired] outcomes" (p. 193). Confidence exists on a spectrum, and unlike self-esteem or self-concept, it can vary based on task and situational conditions (Bandura, 2012, as cited by Kane et al., 2021; Stankov & Lee, 2008; Zimmerman, 2000). Confidence influences academic motivation and capacity (Bogo et al., 2017; Zimmerman, 2000). For this reason, educators find the role and acquisition of confidence pertinent. Those with higher confidence levels "participate more readily, work harder, persist longer, and have fewer adverse emotional reactions when encountering difficulties" (Bandura, 1997, as cited by Zimmerman, 2000). High-confidence social workers can maintain focus with clients and interpret their anxiety as challenging rather than overwhelming and hindering (Bogo et al., 2017; Regher et al., 2010). That said, confidence levels must be appropriately matched with one's knowledge and capabilities to ensure an accurate understanding of the complexity of the tasks and safe patient care (Holden et al., 2002; Baxter & Norman, 2011).

The relationship between learning and confidence is complex, as the acquisition of learning and confidence can happen at different rates (Bandura, 1977; Baxter & Norman, 2011). This relationship was indicated as one of the limitations of the San'yas training model, noting that learning does not necessarily change someone's behavior (First Nations Health Authority, Province of British Columbia & Indigenous Services Canada, 2019). Bandura's (1977) framework for confidence acquisition notes that there are four commonly used models used in training: Emotional arousal, verbal persuasion, vicarious experience, and performance accomplishments. Although each model offered by Bandura (1977) varies based on intensity, they all include an aspect of emotional awareness and emotional regulation, factors highlighted as significant in broader research (Bogo et al., 2017; Regher et al., 2010; Vagni et al., 2020). As indicated by Regher et al.

(2010) in their study of child welfare workers, high confidence levels were attributed to training, past supervision, and experience. Therefore, in addition to knowledge provision, emotional awareness and regulation can facilitate confidence in concert with comprehensive and sustained teachings.

Educators and researchers continue to seek ways to measure confidence as a way of enhancing learning and performance; however, confidence in performance and performance outcomes are different (Baxter & Norman, 2011; Holden, 2002). The validity of self-assessments in accurately measuring confidence is controversial. Baxter and Norman (2011), in their one-group pre-test post-test study with nursing students, found that all but one of the sixteen correlations between self-assessment and the observed clinical examination were negative. Other researchers conclude that confidence self-assessments are ideal for social work educational outcome assessments if used in addition to a retroactive pre-test-post-test design to account for possible response shift bias (Holden et al., 2002). As Bandura (1977) suggests, differences between confidence and performance outcomes may arise when situational, and task factors are ambiguous and advise that participants understand what kind of behavior is expected and under what circumstances. Teaching and learning styles may also account for the differences in confidence self-assessments and performance outcomes. Finally, confidence and learning are reciprocal and built over time using repetition and self-regulation strategies (Bandura, 1977; Bogo et al., 2017). As such, research measuring confidence and outcome expectations will need to attune to the reality of this relationship.

Cultural Continuum

The cultural continuum depicts the image of an arrow going from cultural awareness to cultural sensitivity, cultural competency, and cultural safety. Brascoupé and Waters (2009) state that visualizing the continuum clarifies where cultural safety is situated to compare to compare the negative and positive approaches. Each stage on the continuum represents "steps in the process of attuning government to the people it governs, and institutions and individuals to the people they serve" (Brascoupé & Waters, 2009, p. 8). On the positive end of the continuum, Dell et al. (2015) share that the cultural continuum is often perceived as knowledge, attitude, and behavior that begin with cultural awareness and develop into cultural safety for Indigenous service users. The literature acknowledges this linear progression but also that becoming culturally safe is a paradigm shift that requires service providers to reflect on themselves critically (Brascoupé & Waters, 2009; Curtis et al., 2019; Yeung, 2016). The paradigm shift refocuses the knowledge-based cultural competency approach and repositions cultural safety as a power transfer (Brascoupé & Waters, 2009). The positive end of the continuum starts with awareness and recognition of Indigenous cultures, then integrating and implementing the acquired knowledge (Brascoupé & Waters, 2009; Yeung, 2016). As the continuum progresses, further education is required to understand the services delivered to Indigenous service users. While the service provider's knowledge is measured by cultural competency, cultural safety shifts the power to the service user to instruct and share their knowledge and practices with the service provider (Brascoupé & Waters, 2009; Yeung, 2016). This shift repositions the service user from being a passive recipient to someone with power in the relationship. In summary, cultural safety places the onus on the service provider to focus on understanding oneself and internal biases by implementing reflexive practice and allowing patients to determine whether their interactions are safe.

Cultural Safety and Trauma Informed Practice

The Métis Centre of the National Aboriginal Health Organization (MCNAHO) argues for the advantages of cultural safety by contrasting it along the cultural safety continuum (2013). MCMAHON describes the leading proponent of cultural safety as an understanding of how service providers position themselves in power dynamics and reflect upon their values (2013). The principles stated by the MCNAHO demonstrate progress towards understanding how to apply and use cultural safety and, notably, acknowledging power imbalances. Moreover, the MCNAHO (2013) emphasizes the need for systems and individuals to cultivate safe cultural practices. Therefore, the MCNAHO focus on systems, institutions, and organizations being culturally safe. MCNAHO outlines the provision of training and ongoing development of cultural safety skills with the support of Indigenous community members, which should be followed up with self-assessments and reflections (2013). Instead of solely relying on individual practitioners, practitioners can shift away from deciding whether their cultural practices are safe and hold space for patients to express their needs.

As previously stated, cultural safety requires individuals to reflect on their beliefs to change personal beliefs and values. In order to further advance cultural safety, a trauma-informed practice (TIP) is also essential to consider. TIP aims to change systems by supporting care providers in understanding how service users are affected by traumatic stress (Bryson & Bosma, 2018; Tujague & Ryan, 2021). In order to successfully use TIP, service providers prioritize safety, choice, and control by accommodating physical and emotional safety through healthy interactions with service users (Harris & Fallot, 2001, as cited by Bryson & Bosma, 2018; Tujague & Ryan, 2021). TIP can prevent physical and emotional safety by prioritizing a safe space (Mkandawire-Valhmu, 2018). Bryson et al. (2017), as cited by Bryson and Bosma (2018), also note that the implementation of TIP has positive results in "patient symptomatology, patient and staff injuries, episodes of seclusion and restraint, and staff morale."

Measuring Cultural Safety

Measuring cultural safety proves challenging as being culturally safe has yet to be quantified. West et al. (2021) aimed to create a tool to measure cultural safety attributed to the growth of cultural safety education in the curriculum. The Ganngaleh nga Yagaleh (GY) tool used in this research consists of forty-one questions emphasizing reflection and advocacy. The GY tool was created using decolonizing principles (Lock, 2018, as cited by West et al., 2021) as it utilized the "process of truth-telling in education and training" (Aphra, 2019; Krathwohl, 2002; Ramsden, 2002; as cited by West et al., 2001, p. 350). Co-creating evidence to support dialogue around indicators for change should be mandatory in cultural safety curricula, education, and training for service providers and students. The authors discuss the value of collaborating with Indigenous service users to promote best practices in education and support developing education on health inequities.

Elvidge et al. (2020) identified a gap in critical indicators and empirical cultural safety measures from a service user's perspective. Consequently, creating an assessment survey tool to assess healthcare practitioners' cultural safety from the perspective of Indigenous service users. The domain of Elvidge et al.'s (2020) survey calls attention to communication, trust, environment, and support of cultural values. It is important to note that even though practitioners may self-report as being culturally safe, the service user will ultimately identify if they are feeling safe. As West et al. (2021, p. 366) highlighted, "culturally safe healthcare practice requires a commitment to ongoing learning and unlearning, critical reflection and evaluation, which in turn requires the development of skills and knowledge and changes in attitudes and behaviors."

Methodology

Ethics

The student researchers completed a Full Behavioural Research Ethics Board (BREB) application as required by the UBC on behalf of the research team. The BREB application included the research team's poster, participant consent form, survey questions, Covid-19 requirements, safe research plan, and the student researchers Tri-Council Policy Statement (TCPS) 2: Core 2022 certificates of completion. The BREB application was approved by the UBC and the research team was given permission to conduct the research project.

Sampling Frame

PHC employs roughly one hundred and twenty regular and a small pool of casual social work staff. Purposive sampling was used to target this population. Purposive sampling is ideal for selecting cases that are illustrative of a phenomenon, for selecting difficult to reach members of a unique population, or for identifying particular types for investigation in greater detail. Social workers are the ideal population to sample as they are primed for self-reflection and are often willing to contribute to research if it contributes to better practice or or social justice.

Recruitment and Inclusion/Exclusion Criteria

Recruitment occurred virtually though virtual posters from December 2022 to February 2023. Virtual posters were distributed bi-monthly by the research sponsor.

For the purpose of program evaluation, our exclusion criteria was initially limited to social workers, however that criteria was expanded to include social work assistants to ensure a large sample size. As our sample was limited to social workers and social work assistants employed by PHC, most of our exclusion criteria was accounted for; all PHC social workers must be registered with the British Columbia College of Social Workers and fluent in English. To ensure that the responses from social workers and social work assistants were being utilized in our data analysis exclusively, workshop attendance lists were cross referenced.

Analysis

The student researchers drafted pre-test survey and post-test survey questions based on the Multicultural Practice Competencies Tool (Alberta Health Services, 1996) and the Addressing Racism questionnaire (Government of B.C., 2020). In collaboration with the research sponsors, the Director of Indigenous Cultural Development, and PHC's Indigenous Wellness and Reconciliation (IWR) team, the survey questions were reviewed, revised, and confirmed. The research surveys included eighteen questions assessing various aspects of trauma-informed care knowledge and skills among social workers at Providence Healthcare. The post-test survey included the provision of seven additional questions aimed at assessing the ICS workshops themselves. In addition to a pre-test survey and post-test survey, the research team decided to include the option of participating in a control survey. The control survey did not require that participants attend an educational workshop rather, they could solely participate in the research by completing a one-time response. Once solidified the control, pre-test, and post-test surveys were transferred to UBC Qualtrics for virtual completion as appropriate.

Quantitative

SPSS, a data analysis software, was utilized to analyze the quantitative data obtained from the Likert-scale questions in the survey. Inferential statistics such as t-tests were used to compare mean scores between groups and determine statistical significance. The statistical analysis method used to analyze the data was a paired t-test and independent t-test. A paired t-test was used to compare the means of two related groups in(in this case, pre-test and post-test survey responses from the same participants), while an independent t-test was used to compare the means of two unrelated groups (control group and the intervention group). These tests were used to determine differences between the responses and groups with the goal of highlighting any statistical differences.

To analyze the Likert-scale data, descriptive statistics were calculated by SPSS to determine the mean, standard deviation, and p-value of participants' responses. A 95% confidence interval was used to determine the significance of our results, with a predetermined significance threshold of 0.05 for statistical significance and 0.1 for approaching significance. If the p-value from our statistical test was less than 0.05, we considered the result statistically significant. If the p-value was greater than or equal to 0.05 but less than 0.1, we considered the result to be approaching significance. All quantitative results, regardless of significance, were included in Tables 1-5 (see Appendices) for examination.

Qualitative

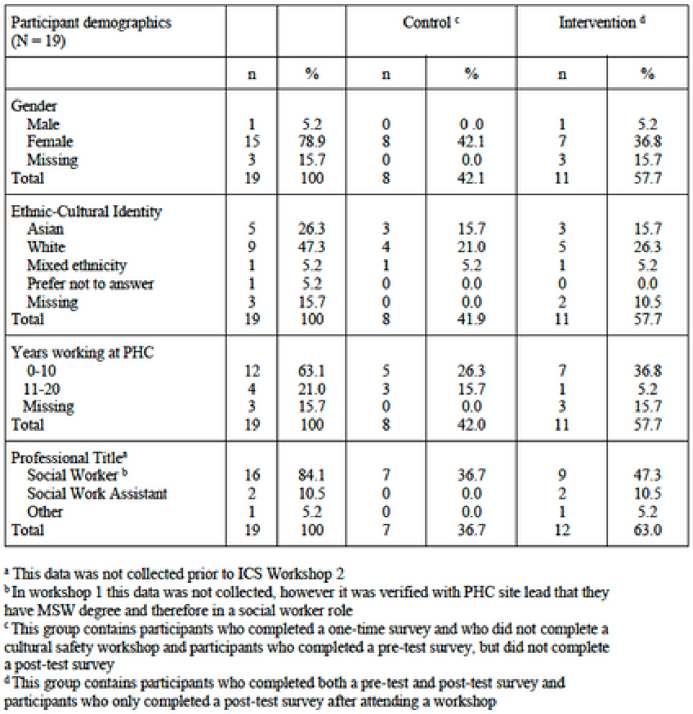
Qualitative data from survey comments were coded and categorized to identify themes or patterns. The comments were read and assigned codes to different portions of the text that relate to similar themes or concepts. After the coding was complete, the data was analyzed to identify patterns or themes that emerge across the comments. All qualitative results were included in Table 6 (see Appendices) and sorted under the appropriate codes, themes, and subthemes for examination. The goal of the analysis was to identify the most salient themes or patterns in the data, and to use these insights to better understand the experiences and perspectives of the participants.

Results

Participants

From December 2022 to February 2023, two ICS workshops were run. During this time, the option for completing a control survey exclusively was also advertised. The first workshop yielded five completed pre-test survey and post-test survey responses from participants. Another four participants completed the post-test survey only and one participant completed the prpre-test survey only. The second workshop yielded five completed pre-test survey and post-test survey responses from participants. Another four participants completed the pre-test survey only. The control group initially yielded three responses; however, given the five responses from the pre-test surveys that did not have a completed post-test survey, we merged these with the control group bringing the total number of control group responses to eight. Similarly, with the four responses that were post-test survey responses exclusively, we merged these with the intervention group bringing the total number of intervention responses to fourteen.

***Table 1.* Participant Demographics (N = 19)**



Participant demographics (N = 19)			Control [c]		Intervention [d]	
	n	%	n	%	n	%
Gender						
Male	1	5.2	0	0 .0	1	5.2
Female	15	78.9	8	42.1	7	36.8
Missing	3	15.7	0	0.0	3	15.7
Total	19	100	8	42.1	11	57.7
Ethnic-Cultural Identity						
Asian	5	26.3	3	15.7	3	15.7
White	9	47.3	4	21.0	5	26.3
Mixed ethnicity	1	5.2	1	5.2	1	5.2
Prefer not to answer	1	5.2	0	0.0	0	0.0
Missing	3	15.7	0	0.0	2	10.5
Total	19	100	8	41.9	11	57.7
Years working at PHC						
0-10	12	63.1	5	26.3	7	36.8
11-20	4	21.0	3	15.7	1	5.2
Missing	3	15.7	0	0.0	3	15.7
Total	19	100	8	42.0	11	57.7
Professional Title[a]						
Social Worker [b]	16	84.1	7	36.7	9	47.3
Social Work Assistant	2	10.5	0	0.0	2	10.5
Other	1	5.2	0	0.0	1	5.2
Total	19	100	7	36.7	12	63.0

[a] This data was not collected prior to ICS Workshop 2

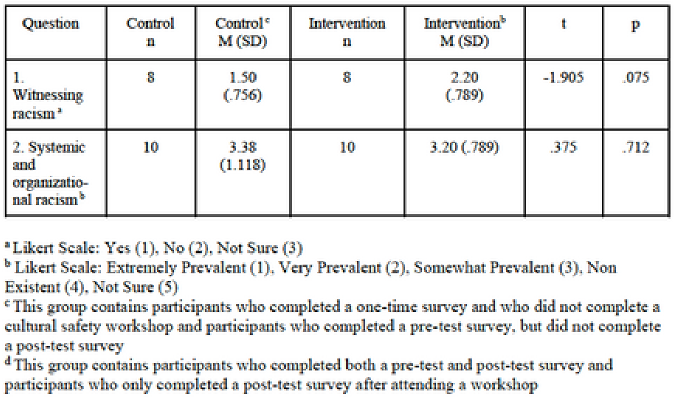
[b] In workshop 1 this data was not collected, however it was verified with PHC site lead that they have MSW degree and therefore in a social worker role

[c] This group contains participants who completed a one-time survey and who did not complete a cultural safety workshop and participants who completed a pre-test survey, but did not complete a post-test survey

[d] This group contains participants who completed both a pre-test and post-test survey and participants who only completed a post-test survey after attending a workshop

***Table 2.* Racism 1 (N = 18)**

Independent Sample T-test Control v. Intervention



Question	Control n	Control[c] M (SD)	Intervention n	Intervention[b] M (SD)	t	p
1. Witnessing racism[a]	8	1.50 (.756)	8	2.20 (.789)	-1.905	.075
2. Systemic and organizatio-nal racism[b]	10	3.38 (1.118)	10	3.20 (.789)	.375	.712

[a] Likert Scale: Yes (1), No (2), Not Sure (3)

[b] Likert Scale: Extremely Prevalent (1), Very Prevalent (2), Somewhat Prevalent (3), Non Existent (4), Not Sure (5)

[c] This group contains participants who completed a one-time survey and who did not complete a cultural safety workshop and participants who completed a pre-test survey, but did not complete a post-test survey

[d] This group contains participants who completed both a pre-test and post-test survey and participants who only completed a post-test survey after attending a workshop

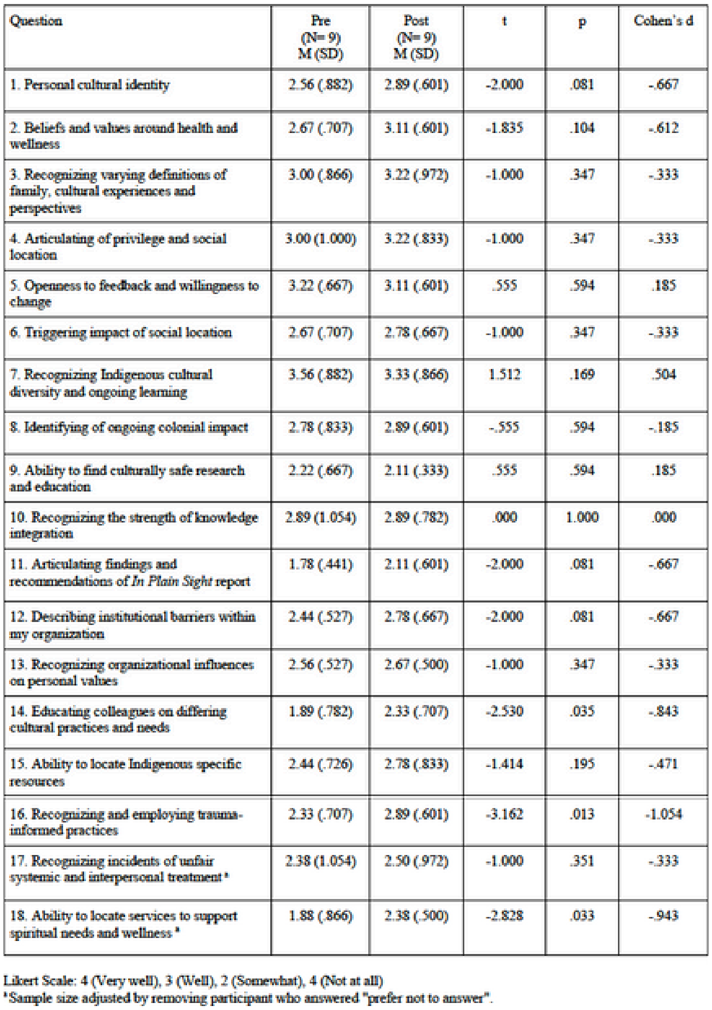
Paired Sample T-test Analysis

Of the eighteen survey questions posed, three showed significant differences between pre- and post-test scores. These questions were related to the ability to locate services for trauma survivors, recognizing and employing trauma-informed practices, and educating colleagues on trauma-informed care. The significant improvements in scores for these three questions indicate that the training program was effective in improving participants' knowledge and skills in these specific areas of trauma-informed care.

Specifically, participants' ability to recognize and employ trauma-informed practices showed a significant increase from pre-test (M = 2.33, SD = 0.707) to post-test (M = 2.89, SD = 0.601), t(19) = -3.162, p = .013. Similarly, their ability to educate colleagues about

***Table 3.* Pre-test (N = 8) Post-test (N = 9)**

Paired Sample T-test (N = 9) Pre-test v. Post-test scores



Question	Pre (N= 9) M (SD)	Post (N= 9) M (SD)	t	p	Cohen's d
1. Personal cultural identity	2.56 (.882)	2.89 (.601)	-2.000	.081	-.667
2. Beliefs and values around health and wellness	2.67 (.707)	3.11 (.601)	-1.835	.104	-.612
3. Recognizing varying definitions of family, cultural experiences and perspectives	3.00 (.866)	3.22 (.972)	-1.000	.347	-.333
4. Articulating of privilege and social location	3.00 (1.000)	3.22 (.833)	-1.000	.347	-.333
5. Openness to feedback and willingness to change	3.22 (.667)	3.11 (.601)	.555	.594	.185
6. Triggering impact of social location	2.67 (.707)	2.78 (.667)	-1.000	.347	-.333
7. Recognizing Indigenous cultural diversity and ongoing learning	3.56 (.882)	3.33 (.866)	1.512	.169	.504
8. Identifying of ongoing colonial impact	2.78 (.833)	2.89 (.601)	-.555	.594	-.185
9. Ability to find culturally safe research and education	2.22 (.667)	2.11 (.333)	.555	.594	.185
10. Recognizing the strength of knowledge integration	2.89 (1.054)	2.89 (.782)	.000	1.000	.000
11. Articulating findings and recommendations of *In Plain Sight* report	1.78 (.441)	2.11 (.601)	-2.000	.081	-.667
12. Describing institutional barriers within my organization	2.44 (.527)	2.78 (.667)	-2.000	.081	-.667
13. Recognizing organizational influences on personal values	2.56 (.527)	2.67 (.500)	-1.000	.347	-.333
14. Educating colleagues on differing cultural practices and needs	1.89 (.782)	2.33 (.707)	-2.530	.035	-.843
15. Ability to locate Indigenous specific resources	2.44 (.726)	2.78 (.833)	-1.414	.195	-.471
16. Recognizing and employing trauma-informed practices	2.33 (.707)	2.89 (.601)	-3.162	.013	-1.054
17. Recognizing incidents of unfair systemic and interpersonal treatment[a]	2.38 (1.054)	2.50 (.972)	-1.000	.351	-.333
18. Ability to locate services to support spiritual needs and wellness[a]	1.88 (.866)	2.38 (.500)	-2.828	.033	-.943

Likert Scale: 4 (Very well), 3 (Well), 2 (Somewhat), 4 (Not at all)

[a] Sample size adjusted by removing participant who answered "prefer not to answer".

trauma-informed practices showed a significant increase from pre-test (M = 1.89, SD = 0.782) to post-test (M = 2.33, SD = 0.707), t(19) = -2.530, p = .020. Finally, their ability to locate services for individuals who have experienced trauma also showed a significant increase from pre-test (M = 1.88, SD = 0.866) to post-test (M = 2.38, SD = 0.500, adjusted for one participant who chose not to answer), t(18) = -2.828, p = .033.

Independent Sample T-Test Analysis

The results of the independent sample t-test analysis yielded no statistically significant results between the control group and the intervention group (refer to Appendix).

Post-Test Survey Data Analysis

The results of the post-test survey specific questions revealed that participants who completed the post-test surveys thought the case vignettes were effective (92.9%) and realistic (100%), the workshop met their learning needs (92.9%), and that the workshop enhanced their ability to practice culturally safe care when working with Indigenous service users, families, and communities (92.9%). Participants stated that the timing of the workshop worked within their schedule (78.6%), they were able to access protected time to attend the workshop (78.6%), and that they would participate in more ICS workshops (100%).

Qualitative Data Analysis

The results of the qualitative data gleaned from the surveys revealed 6 codes, 8 themes, and 4 sub-themes. The first code generated by the data was workshop reflections which was then divided into workshop successes (WS) and workshop challenges (WC). Workshop successes (WS) were reported more frequently (7), with workshop challenges (WC) being reported less frequently (3). The second code generated by the data was Indigenous inclusion which was then divided into Indigenous inclusion sufficient (IIS) and Indigenous inclusion not sufficient (IINS). These themes came up equally at two responses each. The third code generated by the data was safety of space which was then divided into safe space (SS) and safety challenge (SC). Safe space (SC) was reported more frequently (6), with safety challenges (SC) reported less frequently (2). The fourth code generated by the data was format which was then divided into format successes (FS) and format challenges (FC). Format challenges (FC) were reported more frequently (3), with format successes (FS) reported less frequently (1). The fifth code generated by the data was content which was then divided into content successes (CS) and content challenges (CC). Content successes (CS) were reported more frequently (12), with content challenges (CC) reported less frequently (4).

Discussion

The significant results from the paired sample t-test demonstrate that social workers themselves believe that their confidence to practice culturally safe care when working with Indigenous service users has increased thus, the hypothesis has been supported in the following areas: feeling equipped to educate colleagues, identifying and employing trauma-informed practices, and locating services to that support the spiritual needs and wellness of service users. From the independent sample t-test, no significant data was obtained between the control and intervention groups thus, a null hypothesis was determined. The present study adds to the current body of literature demonstrating that a brief, workshop-style intervention can have significant and positive impacts on healthcare social workers' confidence levels.

Interestingly however, patterns emerged from the non-significant findings of the t-tests demonstrating that the results could be bi-directional. In the paired sample t-test, participants reported lower scores when reporting on openness to feedback and willingness to change, the recognition of Indigenous cultural diversity and the need for ongoing learning, and their confidence in the ability to find culturally safe research and education (refer to Table 3 on the previous page). In the independent sample t-test, participants frequently reported lower scores in the intervention group (refer to Appendix).

The findings in the paired sample t-test and independent sample t-test are supported by the research in the literature review as it suggests that confidence self-assessments have yielded mixed results. Holden et al. (2002) warned against response shift bias and urged researchers to use a retroactive pre-test-post-test design to account for this. As our pre-test and post-test study design did not utilize this method, it is possible that response shift bias was a factor in the responses.

This study builds upon the literature reviewed by Curtis et al. (2019), Johnstone and Kanitsaki (2007), and Brascoupé and Waters (2009) by demonstrating that a brief, workshop-style intervention can have significant and positive impacts on healthcare social workers' confidence levels in practicing cultural safety. However, the findings also suggest that participants reported lower scores on aspects related to cultural safety, such as openness to feedback, willingness to change, and recognition of Indigenous cultural diversity, which is consistent with Dell et al. (2016) and Elvidge et al. (2020) who highlight the importance of understanding and addressing cultural safety in healthcare settings. Moreover, Ryder et al. (2019) and West et al. (2021) emphasize the need for effective cultural safety education to ensure Indigenous patients receive equitable and culturally safe care.

The qualitative data from the workshop evaluations revealed several key themes related to the success and challenges of the workshop. First, the feedback on the workshop's format was mixed, with some participants noting the convenience of the online Zoom format. In contrast, others preferred in-person sessions for better engagement and focus. One participant commented, "although Zoom is more practical, nothing beats in-person - I find I'm more focused and engaged in person." Despite this, the case study format received overwhelmingly positive feedback, with participants appreciating the opportunity for open-ended discussions around realistic and challenging scenarios. One participant stated, "I like how it was open-ended with no definite answer as all situations will require diverse thinking and accommodating."

Another theme that emerged from the qualitative data was related to the safety of the space provided during the workshop. Participants felt that the space was non-judgmental and safe for discussing cultural safety. One participant noted, "it felt like a very non-judgmental space to be vulnerable and discuss the practice and and knowledge areas that we are lacking." However, some participants expressed concerns about the presence of leadership and supervision during the discussions, potentially discouraging free and anonymous sharing.

The theme of Indigenous inclusion emerged in the qualitative data, with some participants expressing positive feedback about the inclusion of Indigenous perspectives and voices in the workshop and others reporting not enough. For example, one participant stated, "I liked that there were Indigenous people in the group that shared their views." while another stated "I would have liked to have heard more from the Indigenous participants rather than facilitators". Although this would need to be explored further, it could be postulated that the participants had the expectation that Indigenous participants should be participating more which means that they would be contributing more emotional labor than necessary. At the same time, another participant appreciated the insight and wisdom shared by staff from the IWR team, an appropriate expectation given the formal role of the team members.

Overall, the qualitative data from the workshop evaluations highlighted successes and challenges of the workshop format, content, and inclusion efforts. The themes that emerged from the data suggest that while participants appreciated the open-ended case study format and safe space for discussion, further efforts could be made to improve Indigenous appropriate inclusion through the use of the IWR team and further anonymity in discussions.

Limitations

With confidence and cultural safety outcomes, the literature advises us that self-assessment scores may not equal outcome scores. Notably, this was one of the limitations of the San'yas training model as participant learning may not have an impact on the outcome (First Nations Health Authority, Province of British Columbia & Indigenous Services Canada, 2019). Learning and outcome discrepancies were found in Baxter and Norman's (2011) study as all but one of the sixteen correlations between self-assessment and the observed clinical examination were found to be negative. According to Bandura (1977), the educational ICS workshops would be typed as verbal persuasion. From this perspective, verbal persuasion type training does not account for the disruption that may come with the stress of the situation itself. It is for this reason that the incorporation of self-regulation strategies were advised (Bogo et al., 2017; Regher et al., 2010; Vagni et al., 2020), but not included in the educational ICS workshops themselves as focus remained on the case vignettes. The literature on cultural safety further enforces this as culturally safe care can only be determined by the service user, not the provider (Brascoupé & Waters, 2009; Yeung, 2016).

The literature advises us that confidence and learning are built over time (Bandura, 1977). As our research was only able to gain participation responses from two ICS workshops, this is a limitation for this report in particular as our data would ideally be able to follow the social workers over time for further assessment.

As with the roll-out of any new educational initiative, our results may include commonly encountered issues with a newly developing training. The research evaluation took place synchronously with the workshop rollout which may have contributed to confusion about the research surveys themselves or accounted for a smaller research sample.

Finally, as our target research participants were to attend the ICS workshops and complete the research surveys during work time, this could have been a limiting factor. Incomplete pre-test and post-test survey responses also support this statement as there were a number of pre-test surveys and post-test surveys exclusively. Furthermore, the participation in both the ICS workshops and research was voluntary. Participants that may have benefitted from the ICS workshops the most and thus could have elicited interesting findings, may not have been captured in the data.

Recommendations

Based on the findings of this research project, it is recommended that cultural safety education continue to be included in social work healthcare education and training curriculum. Policies and guidelines should be reviewed during supervision or protected time to ensure that cultural safety and Indigenous health perspectives are included. This should include extending cultural safety training to include all healthcare providers which contributes to the goal of working towards reconciliation in healthcare.

The inclusion of cultural safety education in healthcare training has the potential to improve the quality of care for Indigenous service users, their families, and their communities. By incorporating cultural safety education into healthcare training, providers can better understand the context of health disparities and provide more culturally safe care to Indigenous service users. Additionally, incorporating cultural safety principles into clinical practice guidelines can help healthcare providers to identify and address the unique health needs of Indigenous patients, and promote a more respectful and collaborative relationship between healthcare providers and Indigenous communities.

With the literature on confidence in mind, the introduction of retroactive pre-test and post-test surveys could prove useful in combating possible response shift bias. Additionally, the introduction of mindfulness strategies along with further opportunities to practice skills during role play is advisable.

With the literature on cultural safety and trauma-informed care several recommendations can be made. First, conducting longitudinal studies can be valuable in examining the effectiveness of such practices over time, including measuring outcomes such as improved mental health and wellbeing, increased access to services, and decreased disparities. Second, qualitative studies can help to better understand the experiences of both individuals who have received cultural safety and trauma-informed care, as well as practitioners who provide such care. Qualitative studies can help identify factors contributing to successful outcomes and areas where improvements could be made, which also provides time for practitioners to reflect on their practice. Lastly, collaborative research efforts between researchers, practitioners, and community members should continue to be encouraged to ensure that research is informed by the needs and perspectives of those most affected by cultural safety and trauma-informed care.

Future Directions

In late 2022 a Cultural Safety and Humility Standard (CSHS) for First Nations in British Columbia (BC) was created (Health Standards Organization, 2023). This accreditation standard for achieving cultural safety and humility was called for in the In Plain Sight report and marks a significant milestone event along the path toward ending Indigenous-specific racism in BC's healthcare system (Health Standards Organization, 2023). The Standard itself was driven by a First Nations-led technical committee, supported by the FNHA, with input from Métis Nation BC and in partnership with Health Standards Organization (HSO) (Health Standards Organization, 2023). PHC social work leadership recognizes that this will change how cultural safety is measured in B.C. and is anticipating that needed changes will accompany the integration of this standard with PHC in the future.

Finally, as the educational initiatives and the research evaluation will continue throughout 2023, new insights will be gathered. Information that was gathered within our evaluation will be expanded upon for a more nuanced understanding or nullified over time. The educational initiative will see changes that occur both naturally and intentionally as the research will inform practice.

Conclusion

This research project explored the effectiveness of cultural safety education and trauma-informed care in improving healthcare outcomes for Indigenous service users. Through a mixed-methods approach, the study found that cultural safety education can improve healthcare social worker's confidence at providing culturally safe care when working with Indigenous service users, their families, and their communities.

The findings of this study support the importance of cultural safety education and trauma-informed care in healthcare training and clinical practice guidelines. Including these principles can help healthcare social workers better understand the context of health disparities to respond reflexively and provide more culturally safe care. Furthermore, incorporating cultural safety principles into clinical practice guidelines can support healthcare social workers to identify and address Indigenous service users' unique health needs by promoting a more respectful and collaborative relationship between healthcare social workers.

Based on the findings of this study, it is recommended that cultural safety continue to be included in social work healthcare education and training curricula. Policies and guidelines should be reviewed during supervision or protected time to ensure that cultural safety and Indigenous health perspectives are included. Additionally, the introduction of retroactive pre-test and post-test surveys could prove useful in combating possible response shift bias, mindfulness strategies, and further opportunities to practice skills during role play.

Future directions for research and practice include conducting longitudinal studies to examine the effectiveness of cultural safety and trauma-informed care over time and qualitative studies to better understand the experiences of both service users and healthcare providers. Collaboration between researchers, practitioners, and community members is encouraged to ensure that research is informed by the needs and perspectives of those most affected by cultural safety and trauma-informed care.

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References

Alberta Health Services. (1996). *Multicultural Practice Competences Tool: Child and women's health diversity program*. https://www.yumpu.com/en/document/read/43011415/multicultural-practice-competencies-tool-the-fcrc-alberta-

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*(2), 191-215.

Barusch, A., & Gringeri, C. (2011). Rigor in qualitative social work research: A review of strategies used in published articles. *Deutsches Zentralinstitut für soziale Fragen/DZI*. https://doi.org/10.1093/swr/35.1.11

Batchelor, Amy (2019). *Statistics in social work: An introduction to practical applications*. Columbia University Press.

Baxter, P., & Norman, G. (2011). Self-assessment or self-deception? A lack of association between nursing students' self-assessment and performance. *Journal of Advanced Nursing*, *67*(11), 2406-2413. https://doi.org/10.1111/j.1365-2648.2011.05658.x

Bogo, M., Regehr, C., Baird, S., Paterson, J., & LeBlanc, V. R. (2017). Cognitive and affective elements of practice confidence in social work students and practitioners. *The British Journal of Social Work*, *47*(3), 701-718. https://doi.org/10.1093/bjsw/bcw026

Brascoupé, S., & Waters, C. (2009). Cultural safety: Exploring the applicability of the concept of cultural safety to aboriginal health and community wellness. *Journal of Aboriginal Health*, *5*(2), 6-41.

Bryson, S. A., & Bosma, H. (2018). Health social work in Canada: Five trends worth noting. *Social Work in Health Care*, *57*(8), 1-26. https://doi.org/10.1080/00981389.2018.1474161

Connelly, L. M. (2016). Fisher's exact test. *Medsurg Nursing*, *25*(1), 58, 61-61.

Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S. J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International Journal for Equity in Health*, *18*(1), 1-17. https://doi.org/10.1186/s12939-019-1082-3

Dell, E. M., Firestone, M., Smylie, J., & Vaillancourt, S. (2016). Cultural safety and providing care to aboriginal patients in the emergency department. *Canadian Journal of Emergency Medicine*, *18*(4), 301-305. https://doi.org/10.1017/cem.2015.100

Elvidge, E., Paradies, Y., Aldrich, R., & Holder, C. (2020). Cultural safety in hospitals: Validating an empirical measurement tool to capture the aboriginal patient experience. *Australian Health Review*, *44*(2), 205-211. https://doi.org/10.1071/AH19227

First Nations Health Authority, Province of British Columbia & Indigenous Services Canada. (2019). *Cultural safety and humility: Case study report.* https://www.fnha.ca/Documents/FNHA-BC-Tripartite-Agreement-Case-Study-Cultural-Safety-and-Humility.pdf

Gorard, S. (2017). Research design: Creating robust approaches for the social sciences. *Sage Publications Inc.* https://dx.doi.org/10.4135/9781526431486

Government of B.C. (2020). *Addressing Racism: An independent investigation into Indigenous-specific discrimination in B.C. health care. Ministry of Citizen's Services.* https://engage.gov.bc.ca/app/uploads/sites/613/2020/08/Addressing-Racism-health-care-worker-survey-Printable.pdf

Health Standards Organization. (2023). *HSO:75000:2022 - British Columbia Cultural Safety and Humility Standard*. HSO. https://healthstandards.org/standard/cultural-safety-and-humility-standard/

Holden, G., Meenaghan, T., Anastas, J., & Metrey, G. (2002). Outcomes of social work education: The case for social work self-efficacy. *Journal of Social Work Education*, *38*(1), 115-133. https://doi.org/10.1080/10437797.2002.10779086

Horgan, J., Rankin, T. M., British Columbia, British Columbia. Ministry of Indigenous Relations and Reconciliation, & British Columbia Government eBook Collection. (2022). *Declaration on the Rights of Indigenous Peoples Act Action Plan: 2022-2027.* British Columbia.

Jain, N. (2021). Survey versus interviews: Comparing data collection tools for exploratory research. *Qualitative Report*, *26*(2), 541-554. https://doi.org/10.46743/2160-3715/2021.4492

Kane, A., Yarker, J., & Lewis, R. (2021). Measuring self-confidence in workplace settings: A conceptual and methodological review of measures of self-confidence, self-efficacy and self-esteem. *International Coaching Psychology Review*, *16*(1), 67-89.

Manohar, N., MacMillan, F., Steiner, G. Z., & Arora, A. (2019). Recruitment of research participants. *Handbook of research methods in health social sciences* (pp. 71-98). Springer Singapore. https://doi.org/10.1007/978-981-10-5251-4_75

Métis Centre of the National Aboriginal Health Organization (2013). *Towards Cultural Safety for Métis: An introduction for health care providers*. Prince George: The National Collaborating Centre for Indigenous Health.

Mkandawire-Valhmu, L., & Taylor & Francis eBooks A-Z. (2018). Cultural safety, healthcare and vulnerable populations: A critical theoretical perspective (1st ed.). *Routledge, Taylor and Francis Group. 1*(1) 31-49. https://doi.org/10.4324/9781315708706

Philip, A. E., McCulloch, J. W., Smith, N. J., & Elsevier All Access Books. (1975). *Social work research and the analysis of social data* (First ed.). Pergamon Press.

Regehr, C., Bogo, M., Shlonsky, A., & LeBlanc, V. (2010). Confidence and professional judgment in assessing children's risk of abuse. *Research on Social Work Practice*, *20*(6), 621-628. https://doi.org/10.1177/1049731510368050

Sheppard, V. (2020). *Research methods for the Social Sciences: An introduction*, *Research Methods for the Social Sciences An Introduction*. Pressbooks. Available at: https://pressbooks.bccampus.ca/jibcresearchmethods/ (Accessed: November 21, 2022).

Stankov, L., & Lee, J. (2008). Confidence and cognitive test performance. *Journal of Educational Psychology*, *100*(4), 961-976. https://doi.org/10.1037/a0012546

Truth and Reconciliation Commission of Canada: Calls to action (2015). Truth and Reconciliation Commission of Canada.

Tujague, N. A., & Ryan, K. L. (2021). Ticking the box of 'cultural safety' is not enough: Why trauma-informed practice is critical to indigenous healing. *Rural and Remote Health*, *21*(3), 6411-6411. https://doi.org/10.22605/RRH6411

Turpel-Lafond, M. E., British Columbia, British Columbia. Ministry of Health, British Columbia Government EBook Collection, & British Columbia. Addressing Racism Review. (2020). *In plain sight: Addressing indigenous-specific racism and discrimination in B.C. health care. British Columbia.*

Vagni, M., Maiorano, T., Giostra, V., & Pajardi, D. (2020). Coping with COVID-19: Emergency stress, secondary trauma and self-efficacy in healthcare and emergency workers in italy. *Frontiers in Psychology*, *11*, 566912-566912. https://doi.org/10.3389/fpsyg.2020.566912

West, R., Armao, J. E., Creedy, D. K., Saunders, V., & Rowe Minnis, F. (2021). Measuring effectiveness of cultural safety education in First peoples health in university and health service settings. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, *57*(5), 356-369. https://doi.org/10.1080/10376178.2022.2025876

Wilkinson, L., Bouma, G., & Carland, S. (2019). *The research process* (4th ed.). Oxford.

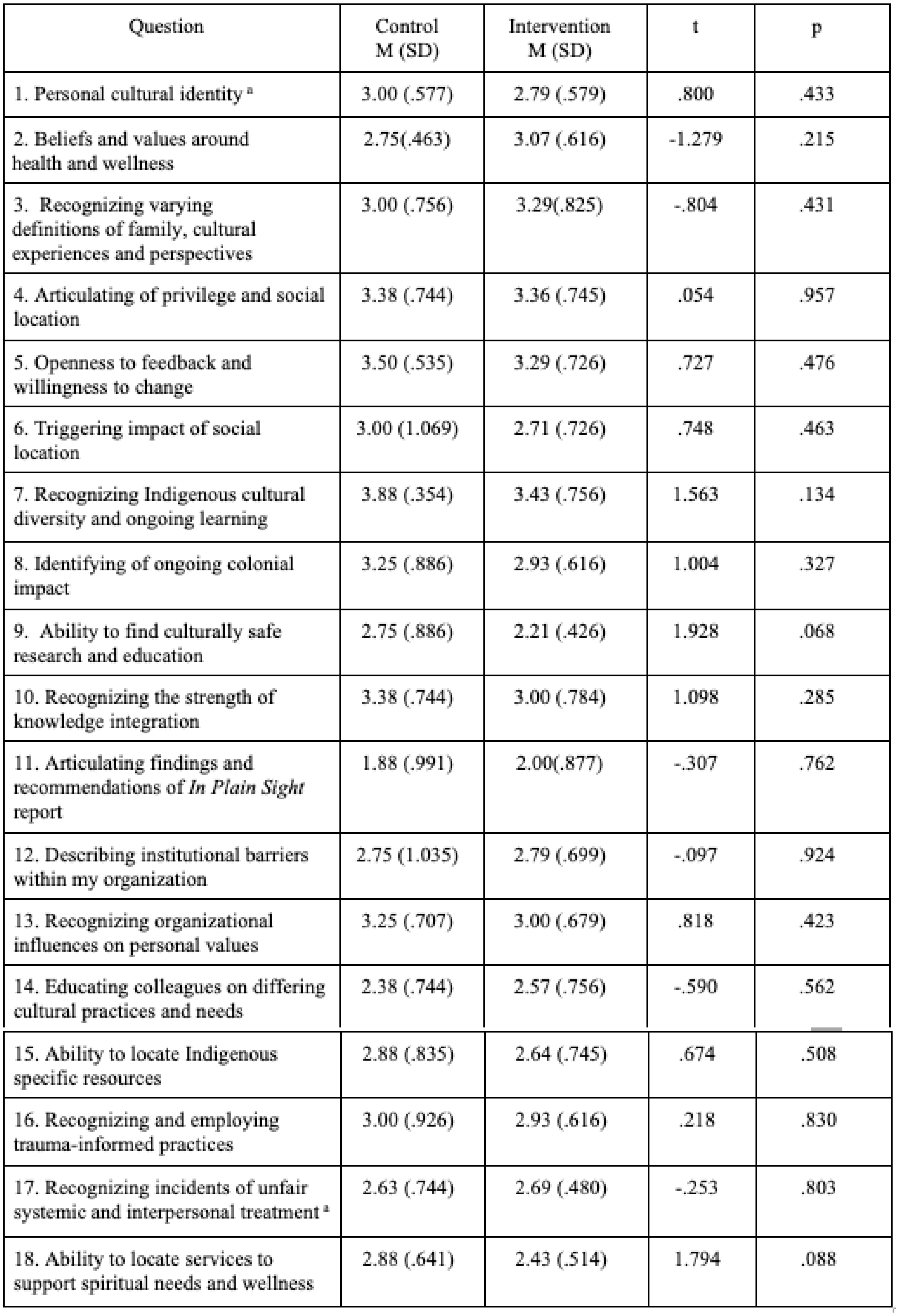
Yeung, S. (2016). Conceptualizing Cultural Safety: Definitions and Applications of Safety in Health Care for Indigenous Mothers in Canada. *Journal* *for Social Thoughts*, *1*(1), 1-13.

York, R. O. (2017). Analyzing data with pretest and posttest measurements of one group: Using the paired. Statistics for human service evaluation. *SAGE Publications*, *Inc.* https://doi.org/10.4135/9781071801024.n5

Zimmerman, B. J. (2000). Self-efficacy: An essential motive to learn. *Contemporary Educational Psychology*, *25*(1), 82-91. https://doi.org/10.1006/ceps.1999.1016

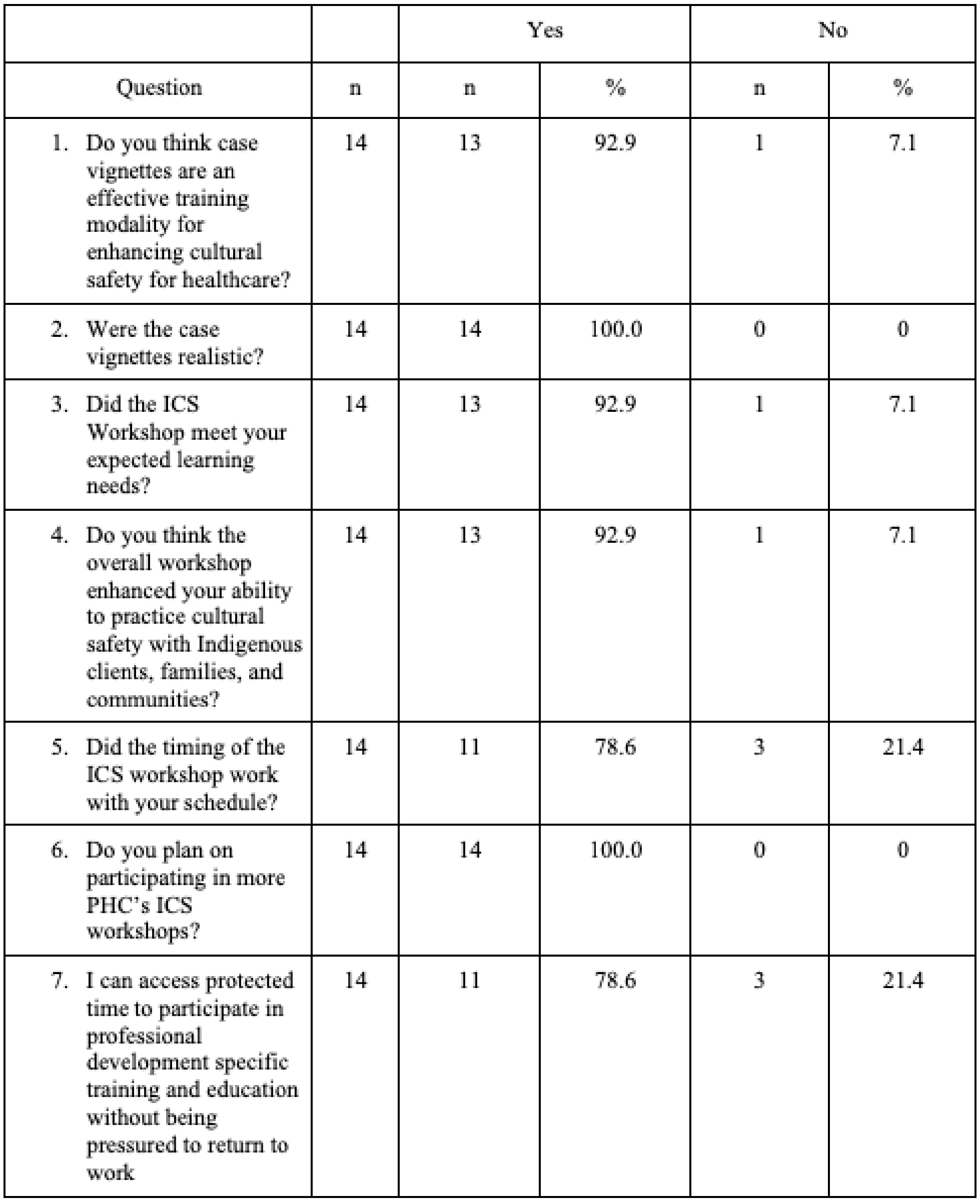
Appendices

***Table 4*. Control (n = 8) Intervention (n = 14)**
Independent Sample T-test (N = 18) Control Tests v. Intervention Tests



Question	Control M (SD)	Intervention M (SD)	t	p
1. Personal cultural identity [a]	3.00 (.577)	2.79 (.579)	.800	.433
2. Beliefs and values around health and wellness	2.75(.463)	3.07 (.616)	-1.279	.215
3. Recognizing varying definitions of family, cultural experiences and perspectives	3.00 (.756)	3.29(.825)	-.804	.431
4. Articulating of privilege and social location	3.38 (.744)	3.36 (.745)	.054	.957
5. Openness to feedback and willingness to change	3.50 (.535)	3.29 (.726)	.727	.476
6. Triggering impact of social location	3.00 (1.069)	2.71 (.726)	.748	.463
7. Recognizing Indigenous cultural diversity and ongoing learning	3.88 (.354)	3.43 (.756)	1.563	.134
8. Identifying of ongoing colonial impact	3.25 (.886)	2.93 (.616)	1.004	.327
9. Ability to find culturally safe research and education	2.75 (.886)	2.21 (.426)	1.928	.068
10. Recognizing the strength of knowledge integration	3.38 (.744)	3.00 (.784)	1.098	.285
11. Articulating findings and recommendations of *In Plain Sight* report	1.88 (.991)	2.00(.877)	-.307	.762
12. Describing institutional barriers within my organization	2.75 (1.035)	2.79 (.699)	-.097	.924
13. Recognizing organizational influences on personal values	3.25 (.707)	3.00 (.679)	.818	.423
14. Educating colleagues on differing cultural practices and needs	2.38 (.744)	2.57 (.756)	-.590	.562
15. Ability to locate Indigenous specific resources	2.88 (.835)	2.64 (.745)	.674	.508
16. Recognizing and employing trauma-informed practices	3.00 (.926)	2.93 (.616)	.218	.830
17. Recognizing incidents of unfair systemic and interpersonal treatment [a]	2.63 (.744)	2.69 (.480)	-.253	.803
18. Ability to locate services to support spiritual needs and wellness	2.88 (.641)	2.43 (.514)	1.794	.088

Table 5.
Post-Test Specific Questions (n = 18)



		Yes		No	
Question	n	n	%	n	%
1. Do you think case vignettes are an effective training modality for enhancing cultural safety for healthcare?	14	13	92.9	1	7.1
2. Were the case vignettes realistic?	14	14	100.0	0	0
3. Did the ICS Workshop meet your expected learning needs?	14	13	92.9	1	7.1
4. Do you think the overall workshop enhanced your ability to practice cultural safety with Indigenous clients, families, and communities?	14	13	92.9	1	7.1
5. Did the timing of the ICS workshop work with your schedule?	14	11	78.6	3	21.4
6. Do you plan on participating in more PHC's ICS workshops?	14	14	100.0	0	0
7. I can access protected time to participate in professional development specific training and education without being pressured to return to work	14	11	78.6	3	21.4

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RESEARCH AND EVALUATION IN

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Foster Parent Retention

Bell, A., Falkingham, N., & Lajeunesse, K.

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Abstract

The purpose of this research study was to explore the experiences contributing to foster parents leaving the service in the South Fraser Region in British Columbia and better understand how the Ministry of Children and Family Development (MCFD) can enhance foster parent retention. This study is in response to MCFD's concern that more foster parents are leaving the service than the number of homes available for children. A literature review was conducted to gather insight into the existing body of research regarding the retention and recruitment of foster parents. The literature review described the motivations of foster parents and the importance of positive professional relationships with social workers. Some factors that led to foster parents leaving the child welfare system included insufficient funding, a lack of respite care, and limited support services for foster parents. The theoretical frameworks used in the research included family systems theory and ecological theory. Ecological theory was used to examine how child welfare system, workers and policies influence foster parents (Leffler & Ahn, 2022). We used an exploratory approach guided by ecological theory. Our research study utilized purposive, non-probability sampling techniques. Our data was collected through semi-structured interviews lasting 45 minutes to 60 minutes with five individual participants. The median duration of time fostering was 11.2 years. The number of placements ranged from two to 1300 children, although not all participants could recall the number of placements they had. The children and youth in care's (CYIC) ages ranged from 6 months to 19 years of age. The study uncovered four themes. This included retention of foster parents; relationship with agency; strengths, relationship with agency; deficits and desired changes. Our findings discovered that although foster parents had honorable motivations, positive experiences, and strengths; the systemic issues outweighed the positive aspects of their experience and led them to decide to leave fostering. This study revealed implications for practice that MCFD can implement to improve foster parent retention. Practice recommendations include ensuring that social workers are trained and assessed to demonstrate positive characteristics identified by foster parents. Ensuring transparency about the complex needs of CYIC, as well as mandating assessments for mental health and behavioral needs would help aid foster parents to be aware of the support needed. Including and valuing foster parents as members of the care team can contribute to retention. Requiring social workers to follow policies consistently is also integral to retention. There are suggestions for future research to enhance foster parent retention. Interviewing current foster parents to take a proactive approach to maintain retention is also critical. Overall, this study has provided valuable insights into the needs of foster parents. The implications for practice can guide future policy recommendations for MCFD and research moving forward to enhance retention.

Keywords: fostering; foster parent; retention; motivation

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Introduction

MCFD has identified a decrease in the number of foster parents in the South Fraser Region in British Columbia. Therefore, there is a need to understand the experiences contributing to foster parents leaving the service, and how MCFD can enhance foster parent retention. Learning about these insights could inform further directions for MCFD to implement any necessary changes to promote long-term caregiving. This concern is relevant to social work practice because there are more children entering care, than foster homes available.

This is also problematic for social workers because they may experience barriers to upholding their professional duties within the Canadian Association of Social Workers (CASW) Code of Ethics including the "Pursuit of Social Justice" and "Service to Humanity" (CASW, 2005, p. 5). The Pursuit of Social Justice advocates for service users to receive suitable services and treatment to support and protect them, whereas Service to Humanity posits that social workers must use their influence to best serve vulnerable populations (CASW, 2005). The decreasing rates of foster parents can place social workers in a challenging position where they are unable to maintain these values or the proper protection of children. Above all, the minimal number of foster parents compromises the safety and security of children which is integral to social work.

Literature Review

The decreasing number of foster parents within MCFD in the South Fraser Region of British Columbia has prompted an exploration into the reasons surrounding this issue. With 5,259 children and youth in foster care in BC as of 2020, it is crucial that we understand what contributes to foster parent retention and breakdown (Government of British Columbia, 2021). The purpose of this literature review is to examine the common themes contributing to limited foster parent retention on a broader scale, while also addressing research gaps.

Contributing Factors for Foster Parent Retention

Many themes throughout the literature arose regarding why foster parents start fostering and why they choose to continue. An often-mentioned factor that contributed to successful and lengthy placements was the foster parent's characteristics such as kindness, love, patience, empathy, commitment, and confidence in their role as a foster parent (Brown, 2008; Crum, 2010; Gibbs & Wildfire, 2007; Hanlon et al., 2021; MacGregor et al., 2006).

Flexibility was identified as a critical personal characteristic for foster parent retention, with foster parents who were too firm and inflexible experiencing more issues. These findings point to the need to better assess potential foster parents' characteristics during the interview phase (Crum, 2010; Gibs & Wildfire, 2007; & Hanlon et al., 2021).

In MacGregor and colleagues' (2006) study, foster parents identified wanting children in their home after their biological children had grown up and believing they have a calling to help children in need and make a positive difference in their lives. For those who still have biological children in their homes, fostering can be a learning opportunity in which biological children must adapt to a new situation and learn how to share (MacGregor et al., 2006). However, if a foster child begins to display aggression and violence towards the family (and specifically towards the biological children) or the foster child's behaviours become too difficult to control, this may override the motivational factors and result in placement breakdown (Brown & Bednar, 2006). Interestingly, Ahn and colleagues' (2017) survey of 385 current and exited foster parents found that only 11% of those who stopped were primarily due to the child's behaviour.

The child welfare agency and the training that is provided to foster parents was also identified as potential protective factors that could prepare and support foster parents in successful placements (Hanlon et al., 2021; MacGregor et al., 2006). When the training and relationships with the child welfare system were positive, foster parents described not "feeling overburdened by their parent role" (Crum, 2010, p. 188). Hanlon and colleagues (2021) identified specialized training on topics such as supporting teenagers or children of a different cultural background as factors that increased retention. MacGregor and colleagues' (2006) findings showed that many foster parents felt they had a positive relationship with their child welfare workers and identified specific skills their workers showed such as good communication, answering questions quickly, and making parents feel heard.

Research also suggests that having foster parent peer support which could include having a formal foster parent organization run by foster parents or some way to easily network with one another would increase retention (Brown, 2008). MacGregor and colleagues (2006) suggest implementing something more informal such as a coffee club, having a buddy system, or a support group. Foster parents who had a peer support system in place were found to be more likely to continue fostering as opposed to those who wished to quit (Hanlon et al., 2021). Therefore, agencies should prioritize arranging ways for foster parents to connect and create their own community.

As Brown and Bednar (2006) reported, for most foster parents to end a placement it means that they have exhausted all options. Therefore, child welfare agencies can intervene and make changes before a foster parent reaches their breaking point. The gaps in the literature illustrate future directions for research to encourage and assist long-term fostering.

Contributing Factors for Foster Home Breakdown

Common themes cited for foster home breakdown included a lack of funding, issues with the child welfare system, as well as a lack of respite care and support services for foster parents (Hudson & Levasseur, 2002; Brown, 2008). Financial compensation (or lack thereof) was a major issue identified in numerous studies (MacGregor et al., 2006; Hudson & Levasseur, 2002; Hanlon et al., 2021; Brown & Bednar, 2006). Hudson and Levasseur’s (2002) research found that 70% of participants stated they needed more money to continue being foster parents. Low compensation also negatively affected how foster parents perceived they were valued by the organization, with limited funding leaving foster parents feeling devalued and unappreciated for the hard work they put in (Hudson & Levasseur, 2002).

However, authors including Leathers and colleagues (2019), Mullins-Geiger and colleagues (2013), and Brown (2008) did not detail the higher rates of pre-existing poverty among certain groups such as Indigenous foster parents (Brown et al., 2012), and single women (Mikkonen & Raphael, 2010). The literature suggests that the use of an intersectional lens (Hankivsky, 2014) is a gap in research. The use of an intersectional lens (Hankivsky, 2014) to consider how class, race, and gender converge to perpetuate income disparities could provide insight about how monetary strain impedes retention. Additionally, the literature did not specify the financial issues that may require the most attention, such as supplies or the increased cost of housing, food, or transportation.

Interestingly, MacGregor and colleagues (2006) found that 4 out of 9 groups of foster parents they interviewed felt they were fairly compensated. Though Hanlon and colleagues (2021) found discrepancies on whether a family's income affected retention, Brown (2008) found that foster families with higher income were associated with longer lengths of fostering and satisfaction. Foster families report further feeling this divide through limited funding which does not allow them to fully integrate the foster child into their family (Brown, 2008). Therefore, families with higher incomes may be more likely to feel satisfied with the funding due to not having as many financial constraints.

Many foster parents also reported not receiving enough respite (Hudson & Levasseur, 2002; Hanlon et al., 2021). However, the idea of accessing respite was in contention for some foster parents, as some believe it continues to further the gap between the biological family/children versus the foster children, while others see it as a needed break to spend time with their “own” family (Hudson & Levasseur, 2002).

According to Hanlon and colleagues (2021), more than 25% of home closures were due to issues with the child welfare agency, with their systematic review finding this as the top factor influencing retention. Some examples included a lack of a consistent worker assigned to the parents, not feeling supported and recognized, or feeling that the worker did not think they were competent (Brown, 2008; MacGregor et al., 2006). Foster parents felt distrusted by the system as it seemed that regulations and surveillance continue to increase without equivalent support services (Hudson & Levasseur, 2002). Other problematic issues with the agency were identified as feeling frustrated with the bureaucracy of the system and having issues and disagreements arise in which the foster parents didn’t feel heard or respected (Brown & Bednar, 2006).

Theoretical Perspectives on Foster Parent Retention

Some authors apply family systems theory to illustrate how effective communication between workers and foster parents could contribute to longer-term caregiving (Nesmith, 2020; Denlinger & Dorius, 2018). The purpose of family systems theory is to contextualize how the actions of foster families and child welfare workers influence each other's behaviour and emotions (Nesmith, 2020; Denlinger & Dorius, 2018). For example, communication such as a worker’s timely responses to messages, inclusion in decision-making, and checking in regularly can boost satisfaction and improve retention rates. Denlinger and Dorius (2018) focused on communication but relayed the perspectives of foster mothers. Interviewing foster fathers may have presented different perspectives, which could influence the results.

Some literature utilized ecological theory to analyze how appreciation for foster parents can contribute to stronger retention (Leffler & Ahn 2022; Piel et al., 2016). This theory suggests foster parents’ feelings are not only influenced by others, but describe how social, economic, and political contexts can shape their experiences and relationships with workers. The foster parents in these studies acknowledged the busy roles of workers, and how time constraints within child welfare can inhibit their ability to demonstrate gratitude. However, the research overlooked the larger systemic issues impacting child welfare workers such as government cuts to social spending, or less regard for helping professions and female-dominated fields among a variety of factors (Christen, 2018). By assessing political influences in more depth, the research may address some root causes of what prevents workers from devoting time to appreciate foster parents more consistently.

Research Questions

Considering the issues outlined in the empirical literature, this research study examines whether these issues are also factors in the retention of foster parents in the South Fraser Region in British Columbia. As such, the research questions are as follows:

1. What experiences contribute to foster parents leaving the service in the South Fraser region?
2. How can MCFD enhance foster parent retention in the South Fraser Region?

This research explores the experiences of foster parents in the South Fraser Region to understand the factors contributing to their retention in the service. Our study is important in the context of the increasing number of children entering care, which poses a challenge due to the decreased number of foster homes. The paper also highlights the relevance of foster parent retention for the well-being of children, families, and social workers.

Theoretical Framework

The theoretical framework that guided our research was ecological systems theory. This theory recognizes that foster parents are part of larger systems that have their own policies and regulations. These systems such as spouses, children, neighbours, other foster parents, and caseworkers, can influence the functioning of the foster family in beneficial and detrimental ways. Overall, the foster parent exists within the microsystem that is impacted by these larger systems (Leffler & Ahn, 2022).

Ecological systems theory guided the exploration of various structures that impact the functioning and well-being of foster families. Therefore, ecological systems theory is well-suited to analyze foster parent retention as it identified factors that impacted foster parents. It also provided a framework for understanding their experiences within larger social contexts. By utilizing this theory, researchers gained a deeper understanding of the complexities of foster care and the factors that contribute to foster parent retention.

The study’s findings will contribute to the existing knowledge of factors that influence foster parent retention and provide insights for MCFD to implement necessary changes to promote long-term caregiving. Ultimately, this study aims to enhance the well-being of vulnerable CYIC by improving their placement stability, reducing the number of breakdowns in foster homes, and enhancing retention.

Conceptual Framework

The conceptual framework for our research is centered on the best interests of the child which includes the child's safety, physical, emotional, cultural needs, and their views. MCFD is responsible for child protection services and oversees the entire child welfare system in the province. CYIC refers to children who are in care under MCFD due to safety concerns and need a temporary living arrangement. Foster parents are contracted by MCFD to provide temporary care for CYIC until they can be with reunified with their families or permanency is established. Guardianship workers collaborate with the child or youth, their family, and the foster parent to establish a care plan that meets the child's needs. Resource workers manage, maintain, and support MCFD-approved child and youth living resources, and they will also be referred to as social workers in this context. The overall goal of the child welfare system is to ensure the safety and well-being of children and provide a stable and nurturing living environment that supports their growth and development.

The conceptual framework for this study is based on the ecological systems theory which posits that individuals are influenced by multiple systems that interact with one another (Leffler & Ahn, 2022). In this study, the CYIC is the central focus, and the foster parent, MCFD, and community supports are seen as the different systems that influence the child's well-being.

It is important to note that participants used the term "social worker" to refer to their resource worker, child protection worker and guardianship worker under MCFD interchangeably.

Methodology

Sampling and Recruitment

Our research study utilized purposive, non-probability sampling techniques. Purposive sampling is non-probability sampling in which units are selected because they have characteristics that are needed for the sample. In other words, units were selected "on purpose" or "for a purpose" in purposive sampling. The student researchers used purposive sampling techniques due to the necessity of selecting a sample population that would effectively share insights and further knowledge in exploring and understanding participants experiences. The benefit of this method is that it is easy to access but consequently it increases sampling bias. The student researchers utilized non-probability sampling as there was no available list of foster parents who have left the South Fraser Region from which to draw a random sample from. This research acquired approval from MCFD Research Ethics and UBC Ethics Review.

The recruitment plan involved contacting the Fraser Valley Foster Parents Association (FVFPA) representative to circulate a recruitment poster. The representative from the FVFPA shared the poster in their monthly newsletter through a mass email, through their closed Facebook group page twice, and in a stand-alone email to their contact list which participants consented to be on. The rationale behind including FVFPA to facilitate contact is because they are a separate organization from MCFD. Therefore, MCFD does not oversee any communication from FVFPA sent to its members which supports confidentiality. Another purpose of the FVFPA facilitating contact was to limit any coercion that may have been interpreted if MCFD were to contact participants directly to participate in the study.

Inclusion criteria required participants to have been a foster parent within the last five years and had at least one placement for a minimum of six months to ensure they have more extensive experience fostering. Their homes must have closed for reasons unknown to MCFD to understand what steps MCFD could have taken to prevent foster home breakdown. For example, they are excluded if the home closed due to adoption, protocol investigation due to a child protection concern, or if the foster parents shared their reasons for leaving MCFD. They must have completed the screening, recruitment, and Parent Resource for Information, Development and Education (PRIDE) training process. Participants who did not fulfill the criteria as outlined were excluded from the research.

Data Collection

Semi-structured, virtual interviews of 45 to 60 minutes in duration were completed for five interviews. We asked six demographic questions to gather the length of time fostering, the volume of placements, the ages of the children fostered, and if the children had any complex needs. Interviews consisted of open-ended questions (Appendix A) designed to allow the participant a full opportunity to express their experiences with foster parent recruitment and retention.

Method of Analysis

Qualitative research methods were chosen for this study as it allowed for the expression of experiences and lived realities of foster parenting. This method reflected the voices of the participants and helped the student researchers consider that the process of data gathering included interpretation by the student researchers based on their existing knowledge and experiences. The research utilized an exploratory approach as there had not been a substantial body of research completed on the topic within the South Fraser region.

To conduct initial coding, the student researchers used descriptive coding. With descriptive coding, the student researchers first reviewed the data to understand the content and identify the initial codes by assigning one to three words per code to the selected passage or text. Once the initial coding was completed on all transcripts, student researchers went through the data again going line by line and expanded on the descriptive coding. This approach generated codes that reflected the content of the text which we then began to thematically organize.

The student researchers engaged in a discussion to address any discrepancies in their coding and ultimately arrived at a consensus about the codes to generate themes. Throughout this process, the student researchers used thematic analysis. Conducting a thematic analysis helped the student researchers to identify common themes, topics, ideas, and patterns (Braun & Clarke, 2006). This process helped to ensure that the themes were accurate and consistent based on the researchers' shared perceptions. This allowed us to learn from the participants' experiences and participants were seen as the experts rather than imposing their own understandings and thoughts.

Findings

Sample Description

Of the five interviews completed, 2 of the participants were from single-parent homes and 3 of the participants were from two-parent homes. The participants fostered between 4 – 26 years, with the median time fostering being 11.2 years. Not all participants were able to recall the exact number of CYIC fostered through MCFD, however, it ranged from 2 to 1300 children. The respondent who had up to 1300 children did emergency care but also stated that it was around 80-100 children which were long-term placements. The ages of CYIC ranged from 6 months – 19 years old. All foster homes except one had sibling placements. Every participant stated that the children they fostered all had complex needs. Some of the complex needs encompassed complex PTSD, trauma, as well as cognitive, mental, emotional, and behavioral needs, among others.

Key Themes

Through conducting a thematic analysis (Braun & Clarke, 2006), four key themes emerged. This included retention of foster parents, relationship with agency: strengths, relationship with agency: deficits and changes needed. These themes will be further examined to provide insights into participants' experiences and how to improve MCFD service delivery and retention.

Retention of Foster Parents. The first theme that emerged is the retention of foster parents. This theme uncovered three subthemes including motivations to foster, positive qualities of foster parents, and "forever home."

Motivations to Foster. Participants identified various reasons behind their decision to care for CYIC. Among the disclosed motivations were a desire to assist families in crisis, not having children of their own, a wish to expand their family, already having financial stability to care for children, a desire to give back to the community, or a personal history of difficulties growing up. One participant shared "my motivation for fostering was to be a part of the support network for families and children in crisis, and specifically to provide a safe, nurturing, and therapeutic space for children as their families went through whatever crisis." Having these motivations met contributed to retention among foster parents.

Positive Characteristics of Foster Parents. Positive characteristics refer to the strengths and qualities of the individual foster parent that contributed to retention.

Some of these traits consisted of dedication to supporting CYIC despite agency dysfunction, dedication to providing a fun experience for children, and treating the CYIC as they would their own children. To support this notion, one participant discussed; “if you came to my home, you’d be hard-pressed to find a child – which one was mine and which one belonged to somebody else. And that’s what I was told as a foster parent was how to raise them. And that’s what I did.” The strengths of foster parents prevailed for some time, but eventually, the agency's dysfunction ultimately became too much to bear leading to their exit from fostering.

Forever Home. The subtheme of a “Forever Home” emerged throughout participants sharing their experiences. This refers to CYIC being a part of their family extending beyond the child's time living at their home. Participants mentioned continuing the relationship even as the CYIC became an adult and started their own family. To illustrate, one participant recalled,

> We have some pretty cool, extended families that we still connect with, and kids that we still see, that are in different homes, and have more siblings and we run into bio parents on the street and say, Hi! And help them out with whatever they may need at that point.

Another aspect of “Forever Home” also includes the joy and excitement of being a part of the CYIC’s first experiences. One participant shared this concept when talking about the CYIC’s first trip that a CYIC got to go on. They stated “oh yes, it was about all the ‘firsts’…. but they were all firsts. This sort of thing. There's nothing better than that. It doesn't matter what we do. There's nothing better than the rewards.” These experiences highlighted the meaningful and committed relationships that were cultivated with the CYIC throughout the fostering experience.

Relationship with Agency: Strengths. Despite the challenges that many participants faced while fostering with MCFD, participants were able to identify several strengths within MCFD which included positive relationships with their social workers, system navigation, and resource support.

Characteristics of a Positive Social Work Experience. Participants identified various positive qualities that they valued in their social workers which included good communication, transparency, follow-through, respect, and inclusion as a member of the team. This was illustrated by one participant who said, “my resource worker was amazing, and she helped me navigate the difficulties of the system and become comfortable with the balance of me achieving my goal and understanding the systemic limits as well.”

Trust and collaboration were two main characteristics highly valued by the participants. The importance of building trusting relationships was highlighted by one participant who said, “trust builds the relationship between the foster parent and the social workers”, while another participant was grateful for their resource worker “bringing a team together collaboratively and still staying within systemic guidelines and finding success with reunification and intervention.”

System Navigation. System navigation refers to the social worker helping the foster parent digest the policies, procedures, and understand the complex systems within MCFD. For example, it was stated “my [resource worker] did a really, really good job of translating system speak for me. And translating foster parents speak to social workers, and she did a really great job of bringing us together in the beginning.” System navigation is a critical part of helping foster parents feel prepared and understand the expectations and rules of MCFD, so that positive relationships and good communication can be built and maintained.

Resource Support. Participants spoke about resources and services offered through MCFD which included support groups, trainings, and receiving support which helped prepare them to begin their fostering journey. Regarding the training provided by MCFD, one participant shared, “there was so much training, so much logical, psychological, trauma-informed training.” When participants were asked if they felt prepared to foster, one replied “I can't think of anything that anybody could have done to have us be more prepared.”

Relationship with Agency: Deficits. A major theme that emerged was the relationship with Agency – Deficits. This refers to MCFD’s shortfalls within the system. The subthemes that emerged from this theme included systemic issues within MCFD, punitive issues, lack of recognition and respect, lack of trust and resource support.

Systemic Issues. Systemic issues within MCFD were a major contribution to foster home breakdown. High staff turnover, burnout, and overcapacity among social workers led to communication issues, hindered positive relationship-building, and resulted in ineffective support for CYIC. One participant stated "when you have 7, 8, 9 social workers, there is no follow through, there is no follow-up because you don't know what's happening. One of the guardianship workers that was attached to my child quit. No one told me, and then I couldn't get a hold of her." Another participant stated, "at some point, someone's got to stop putting a band-aid on a hemorrhage" when referring to MCFD's continuously changing workers.

Participants also brought up multiple examples of polices and rules being inconsistently followed, which included infrequent home visits. However, foster parents were able to recognize that it was often not the fault of the individual worker but rather due to the systemic dysfunction with one participant stating, "it's untenable for them to visit our home because you can't visit 60, the homes of 60 children, and do the kind of work that you need to do."

Many participants spoke about the fundamental issues within MCFD which resulted in foster parents viewing MCFD as a dysfunctional agency. One participant described their experience by saying "the left hand doesn't know what the right hand is doing." Others felt that MCFD had no intention of changing and that the agency will continue to uphold outdated and unfair practices. For example, one participant shared, "In 11 years, it never once changed; never changed. [It is] never going to change, because they don't want to hear [it]."

Punitive Systems. When discussing their experience with MCFD, participants often described it as a "punitive, kind of splintered" system. Participants felt criticized and punished if they reached out for help, or if they did not follow MCFD's requests despite these expectations often being outside of the foster parents' responsibilities. If participants took initiative after their needs were not responded to, they may have encountered criticism or punitive measures despite attempting to check in with their social worker.

Negative relationships with MCFD workers led to many participants reporting feeling criticized, unheard, and judged with one participant recalling times in which they were "shamed in front of the children – [which] had happened multiple times". Fostering in a punitive system led to some participants getting unjustly disciplined or accused of wrongdoing without the opportunity to fully understand what happened or having the opportunity to defend their actions. The politics and bureaucracy within the agency distracted from providing the best care for CYIC with one participant stating "it was not about the children a lot of times. A lot of times it was about the relationship between the social worker, the resource worker and myself, the caregiver."

Lack of Recognition and Respect. All participants discussed how a lack of recognition and respect negatively impacted their relationship and retention with MCFD. This subtheme encompassed many aspects including not being valued and experiencing a lack of transparency, professionalism, and compensation from MCFD. Participants described how their time and schedules were often overlooked, and they were not considered professionals or important members of the team. For some, the lack of respect led to them ultimately leaving with one participant saying, "I wasn't valued, so why would I do it anymore?"

Lack of professionalism was an area of major concern, which included social workers not conducting themselves in a respectful manner. Participants reported social workers using derogatory language towards them, with one saying social workers "speak horribly to [foster parents] in front of them" while another recalled a time a resource worker told the participant "most of our social workers just see you guys as welfare recipients."

Participants expressed concern around MCFD not being transparent about "what they do and why they do it" as well as withholding information about a child's diagnosis, complex needs, and other critical information a foster parent needs to know so they can best support the CYIC. One participant summed up their overall experience by saying "it has never, ever been the children that have annoyed me. It's always been the professionals. So lack of transparency, lack of follow through, lack of them just doing what's in the best interest of the children, lack of them doing that in a timely fashion."

Despite all the training, dedication, and time foster parents put into CYIC, participants shared they did not receive adequate funding for the care and supplies they were required to provide with one participant stating that their foster child "straight up, cost me more than I was getting reimbursed". Participants wanted the compensation to match their level of expertise which was illustrated by one participant sharing, "pay them for their education, pay them for their knowledge, pay them for the skills." Others brought up the fact that if they provided the CYIC with access to sports, recreational activities or if they joined a family vacation, MCFD "paid for none of that".

Lack of Trust. Lack of trust between the social worker and foster parent was another prominent issue experienced by the participants. Participants reported that despite their efforts and hard work, they were treated poorly in the documentation and throughout workers' conversations within the agency. One participant revealed when the trust was broken by stating, "we did a freedom of information request and got our file. We found that the relationship that we thought we had with our team is not, in fact, the way that we were being portrayed and talked about within the office".

Lack of trust also referred to the social worker sharing information with biological parents that the foster parent had told them in confidence. One participant stated that after disclosing some problems that were arising in the home, the social worker told the biological parent. This resulted in the participant being put in an uncomfortable situation, in which the social worker "create[d] friction" when they should have instead been a source of support. Others spoke about how a lack of trust and "fear of the system" led to social workers automatically and at times unjustly siding with CYIC, while not taking into consideration the participant's perspective and rationale for the choices they made.

Lack of Resource Support. Participants shared how the lack of effective resource support prevented them from ensuring proper care of CYIC in their homes. Participants also reported that poor access to resources such as recreational activities, uncertainties about who to contact, and insufficient crisis intervention responses contributed to low retention. Participants became defeated by the lack of support and mixed messages about the availability with one participant stating, "there's no support available, or the support worker has a long wait list."

Although there were times when participants acknowledged being offered resources and support from social workers, many recalled having to find and initiate it themselves, as it was inconsistently offered. This was illustrated by one participant stating, "any training I got was because I went out to get it." Because of the insufficient help, some participants had to go above MCFD to receive services to help CYIC get the support they needed. One participant spoke about their frustration around this issue by stating "we should not have to reach out to various arms of government to get kids in care things that they were promised."

Changes Needed. This theme encompassed the adjustments required to improve foster parent retention rates. The subthemes included MCFD accountability, implementation of proactive and preventative approaches, collaboration and supportive relationships with social workers.

MCFD Accountability. Accountability referred to MCFD re-examining various policies, approaches, and ensure they are being adhered to. Participants shared how MCFD needs to take responsibility for certain communication or organizational issues that occur, rather than blaming or criticizing the foster parents. One participant stated, "I think that they could standardize the practices that are happening and follow the policies and procedures that they have in place and not let social workers pick and choose which policies they want to follow."

Other participants corroborated that there are inconsistencies in social workers following policies and procedures. Another participant stated "if you have this worker, these are your policies that you follow. But if you have this worker, these are your policies. So, I think that having standardized policies and having those policies followed would be good." Participants spoke at length about the need to have MCFD practices standardized without deviation or interpretation by social workers to improve outcomes for CYIC. This would help ensure that social work practice is structured, consistent, and predictable for the clients they serve.

Implement a Proactive and Preventative Approach. Participants described how providing preventative measures for children and foster families to avoid placement breakdowns would be helpful for retention. Ensuring that services such as therapy, adequate funding, consistent home visits, response times, and effective communication and organizational skills could contribute to stronger retention. One participant stated, "the more money you put into prevention, the less money you have to spend in post-vention, they know that they're choosing not to do it." Intervening with preventative resources can potentially limit the need for more costly interventions later on.

Participants emphasized the need to work with the families as a unit to prevent children from coming into care. One participant stated "go work with the families. Teach them how to be parents. Teach them what they need to know. But don't make it our fault that these kids come into care, and they have all these challenges and now they're not successful. There's no independence here". This approach can help families address any issues before they escalate and prevent children from entering care in the first place. By working with families, MCFD can help to promote independence and success for children rather than perpetuating a cycle of dependence on the child welfare system.

Participants emphasized the importance of enacting resources to promote the best interest of the child as a proactive, preventative measure. One participant stated, "it consistently amazes me how best practice is rarely a thing that happens for kids." Other participants corroborated that CYIC have outstanding needs that need to be addressed as they deserve better support and care which is often overlooked. They also described how allocating budgets for assessments, counselling, transportation, and providing accurate information about the child and support for when they age out of care are all pivotal to ensuring the success of children and retention of foster parents. One participant stated "those assessments should all happen without having to ask for them. Because how do we support kids If we don't know the support, they need."

Participants acknowledged the challenging roles of social workers, biological parents, children, and themselves and the need for supportive resources for everyone, not just foster parents. One participant stated, "there needs to be a peer support group for everyone who's part of the team". Participants also suggested implementing services such as support groups for foster parents, reliable access to therapy and recreation for CYIC, counselling, and resources for biological parents to help with reunification.

Collaboration & Supportive Relationships with Social Workers. Participants described the need to work as a team where they are treated as professionals and their perspectives are also included and valued. Open communication, transparency, respect, clarifying and explaining terms and policies, and the ability to be vulnerable without appearing incompetent is a key consideration in promoting retention. One participant stated, "I think it's got to come to a level where you and I, you involved in social work and me involved in foster parenting, should be able to see eye to eye and be able to talk at the same level". This participant along with others stressed the importance of effective communication to create a mutual understanding to achieve a common goal of the children's safety. Another participant acknowledged the need for openness and vulnerability to build strong working relationships. In practice, this may look like "a mixture of players on the team being able to be open and vulnerable, so that you can build good relationships". As described, when the team can be open and vulnerable with each other, it can enhance effective teamwork, casework, and better decision-making.

Discussion

The interpretations of our findings suggest that although foster parents have honourable motivations and care deeply about the children, their relationship with the agency, workers and the desired changes that have not been addressed contributed to them leaving the system. This was consistent with previous research (Hanlon et al., 2021; Hudson & Levasseur, 2002) which found that the positive characteristics of foster parents and positive experiences with social workers prevailed to an extent, but ultimately the system deficits and agency dysfunction led to the decision to end fostering.

From an ecological perspective (Leffler & Ahn, 2022), the findings illustrating how foster parents are influenced by the systems surrounding them such as MCFD, social workers, and external resources. The ways in which these systems impact foster parents can contribute to their retention. Establishing positive relationships with workers, accessing support services for both foster parents and children can contribute to long-term fostering.

Foster parents raised the importance of receiving accurate information about the CYIC and any complex needs they may have. The participants emphasized that without ensuring that CYIC have the proper assessments, there will be uncertainties about how to support the CYIC which can lead to stress and impede retention. Brown (2008), Brown and Rodger (2009) also asserted how the need for assessments and accurate diagnoses were necessary to uphold the needs of CYIC. There is a strong need for child welfare agencies to ensure that assessments for complex needs are conducted and information is shared with the foster parents so the CYIC can be supported effectively.

One unexpected finding was that many of the participants stated they would foster again despite the challenges and negative experiences they had with MCFD. However, participants stated that to foster with MCFD again they would need proper support and would need social workers to treat them better by giving more respect, quicker and more consistent communication, and transparency around decisions. This is consistent with Brown's (2008) and MacGregor and colleagues' (2006) results which found that foster parents need a strong relationship with the agency to continue fostering, including trust, communication, and emotional support. Some participants stated they would also now advocate for their needs instead of blindly following all expectations.

Through conducting the research, we were alarmed by how common it was for policies to be inconsistently followed by workers. Although our study included five participants, the estimated 1,338 individual foster care placements suggest notable findings. It is important to note how mandatory home visits are not conducted as frequently as they are required. According to MCFD Resource Policies – Chapter 8, regular monitoring of caregivers and the foster home is essential to ensuring the safety and well-being of CYIC (MCFD, 2023). A monitoring plan includes regular contact by phone, email, and in-person visits, as mandated by MCFD (MCFD, 2023). This can help to ensure that caregivers are providing the necessary care and support to the children in their care and that any concerns that arise are addressed promptly. By failing to conduct mandatory home visits as required, social workers may be missing important opportunities to monitor and support caregivers and to ensure the safety and well-being of CYIC.

It was concerning to learn how foster parents frequently experience distrust from social workers. For example, foster parents reporting that the social worker automatically sided with the CYIC without considering the perspective of the foster parent contributed to a breakdown of trust. These findings were similar to MacGregor et al., (2006) whose research noted a bidirectional lack of trust between both worker and foster parent which ultimately led to foster home breakdown.

An important finding was that participants extended beyond their role to provide CYIC with experiences such as vacations and activities. Participants described the difficulty of providing CYIC with their basic needs with the allotted funding. For participants to fully integrate children into their homes, they had to pay out of pocket for these experiences. This speaks to the inequity if they are lower income but would like to provide these experiences.

In our research, compensation did not arise as a significant reason for foster parents leaving MCFD, in contrast to Baer and Diehl (2019), Brown (2008) and MacGregor and colleagues (2006). However, our research found that the relationship with the social workers, the punitive system, and agency dysfunction ended up being more of a significant concern in retention. When a lack of compensation was brought up by participants, it was framed in the context of not being valued or seen as professionals, as participants felt they were unfairly paid for their expertise, knowledge, and commitment to their CYIC.

Surprisingly, participants in our research did not bring up respite relief or talk about it in the context of changes needed to MCFD's policies and practices. This is in contrast with other studies such as Brown (2008), Brown & Rodger (2009) and MacGregor et al. (2006) which cited respite relief as something foster parents were requesting and needing for higher retention rates.

Limitations

Our research is limited in its ability to be generalized due to three factors which are 1) insufficient sample size, 2) sampling selection bias, and 3) errors in recall.

The first limitation of the research is the insufficient sample size due to only having five participants. Because of this, the findings cannot be generalized or representative of the entire foster parent population or even to the entire MCFD foster parent population.

The second limitation is sampling selection bias as participants were able to choose whether they wanted to participate in the study. This can limit the external validity of our study because it could potentially lead to a biased sample of foster parents who may have strong perspectives about foster parent recruitment and retention. In turn, this could lead to biased results which do not reflect the general foster parent population.

The third limitation is that participants may have errors in recall which can impact the accuracy of their responses and the themes that were identified. The student researchers used semi-structured interviews to use prompts which may have helped participants to understand and recall their experiences as foster parents. Nevertheless, the risk of recall cannot be mitigated entirely and therefore the findings cannot be represented as entirely factual.

Despite encountering limitations, the response rate of participants exceeded initial expectations. These challenges prompted the formulation of recommendations and implications for future practice.

Implications for Policy and Practice

Throughout our research, the characteristics of a social worker were brought up as a contributing factor for retention. To implement this in practice, it may be beneficial for employees to complete workshops that detail how important these traits are. Secondly, prioritizing more diligent oversight on behalf of management to ensure that these qualities are being demonstrated could ensure consistency and promote retention. Creating opportunities where foster parents can provide feedback to management about their interactions with social workers could help evaluate performance and areas for development. Instituting these suggestions could demonstrate that social workers are being supportive.

Another implication for practice includes establishing transparency and diligence from social workers when placing CYIC with complex needs with foster parents. Foster parents felt underprepared for caring for CYIC with severe trauma and varying cognitive and behavioural needs because assessments were either withheld or not completed. Participants expressed how dishonesty or incompetency on behalf of social workers contributed to them leaving. Therefore, enacting a regulation that requires therapeutic assessments, detailed information sharing about complex needs, appropriate matching, training, and resource support for foster parents to accommodate these needs is crucial to preventing placement breakdown.

A key policy recommendation involves the inclusion of foster parents as members of the team in a professional capacity, rather than treating them as only care providers. Seeking and implementing their input for decisions related to the child's care plan would help maintain retention. This could include inviting foster parents to meetings and regular communication initiated by the social worker about any updates in the home. Clarifying their inclusion in meetings within the foster parents' contract would be helpful. In addition, considering the foster parents' perspectives rather than automatically siding with CYIC's views in times of conflict would be appreciated. In practice, this could be achieved by social workers receiving conflict resolution training, and seriously listening and considering the perspectives of foster parents.

Ensuring that children, biological parents, foster parents, and social workers have access to support such as counselling and peer groups can help improve retention. Participants recalled how they had to initiate resource navigation, or social workers were either misinformed or untruthful about waitlists for therapeutic services. MCFD needs to allocate resources to provide therapy for biological parents, foster parents, and children both during and after their placement in foster care. In addition, reducing strenuous caseloads and creating support groups for social workers so they are not extended beyond their capacity could also contribute to effective working relationships.

A final policy recommendation includes ensuring social workers are following policies consistently. Therefore, requiring workers to regularly review, sign off on policies, and ensure they are being adhered to can improve cohesion. Having workers share and explain policies would help the foster parents understand the services they are entitled to, and the procedures workers are required to uphold. Social workers must take responsibility for ensuring that foster parents are informed about mandatory timelines for home visits, as well as their rights under the prudent parenting guidelines (MCFD, 2013), which may include allowing CYIC to participate in social activities as determined by foster parents' judgement. It is critical for workers to respect the rights of foster parents who are following the guidelines set forth by MCFD, rather than interfering with the foster parents' decisions.

Future Recommendations for Research

One of the largest gaps we encountered while completing our literature review was a lack of research conducted locally in the South Fraser Region as well as British Columbia. In turn, it was difficult to explore research on foster parents' experiences specifically with MCFD. Research on this topic was often from the United States and other countries. When Canadian research was reviewed, the vast majority originated from Ontario's child welfare system which is different from British Columbia's. Therefore, funding further research including a significant sample size of foster parents and their experience with MCFD would help to better understand factors contributing to retention.

To prevent foster home breakdowns, having research conducted with current foster parents to assess needs could be useful to avoid more foster parents leaving MCFD. During our recruitment phase, we were contacted by current foster parents who requested to join the study. It is important to include current foster parents' perspectives. This could act as a preventative, proactive approach to maintaining retention.

An area of focus for research could also build upon the specific supports prioritized by foster parents. Participants in our study talked about support in more general terms. It would be helpful to conduct research that aims to discover the most pertinent needs among foster parents. This could be peer support groups, resource navigation, relief care, transportation assistance, therapy for children, or higher compensation.

Conclusion

Our research aimed to address two key questions 1) What experiences contribute to foster parents leaving the service in the South Fraser Region, and 2) How MCFD can enhance foster parent retention in the South Fraser Region. Through our research, it was determined that positive relationships with social workers, recognition and respect, addressing systemic issues, and implementing necessary changes to the system are key factors that would enhance foster parent retention.

Although foster parents have similar motivations, having these motivations unmet or their efforts going unappreciated contributes to the rapidly decreasing rates of foster parents. Our exploratory research was guided by ecological systems theory. This allowed us to explore how foster parents were influenced by systems at the micro, mezzo, and macro levels and see how these factors contribute to retention.

Addressing systemic issues, such as lack of communication and inconsistent policies, is also essential to promote foster parent retention. By implementing changes to the child welfare system, such as providing proper training and support to social workers, foster parents can be better equipped to provide stable and nurturing homes for CYIC. While foster parents have similar motivations for providing care, such as a desire to make a positive impact on CYIC's lives, their efforts can go unappreciated if their needs are not met or they feel unsupported. Overall, the success of the foster care system depends on the collaboration and partnership between foster parents and child welfare agencies to ensure the best interests of CYIC are prioritized.

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References

Ahn H., Greeno J., Bright L., Hartzel S., & Reiman S. (2017). A survival analysis of the length of foster parenting duration and implications for recruitment and retention of foster parents. *Children and Youth Services Review*, *79*, 478–484. https://doi.org/10.1016/j.childyouth.2017.06.069

Baer, L., & Diehl, D.K. (2019). Foster care for teenagers: Motivators, barriers, and strategies to overcome barriers. *Children and Youth Services Review*, *103*(2), 264-277. https://doi.org/10.1016/j.childyouth.2019.06.004

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brown, J. (2008). Foster parents' perceptions of factors needed for successful foster placements. Journal of *Child and Family Studies*, *17*(4), 538-554. https://doi.org/10.1007/s10826- 007-9172z

Brown, J. and Bednar, L. (2006). Foster parent perceptions of placement break- down. *Children and Youth Services Review*, *28*(12), 1497-511. doi:10.1016/j.childyouth.2006.03.004

Brown, J., & Rodger, S. (2009). Children with disabilities: Problems faced by foster parents. *Children and Youth Services Review*, *31*(1), 40-46. https://doi.org/10.1016/j.childyouth.2008.05.007

Brown, J.D., Gerritts, J., Ivanova, V., Mehta, N., & Skrodzki, D. (2012). Motives of aboriginal foster parents. *Children and Youth Services Review*, *34*(7), 1298-1304. https://doi.org/10.1016/j.childyouth.2012.03.004

Child, Family and Community Services Act. (2023). (Victoria). https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96046_0

Canadian Association of Social Workers. (2005). Code of Ethics. https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96046_01#section4

Christen, J. (2018). Devaluation of Feminized Work. *Gender and Sexuality Studies Student Work Collection*, *28*. https://digitalcommons.tacoma.uw.edu/cgi/viewcontent.cgi?article=1032&context=gender_studies

Crum, W. (2010). Foster parent parenting characteristics that lead to increased placement stability or disruption. *Child and Youth Service Review 32*(2), 185-190. https://doi:10.1016/j.childyouth.2009.08.022

Denlinger, M., & Dorius, C. (2018). Communication patterns between foster parents and case managers. *Children and Youth Service Review*, *89*, 329-339. https://doi.org/10.1016/j.childyouth.2018.04.034

Gibbs, D., & Wildfire, J. (2007). Length of service for foster parents: Using administrative data to understand retention. *Child and Youth Services Review*, *29*(5), 588–599. https://doi:10.1016/j.childyouth.2006.11.002

Government of British Columbia. (2021). Children and

Youth in Care. Retrieved from https://mcfd.gov.bc.ca/reporting/services/child-protection/permanency-for-children-and-youth/performance-indicators/children-in-care

Government of British Columbia. (n.d). *Overview of MCFD Social Worker Opportunities*. Retrieved from https://www2.gov.bc.ca/assets/gov/careers/for-job-seekers/current-bc-government-job-postings/featured-careers/social_worker_roles.pdf

Hankivsky, O. (2014). *Intersectionality 101.* Institute for Intersectionality Research and Policy. Retrieved from https://resources.equityinitiative.org/handleei/433

Hanlon, R., Simon, J., Day, A., Vanderwill, L., Kim, J., & Dallimore, E. (2021). *Systematic Review of Factors Affecting Foster Parent Retention*. *Families in Society*, *102*(3), 285-299. https://doi.org/10.1177/1044389420970034

Hudson, P., & Levasseur, K. (2002). Supporting foster parents: caring voices. *Child Welfare League of America*, *81*(6), 853–877.

Leffler, K., & Ahn, H. (2022). Foster Parent Perspectives and Experiences with Public Child Welfare. *Journal of Public Child Welfare*, *16*(2), 233-248. https://doi.org/10.1080/15548732.2021.1874592

MacGregor, T. E., Rodger, S., Cummings, A. L., & Leschied, A. W. (2006). The needs of foster parents: A qualitative study of motivation, support, and retention. *Qualitative Social Work: QSW: Research and Practice*, *5*(3), 351-368. https://doi.org/10.1177/1473325006067365

Ministry of Children and Family Development. (2013). Foster Family Handbook (5th ed.). Retrieved from https://www2.gov.bc.ca/assets/gov/family-and-social-supports/fosterparenting/foster_family_handbook.pdf

Ministry of Children and Family Development. (2023). *Glossary*. https://mcfd.gov.bc.ca/reporting/glossary#C

Ministry of Children and Family Development. (2023). Resource Work Policies- Chapter 8-gov. https://www2.gov.bc.ca/assets/gov/family-and-social-supports/foster-parenting/resource_work_policies.pdf

Mikkonen, J., & Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts.* Toronto: York University School of Health Policy and Management. Retrieved from https://thecanadian_facts.org/thecanadian_facts.pdf

Mullins-Geiger, J., Hayes, M.J., & Lietz, C. (2013). Should I stay or should I go? A mixed methods study examining the factors influencing foster parents' decisions to continue or discontinue providing foster care. *Children and Youth Service Review*, *35*(9), 1356-1365. https://doi.org/10.1016/j.childyouth.2013.05.003

Nesmith, A. (2020). False allegations and caseworker conflict: Stressors among long-term foster parents. *Children and Youth Services Review*, *118*, 1-8. https://doi.org/10.1016/j.childyouth.2020.105435

Piel, M.H., Geiger. J.M., Julien-Chinn, F.J., & Lietz, C.A. (2016). An ecological system approach to understanding social support in foster family resilience. *Child and Family Social Work*, *22*(2), 1034-1043. https://doi.org/10.1111/cfs.12323

Key Terms

Best Interests of a Child: "All relevant factors must be considered in determining the child's best interests, including for example:

(a) The child's safety;
(b) The child's physical and emotional needs and level of development
(c) The importance of continuity in the child's care;
(d) The quality of the relationship the child has with a parent or other person and the effect of maintaining that relationship;
(e) The child's cultural, racial, linguistic and religious heritage;
(f) The child's views;
(g) The effect on the child if there is a delay in making a decision

(2) If the child is an indigenous child, in addition to the relevant factors that must be considered under subsection (1), the following factors must be considered in determining the child's best interests:

(a) The importance of the child being able to learn about and practice the child's indigenous traditions, customs and language;
(b) The importance of the child belonging to the child's indigenous community.

Refers to ensuring the child's views, safety, physical, and emotional and cultural needs are met" (Child Family Community Service Act, 2023, p. 9).

Child and Youth in Care (CYIC): "These are children and youth are under the guardianship of the provincial director of child welfare" (Ministry of Children and Family Development, 2023, p. 1).

Foster Parent: "Foster parents give needed care, safety and stability to children and youth who are unable to live with their own families" (Ministry of Children and Family Development, 2023, p. 1).

Guardianship Social Worker: "Are responsible for the day-to-day guardianship decisions for a child throughout a child's stay in care. Guardianship social workers work with the child or youth, their family (when appropriate) and the foster home care provider to develop a plan of care" (Government of British Columbia, n.d., p. 1).

The Ministry of Children and Family Development (MCFD): "MCFD's primary focus is to support all children and youth in British Columbia to live in safe, healthy and nurturing families and be strongly connected to their communities and culture" (Ministry of Children and Family Development, 2023, p.2).

Resource Social Worker: "Recruit, develop and maintain a range of options for children's placement in care. Frequently these resources are identified as foster homes, group homes and specialized/staffed residential placements. Resource workers work in collaboration with child protection social workers when a placement is required to meet the individual needs of the child in care" (Government of British Columbia, n.d., p. 1).

Appendix A Questions - Interview

THE UNIVERSITY OF BRITISH COLUMBIA
School of Social Work
Vancouver Campus

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Demographic questions:

Thank you for agreeing to take part in our study. We would like to explore some of the reasons why foster parents have left the system in the last five years to help improve rates of long-term caregiving, and to ensure foster parents are supported. The questions we will ask you today are ones that we will ask every foster parent who chooses to take part in our study. First, we would appreciate if you could tell us a bit about your time as a foster parent. For example:

- Were you fostering as a single or two-parent home?
- Did you have any children of your own at the time?
    - Ages of the children?
- How long did you foster for?
- How many children did you foster?
    - Ages
    - Were any of the placements siblings?
    - Did any of the children have complex needs?

Semi-structured open-ended Interview Questions:

Thank you. We'd now like to ask some more specific questions about your preparation for and experience fostering.

1. How was your overall satisfaction with the recruitment and application process?
2. Did you feel prepared for fostering after this process?
3. What were your motivations and expectations going into fostering, and were these met?
4. Were you offered support or training by MCFD after you started fostering?
a. Did you engage in this support?
b. If not, why?
c. What kind of support did you access, if any?
d. What support would have improved your experience, if any?
5. What was your relationship like with the MCFD workers, and other professionals and agencies involved with the foster children? (MCFD, education, health, mental health, behavioural, contact services).
a. What went well in the relationship?
b. Was there anything that was challenging?
6. What were your main reasons for leaving fostering?
7. What could MCFD do to increase the number of foster parents and support them to be foster parents for longer?
8. What were the positives in your fostering experience?
9. Is there anything else you would like to share with us before we conclude our meeting?

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RESEARCH AND EVALUATION IN

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Promising Interventions for Children with Suspected or Confirmed Fetal Alcohol Spectrum Disorder (FASD)

Abaya, A., DeJonge, B. & Rogachyova, N.

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Abstract

Fetal Alcohol Spectrum Disorder (FASD) is a lifelong disability that affects the brain and body of people who were exposed to alcohol in the womb. FASD is prevalent in 4% of the population in Canada and makes up a disproportionate number of children in need of Ministry of Children and Family Development (MCFD) assistance in British Columbia (BC). People with FASD have unique strengths and challenges and require community and family support to maintain wellbeing. As such, MCFD anticipates expanding its services to reach more children and youth with FASD and requires information about best practices for supporting this population. The Ministry of Children & Family Development is looking to learn more about programs and practices for supporting children ages 3-12 with suspected or confirmed FASD to contribute to a collection of evidence-based interventions designed to support practitioners in delivering services to this population. This research aims to answer the question: What non-FASD-specific community-based programs and approaches have clinicians been finding promising for use with children with confirmed or suspected FASD? This exploratory study used online focus groups and interviews with professionals working with children and families with suspected and confirmed FASD to collate their thoughts on promising programs, approaches, and interventions. MCFD clinicians, community workers, and a researcher were recruited and asked semi-structured questions to better understand the practices and approaches they find promising for use with children with FASD. To this extent, 4 interviews and 1 focus group consisting of 3 participants were completed over Zoom. These interviews were transcribed, and a thematic analysis was completed. Three main themes were identified in the analysis.The first is understanding behaviours.Understanding behaviours entails increasing awareness, education, and training around the behavioural issues that arise for children with FASD. These include learning about developmentally appropriate interventions, acknowledging trauma, communication support, and consistent behavioural expectations. The second is creating spaces of inclusion. This means creating a physical, virtual, or metaphorical space where youth, parents, and service providers are able to connect with each other and people with similar backgrounds to socialize, play with, and meet without the fear of judgment or stigma. Lastly, the study found targeting structural barriers to be a promising approach for children with FASD. The study outlined barriers mentioned by professionals along with their suggestions on how to break them down. Overall, the study found that professionals working in this field are very devoted, passionate, and knowledgeable about supporting children with FASD. The most promising intervention for children with FASD is to provide more support to the service providers, caregivers, and children and youth by addressing the lack of funding, resources, and continuity of services they need. The interventions and approaches are there however, professionals need more ways to connect with one another to produce positive child outcomes and equitable access for families.

Keywords: fetal alcohol spectrum disorder; children; community-based programs; behaviours; inclusivity

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Introduction

Fetal Alcohol Spectrum Disorder (FASD) is a lifelong disability that affects the brain and body of people who were exposed to alcohol in the womb (Flannigan, Unsworth, & Harding, 2018). FASD is prevalent in 4% of the population in Canada and makes up a disproportionate number of children in need of Ministry of Child and Family Development (MCFD) assistance in British Columbia (BC). People with FASD have unique strengths and challenges and require community and family support to maintain wellbeing (Flannigan, Unsworth, & Harding, 2018). MCFD identified a need to increase support to children ages 3-12 with suspected or confirmed FASD and required more information about what interventions can be implemented to support these children.

The purpose of this research is to contribute to a collection of evidence-based interventions designed to support practitioners in delivering services to this population. The research will explore the question of what non-FASD-specific community-based programs and approaches clinicians and practitioners have been finding promising for use with children aged three to twelve years old with confirmed or suspected FASD. The research aims to collate relevant literature and reference this with the experience of practitioners in the field through focus group interviews to discover more information about promising practices for children and families with FASD. The research will explore the clinician's current practices and approaches and utilize their recommendations to advocate for improving interventions to produce positive child outcomes, early interventions, and equitable accessibility.

Literature Review

“Fetal Alcohol Spectrum Disorder (FASD) is a serious social and health problem for the child welfare, health, and education systems in North America and other parts of the world" (Fuchs et al., 2010, p.232). “FASD is a highly complex disability, intertwined with the social determinants of health and other factors which can affect people from all economic, ethnic, religious, racial, or societal backgrounds” (Flannigan et al., 2018, p. 4). The focus of this literature review will contribute to the the research proposal by exploring literature about developmental, cognitive, and behavioural manifestations and consequences for children affected by FASD. In addition, therapy programs and interventions that are efficacious in improving outcomes for children with FASD diagnosis. Interventions used for children with behavioural problems will be examined to explore for possible use for children with FASD.

The literature analysis shows that researchers have a similar opinion in defining FASD as a lifelong neurological and developmental disorder caused by prenatal alcohol exposure (Simons et al., 2018, p. 1). Coriale et al. (2017) provide a broader vision of FASD and state that “the definition, even though not exactly diagnostic, applied to the entire gamut of the negative consequences in the offspring of mothers drinking during pregnancy: physiologic, behavioural, and neurocognitive abnormalities" (p. 360).

Developmental, Cognitive, and Behavioural Consequences and Manifestations of FASD

A large body of research documents cognitive deficits and behavioural-emotional difficulties in individuals with FASD, and demonstrates that when unsupported, people with FASD are vulnerable to higher rates of health and social difficulties. According to Taylor (2021), "there are over four hundred and twenty-eight comorbid conditions linked to FASD" (p.157), and children prenatally exposed to alcohol present with a variety of physical, cognitive, and behavioural problems to varying degrees. Jacobsen et al. (2022), for instance, provide the following list of developmental and behavioural manifestations of FASD: growth delays, differences of facial features, ongoing medical problems, sleeplessness, as well as neurological disorders, and cognitive deficiencies such as problems with memory, learning, attention, and social communication (Jacobsen et al., 2022).

In addition, Taylor (2021) provides a detailed exploration of FASD manifestations in school-aged children and states that "symptom profiles of school-age children with FASD are among the best recognized and studied and form the basis of the brain domains described in most diagnostic guidelines (p. 90). Taylor (2021) further explores the cognitive and behavioural domains in school-aged children with FASD, including academic performance, memory, attention, executive functioning, communication, self-regulation, and sensorimotor functioning. School-aged children with FASD commonly experience difficulties with concentration, speed of information processing, and learning challenges in arithmetic, low average cognitive functioning, executive dysfunction, memory deficits, language and social communication impairments (Taylor, 2021). They experience difficulties with abstract thinking, atypical motor integration, and adaptive dysfunction spelling performance has also been identified as an area of impairment, with deficits in working memory contributing to these difficulties (Glass et al., 2015, as cited in Taylor, 2021). Moreover, behavioural challenges, such as impulsivity, poor executive functioning, and poor judgment, are seen in interactions with teachers and peers, and comorbid mental health challenges of attention deficit hyperactivity disorder (ADHD), mood disorders, and conduct disorders can contribute to severe challenges to group educational programming (Glass et al., 2015, as cited in Taylor, 2021).

While there is a wealth of research documenting the cognitive and behavioural difficulties of children with FASD, there is a recognized need for research that documents their strengths to balance the understanding of FASD and accurately represent individuals with the disability (Flannigan et al., 2018). From the research that has been collected, the strengths of children with FASD include their creativity, generosity, outgoing, friendly personalities, strong sense of determination, willingness to forgive and live each day as a new day, high level of empathy, and ability to care for younger children and animals (Flannigan et al., 2018). Individuals with FASD have also been found to be strong hands-on learners and can be successful in non-traditional learning environments (Flannigan et al., 2018).

Interventions Used to Treat Fetal Alcohol Spectrum Disorder in Children

This section of the literature review will examine programs and interventions that have been researched to improve outcomes of children with FASD diagnosis. The literature reviewed consistently found that interventions are most effective when they are flexible to allow for differences in individual children's strengths and needs, as well as include family support to maintain consistent care and expectations (CDC, 2022, Ordenewitz et al., 2021, Pei et al., 2021, Taylor, 2021). Interventions are shown to improve a child's condition with early intervention (CDC, 2022), and emphasized the importance of a multidisciplinary approach to the care of children with FASD, such as doctors and psychiatrists, psychologists, educational specialists, and speech and language professionals, to coordinate the care holistically (Ordenewitz et al., 2021). Individualized assessment and diagnosis are noted to be important for the holistic care coordination of these services, as well as for families and schools to have a strong understanding of the child's strengths, needs and vulnerabilities (Ordenewitz et al., 2021, Taylor, 2021). The literature identified that there is a scarcity of randomized-control trials regarding therapy for children and adolescents with FASD, especially with follow-up studies that could assess the efficacy of the intervention across different stages of development (Bertrand, 2009, Ordenewitz et al., 2021). Finally, family cohesion, stable caregivers whom children can form positive attachments with, and protective home environments are predictors of well-being for children diagnosed with FASD (Pei et al., 2021).

Family Based Interventions

Behavioural parenting training is one of the most effective ways of addressing behaviour problems among children (Bertrand, 2009). Effective intervention programs that address parents' responses to their children's behaviours, and caregiver distress are essential for the overall wellbeing of the children and their caregivers (Bertrand, 2009). The efficacy of the Families on Track Program, which has been adapted in Canada from the American Families Moving Forward Program has been well-researched and has shown promise in its ability to positively impact parenting attitudes, and improve children's emotional regulation, and self-esteem (Bertrand, 2009, Petrenko et al., 2017).

There are several other family-based programs developed which have also been identified to be beneficial (Pei, 2019, Taylor, 2021). These programs include Mindful Parenting Education, Parents and Children Together and Parents Under Pressure.

Interventions Addressing Child Executive Function

Programs that address executive functioning in children with FASD can improve behaviour, and build important life skills (Nash et al., 2015, Soh, 2015). The Alert Program is a 12-week intervention that uses the metaphor of a car engine to describe the concept of self-regulation. The program is broken down into three stages: teaching children emotional identification skills and offering children a variety of strategies to regulate and monitor their emotions (Nash et al., 2015). Parents of children reported improved emotional regulation, as well as reduced externalizing behaviour problems (Nash et al., 2015). The program has also been researched to have significantly increased frontal grey matter in children's brains (Soh, 2015), and its inclusion of parents in addressing social skills allows children to be supported at home, at school, as well as in sessions with clinicians (Soh, 2015).

Interventions Addressing Child Social Skills

Individuals with FASD can be supported in improving their social skills through intervention. The Children's Friendship Training Program is being implemented by Canadian FASD clinicians (Pei et al., 2021, Ordenewitz, 2021) and was originally developed to address the needs of children with autism spectrum disorder and attention deficit hyperactivity disorder (Laugeson et al., 2007). Adaptations were made to make the program accessible to children with FASD diagnosis including breaking the material into simpler components, increasing opportunities for exposure to and rehearsal of new material, presenting the information in multiple formats, using positive reinforcement techniques such as stickers and prizes, and individualizing the behaviour programs (Laugeson et al., 2007). Research has found that following treatment children exhibited a statistically significant increase in their social skills knowledge and improved social behaviours which were retained over the three-month follow-up period (O'Connor et al., 2006).

Interventions Not Specific with Children with FASD

There is a wealth of information regarding evidence-based interventions for children with behavioural disabilities not specific to children with FASD. There are two common types of interventions that are prevalent in the literature. Positive behavioural interventions appear to be the classic avenue for supporting children with behavioural disabilities (Einfield et al., 2013). The other stream of interventions revolves around parent-directed support programs (Einfield et al., 2013). Several empirical studies looked at the effectiveness of these interventions.

Positive Behavioral Interventions

Positive behavioural interventions (PBI) studies take heavily from Autism Spectrum Disorder (ASD) research and studies are seeking to generalize these interventions (Neil & Liesemer, 2020). In general, PBI seeks to target problem behaviours and develop skills that aid in managing the behaviours. PBIs produce generally positive outcomes for children with behavioural disabilities across all studies (Conroy et al., 2005; Einfield et al., 2013; Eldevik et al., 2010; Neil and Liesemer, 2020; Petrenko, 2013). Outcomes for these interventions all deal with reducing problem behaviours such as destructiveness and disruptiveness, and increase in adaptive skills such as engagement, social skills, and general improvements to behavioural functioning (Conroy et al., 2005; Einfiel et al., 2013; Neil and Liesemer, 2020; Petrenko, 2013).

As the studies in PBI had similar methodology, the findings all also echoed similar results and limitations. Researchers cited a lack of quality indicators such as measures of treatment integrity and replication of effect (Conroy et al., 2005; Neil & Lisemer, 2020; Petrenko, 2013). A study also found a significantly small amount of studies reported on race (Conroy et al., 2005). No other study talked about culture or gender differences and this area is largely unresearched. Small sample sizes were also a concern across the board. Overall, the research suggests that the use of PBI for children with behavioural disabilities is promising, but not without caution and further research.

Parent Training Interventions

There is an increasing amount of research done on *Parent Training Interventions* (PTI). Some of the common PTI interventions studied include *Incredible Years Parent Training* (IYPT), *Triple P* (Positive Parenting Programme) and the adapted *Stepping Stones Triple P* (SSTP), and *Signposts for Better Behavior*. The research showed that PTI had positive influences on children, either decreasing challenging behaviour or increasing alternative appropriate behaviours (Einfiel et al., 2013; Park, 2013; Petrenko, 2013; Roberts et al., 2006). In addition, PTI also had benefits of improving parental discipline style and parent-child communication (Park, 2013; Roberts et al., 2006). In terms of looking at available interventions, PTIs look promising with potentially a more holistic view of care, but have added costs and barriers not present in PBI's such as scheduling constraints with the family.

Physical Activity Interventions

Physical activity interventions also had favorable outcomes. Ash et al. (2017) looked at the effects of physical activity in lowering problem behaviours in children with behavioural disabilities. The results from this review indicate that both single bout and repeated physical activity interventions have beneficial effects. Both short and longer-term aerobic exercise of moderate-to-vigorous intensity had positive effects on areas of executive function and behavioural outcomes, suggesting that exercise may have immediate and sustained effects on specific outcomes (Ash et al., 2017). Physical activity research also has similar limitations to the others with questions of generalizability, type of studies conducted, and the driving mechanism for the positive outcomes being uncertain. The main argument against physical activity is that there is no theoretical basis for how it affects children with behavioural problems but just draws on the effects on children in general.

Overall, the literature suggests empirical backing for several interventions. PBI, PTI, and even physical activity interventions have positive effects on children with behavioural problems. The literature did contain noticeable gaps with not enough attention paid towards prevention as well as any attention paid to group interventions. Based on the existing literature, however, the work left for further research is to narrow down which of these interventions could work best for those with suspected FASD.

Literature Review Conclusion

A gap identified in the research is regarding the efficacy of interventions based on the functional needs of children with FASD. Through the collection of data from knowledgeable clinicians, evidence-based interventions to support this population will be explored in further depth. The interventions developed to address FASD, and other developmental disabilities were found to overlap in multiple areas, and the insights of clinicians connecting these interventions have not been studied. The insights of clinicians on promising approaches and interventions for children with FASD will be further explored to utilize their recommendations to improve policies and practices.

Theoretical and Conceptual Framework

Our theoretical and conceptual framework is grounded in social work theories. We draw upon *trauma informed approach*, *strength-based approach*, *systems theory*, *and positive inquiry* to guide the way we conducted the research. A *trauma informed approach* recognizes the role that trauma plays in the lives of service users and service providers (Isobel, 2021). In incorporating this with our methodology, we were cognizant in the questions we asked to ensure they would not cause undue harm or recreate traumatic experiences. *Strength-based approach* is centered around the highlighting of assets or strength a community has in order to create change (Bryant et al., 2020). This guided our view in sampling, and understanding the different capabilities service providers have in different settings and how valuable that could be in answering our research questions. *Systems theory* is useful in understanding how structures interact with one another on macro, mezzo, and micro levels (Wirth and Kleve, 2022). We used systems theory to guide our understanding of the data to ensure we would look at the research holistically. Lastly, we drew upon positive inquiry. *Positive inquiry* is an organizational change model that focuses on positive factors as a way of creating knowledge and change (Hung et al., 2018). This approach was adopted in our research through creating questions that ask about the positive experiences that service providers have regarding the topic.

Methodology

The qualitative research was conducted using online interviews and focus groups with FASD service providers to determine what programs and approaches they have found promising for children with suspected or confirmed FASD. Four individual interviews and one focus group with three participants were conducted for a total of seven participants. The seven participants consisted of three workers from MCFD, three workers from community settings, and one researcher. All the participants were located within the lower mainland region of BC. The online interviews lasted for 30 minutes each and the online focus group lasted for 60 minutes. All sessions reflected the format outlined in the data collection section within the report below, with the set semi-structured questions being asked, included in Appendix A. Each session was audio recorded through Zoom. The student researchers transcribed one interview session and the rest were sent out for professional transcription. The thematic analysis was then conducted to generate the findings discussed in the next section.

Sampling

A purposive sampling strategy was used for the study. As the research is exploratory, a purposive sample was determined to work best to select respondents that are most likely to yield appropriate and useful information (Campbell et al., 2020). Participants consisted of service providers and researchers working with children with suspected or confirmed FASD. The participants were drawn from three identified categories of professionals. The first were MCFD workers from different branches of the ministry such as Children and Youth with Support Needs (CYSN) social workers, and Child and Youth Mental Health (CYMH) clinicians. The second category of participants were workers in the community. This could include support workers in schools, community workers, occupational therapists, speech language pathologists, FASD key workers. The last category consisted of researchers from the Canada FASD Research Network (CAN FASD) and from universities conducting research on FASD. All participants had to be working in BC and have at least one year of experience working with children with FASD.

The three categories were selected as they come from different perspectives of service delivery with important insights on programs and approaches that are promising for children with FASD. MCFD workers offer a different set of approaches from community workers. Researchers also have their own knowledge base to draw from. The differences in the categories ensure a diversity in ideas of service delivery and capture the insights of service providers. The requirement for participants to have experience working with clients in BC ensured familiariarity with the service delivery systems the study seeks to serve. Furthermore, the one-year experience required ensures they have enough experience in the field to be able to contribute to the discussion.

Recruitment

Recruitment was done through facilitated contact by the research sponsor. The research team created an invitation email that the sponsor sent to prospective participants. The email contained a description of the study and the research team’s contact information. The participants were asked to email the research team to signify their willingness to participate in the study. Once a member of the research team received an email from the participant, the research team emailed the participant back with a link to the demographic survey, which contained the consent form. The demographic survey asked about the participants' current position, and how many years they have worked with children with FASD. Once a participant answered the survey, they were asked about their scheduling preferences and informed when focus groups were scheduled to occur. If a participant was not able to attend a scheduled focus group session, the research team scheduled an interview with the participant at their convenience.

Data Collection

Data was collected through online interviews and focus groups facilitated on Zoom. The online method allowed participants from different regions of the province to participate at the same time (Allen, 2013). Being online also contained the added benefit of being able to control the anonymity of participants (Woodyatt et al., 2016). Additionally, Zoom also provided the safest form of gathering, given the current COVID-19 pandemic. Focus groups and interviews are also recognized as an efficient method in extracting views and experiences regarding specific topics (Woodyatt et al., 2016; Krueger and Casey, 2015; Smithson, 2000).

The research team planned to recruit three to five participants for a micro focus group. A micro focus group format was decided on for several reasons (Zuckerman-Parker and Shank, 2008). The purposive sampling ensured that the participants selected had similar roles and expertise, as such, there did not need to be a larger focus group. The smaller number also makes the focus groups more manageable to conduct and allow for more in-depth answers (Zuckerman-Parker & Shank, 2008). Additionally, by also doing interviews, the research was able to reach more participants and be as flexible as needed to ensure ease of participation. Interviews can also work well in extracting in-depth data from participants that would not be willing to share as much in a focus group. The research allows for both interviews and focus groups as both methods are qualitative and the questions asked in both methods were the same semi-structured questions, thus obtaining similar data.

The interviews and focus groups were facilitated by three student researchers who were assigned roles as the lead facilitator, note taker/observer, and technology support. Having three student facilitators promoted the smooth operation of the focus group and interviews, ensured that the data analysis was accurate, and accounted for reflexivity after the groups to increase awareness of facilitator biases (Krueger & Casey, 2015). Participants were briefed on Zoom protocols, how to use basic functions, and informed that the recording was starting. The facilitator asked seven to nine semi-structured questions in order to draw out themes regarding the topic. The questions involved asking about interventions that service providers have found promising in both children with and without FASD, outcomes of helpful programs or approaches, and what they found promising in the programs and approaches. The sessions were expected to last up to 90 minutes or less for the focus group and up to 30 minutes for interviews. The sessions were audio recorded via Zoom. The data was then transcribed by the student researchers and professional transcription services to ensure accuracy.

To mitigate possible facilitator bias, the researchers practiced reflexivity exercises. These were in the form of discussions of biases prior to the start of the focus group and interviews and in-depth debrief sessions immediately after a session concluded. In having three student researchers, the team held each other accountable in identifying and minimizing possible biases. Another challenge is that participants can be uncooperative, get sidetracked, or one voice can dominate the discussion (Smithson, 2000). The student researchers completed trial runs and practiced sessions to be able to recognize when the above concerns are occurring, and prepared strategies to mitigate them (Smithson, 2000). The careful sampling of participants also served to increase the validity of the data. The purposive sampling ensured that participants are all professionals in the same field and have similar lines of work. As such, participants can be critical of one another's answers and share their own views if they are opposed during the focus group.

Method of Analysis

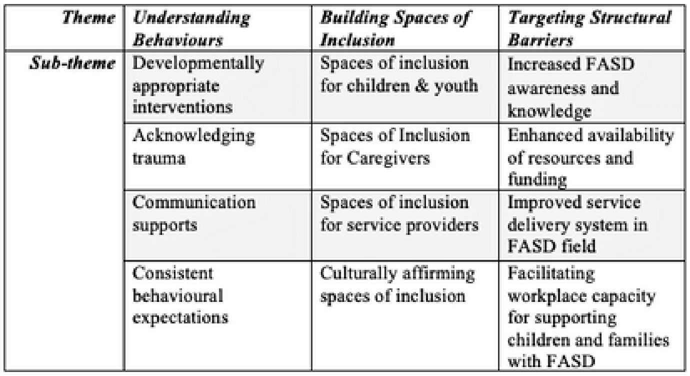
The data gathered from the focus group and interviews were analyzed through a thematic analysis. Thematic analysis offered an accessible and flexible form of analysis to draw out themes explored by the research question (Nowell et al., 2017). It also allowed for the examination of the different perspectives of research participants, highlighting similarities and differences, and generating unanticipated insights (Nowell et al., 2017). Researchers went over each transcript line-by-line, creating descriptive codes to group similar ideas from the data together. After an initial round of coding, the group discussed the codes to reach a consensus. Using the agreed upon initial codes, a second round of line-by-line coding was carried out to further group concepts together. After a third round of coding, patterns were identified in the codes in order to draw out themes. To ensure the reliability of the analysis, at least two student researchers went through the coding process for each transcript and the research team discussed the codes until consensus was reached. The themes drawn out were then analyzed and referenced against the literature to generate discussion.

Findings

Through the thematic analysis of focus group and interview transcripts, three overarching themes for working with children with suspected or confirmed

FASD emerged from the data. The three themes include understanding children’s behaviours, building spaces of inclusion for children, and targeting structural barriers that impact child outcomes. These themes were found to overlap, and interact with one another, and build upon community, family and educational support to improve child well-being. These themes were informed by both the participant’s perspectives on what interventions, approaches, and services they find positively support children’s wellbeing, and deficiencies they have noticed that create barriers to children’s healthy development. Table 1 demonstrates how the main themes relate to the 12 sub-themes that were identified during the analysis process. The results focus on the three overarching themes with a brief discussion of their respective sub-themes.

***Table 1.* The three overarching themes & their relationship to sub-themes**



Theme	*Understanding Behaviours*	*Building Spaces of Inclusion*	*Targeting Structural Barriers*
Sub-theme	Developmentally appropriate interventions	Spaces of inclusion for children & youth	Increased FASD awareness and knowledge
	Acknowledging trauma	Spaces of Inclusion for Caregivers	Enhanced availability of resources and funding
	Communication supports	Spaces of inclusion for service providers	Improved service delivery system in FASD field
	Consistent behavioural expectations	Culturally affirming spaces of inclusion	Facilitating workplace capacity for supporting children and families with FASD

Theme 1: Understanding Behaviours

Interview and focus group participants shared that stigma, lack of awareness and education prevents practitioners from accurately assessing children’s capacities and behaviours which they noted can cause children to get left behind in educational settings, excluded from services, and can destabilize families and children’s housing placements. The importance for caregivers, service providers, and schools to have adequate education about FASD , the developmental strengths and needs of the child, and the use of evidence-based frameworks to inform their interventions was emphasized throughout the data.

Developmentally Appropriate Interventions. Practitioners explained the importance of ensuring that the “*intervention is informed by where [the child] is developmentally. And using their developmental level to inform our decision making*." One participant explained that "*a lot of people that come on board end up causing more harm than good just because they're not educated on what it's like to have FASD, how it impacts the brain, how it impacts functioning*." Specifically, participants shared how a developmental perspective informs assessments and interventions and prevents practitioners from giving children stigmatizing labels related to non-compliance. "*And then also shifting the child won't do this to probably that child can't do it. I think a lot of people think that “Oh, he's purposely not doing the activity”, but it's that they actually do not have the capacity to*". Another participant discussed that education about FASD is necessary for workers in a variety of social service environments, rather than just in FASD specific services. “*I've worked with people who work on the frontlines for housing and they often aren't trained in FASD. So if they're trying to house somebody with FASD, and they're getting frustrated because it looks like they're not wanting to do what they need to, they're not complying. But really, it's more of a capacity and understanding that's missing*.”

The frameworks that practitioners stated informed their approaches included a functional behavioural approach, developmental perspective, strengths-based approach, and the towards healthy outcomes framework, developed by CanFASD. When working directly with children, the following practices for supporting children to learn in an encouraging and validating way were mentioned; prompting, redirecting, reminding, showing/modelling, rewarding positive behaviour, imposing consequences that match the child's capacity for associating cause and effect, and providing opportunities for success and confidence.

Acknowledging Trauma. The importance of employing a trauma-informed approach when working with children with suspected or confirmed FASD was emphasized by participants. Participants, specifically from mental health services and research organizations, stated that it is common for trauma symptoms to overlap with children’s emotional regulation capacities, which require support and acknowledgement for effective interventions. "*It is such a complex diagnosis that's so closely linked to trauma. So, I think that that is huge as* *well. Ultimately, it's sad to say, but there's just not enough support.*" Participants discussed trauma and mental health support to be a concerning unmet need for children with FASD, and discussed how eligibility criteria contributes to children with FASD being excluded from accessing supports. "*I think a lot of folks that are in this field think that FASD makes children not capable of attending our services or accessing mental health due to capacity issues. But I think that as FASD and trauma are so closely linked, there's a lot of similarities between the two that overlap.*" Participants discussed that when behavioural interventions are trauma-informed, they can better understand the child and work towards their goals. "*I think that typically the goals are to help the youth find a baseline and working with emotional regulation pieces. I know that mental health contributes to behavioural issues in school or in their community or their lives or anything like that. So I do find that goals in mental health specifically, are helping with emotional regulation pieces.*"

Communication Supports. Supporting children with communication through visuals, art, picture exchange communication systems, sign language, and speech therapy was said to be important for positive outcomes and reducing behavioural challenges. "*Kids have behaviours because oftentimes they can't express themselves. So being able to equip the child with the skillset to communicate and to learn the verbal piece.*" The role of Speech Language Pathologists in supporting children to build communication skills was stated to be an important intervention for improving child well-being. "*The Speech Language Pathologists encourage the child, whether it's using a mix of words, short sentences, to maybe even adding some sign language on top of that. So that they can communicate rather than lashing out at parents or other people or going into withdraw mode because they're so detached – they're just thinking like others just can't understand me and they just go into a shutdown mode. So again, really helping the child to express themselves, and to share to what they want and need.*"

Consistent Behavioural Expectations. Professionals shared the importance of having coordinated care between service providers, schools, and families so the child has consistent behavioural expectations that they can learn to follow. "*Because I find that if you do something differently in school than you do at home, then that's where a blow-up happens, either at home or at school. So I think consistency across the board, one-on-one support, but also in collaboration with all the service providers together.*" Participants stated they found that children are not set up for success if behavioural supports are not communicated with families or other systems they interact with, and how this can trigger outbursts, destabilize families or housing placements, and impact child mental health.

Theme 2: Building Spaces of Inclusion

From the responses in our data, spaces of inclusion mean having a physical, virtual, or metaphorical space where youth, parents, and service providers can connect and for people with similar backgrounds to socialize, play with, and meet without the fear of judgment or stigma. A core theme of the responses we received was how key it was for children to be able to support one another, and for service users to be able to connect and coordinate. In speaking about spaces of inclusion, there were four main divisions in the data. These are spaces of inclusion for children, for caregivers, for service providers, and for culture.

Spaces of Inclusion: For Youth. According to the participants, socialization and inclusion for youth means youth being in school, being with other children their age, and learning social cues and norms from being around them. As one participant says, "*They see their friends, they observe and I just – when I see that, I think 'monkey see, monkey do'. It will never get old. You see his friends go and grab the launch box. And I don't need to say, he's observing.... So that's why inclusion to me is one of the best ideas*". Another point to come out from the data is having activities that youth can fully participate in and not feel different. Particularly any fun physical or artistic activities. "*I build pinatas with two of my kids.... I didn't know that FASD was such a thing.... And when we built the pinatas, I noticed that they were like so into it. Like "I can do this, I got this. This is my glue, and this is where it goes. And I want to start right here because that's the way my pinata is going to look.*". Some participants also found it helpful to have spaces for kids to be able to socialize with children with FASD like them as it can be empowering for them to help their peers. *"More safe spaces and more spaces for them to kind of meet up with other people in their similar age and situation to kind of share and talk about how they can be better amongst themselves."*.

Spaces of Inclusion: For Caregivers. For caregivers, participants mentioned the stigma that comes with parenting a child with FASD. They found that it is important to address these feelings in a non-judgmental setting. *"Expressing grief about the situation with the family, parents being able to express all those feelings in a non-judgmental environment*". Another way mentioned by participants is to foster connections with other parents through groups. *"I would say support groups probably would be a really huge piece for parents, whether it's a women's support group, and then there's of course those single dads that are out there – so a single men's support group would probably be a really important piece for supporting their mental health. And just really an emotional support network that could be available to them"*. Not only were parent groups found useful for emotional support but also as a way for caregivers to share resources and empower each other. As another participant says *"it's a single dad and that person went to men's support group. That was his way to get networking connection with others and also kind of a place to, I guess, vent for any frustrations or worries that they may have. And that would also be an opportunity for other dads that may be able to offer some recommendations, and also the dad probably also feels empowered because he may know something that other people don't."*. Lastly, another participant noted that these spaces can also occur online. *"And I think, Facebook, I think there's some parenting Facebook groups out there that really help"*.

Spaces of Inclusion: For Service Providers. A recurring notion from the participants is that FASD service providers need ways to connect with one another. One participant expressed a need to coordinate in order to share their different expertise. "*I'm not an expert in family counselling, or even OT, SLP and PT, so just really leading onto each other's professional strength. And have that constant communication can be helpful.*" Participants also see constant communication as something that can improve services. "*a regular meeting that goes on for the care team is often very helpful…. I find that having consistent communication and open transparent communication and how to continue support for the family would be really important*". Focus group participants also found the focus group itself to be useful in sharing knowledge. "*I'm really interested to hear the results of your research. And I hope that there are other focus groups that have other people who can bring forward things that are working really well that we could try to incorporate and just have more knowledge of things that work.*" Lastly, a participant mentioned that service providers are very engaged in their work and that advocacy has been increasing. As one participant says "*people from the community are getting more and more involved. And there's more and more advocacy happening, which I think is really great*".

Spaces of Inclusion: For Culture. Participants shared that having spaces where children can express and explore their culture can be meaningful intervention. One participant provided an example about Indigenous families. "*I guess from a cultural perspective, I mean besides that sometimes families, they really rely on like support of their own culture, right. Especially say I will give an example that maybe this is a child who's Indigenous, right? The child and the family can benefit from attending an Indigenous-based support service*.". In speaking about culture, another participant commented on how important it can be saying that "*it's a part of the child's life and it's important to be a part of that…. And really just for the kid to understand their ancestry and roots and so forth.*". Participants pointed towards culture as a possible protective factor for children and their families.

Theme 3: Targeting Structural Barriers

The third theme identified during interviews with practitioners was targeting structural barriers. Many practitioners noted that the system has multiple limitations making service provision in the FASD field extremely challenging. Additionally, many practitioners reported that not only service providers but also children and their families are significantly affected by systemic barriers and limitations.

Increased FASD Awareness and Knowledge. Most participants mentioned the lack of knowledge and awareness of FASD as a significant problem affecting society in general, service providers working in the field, and caregivers supporting children with FASD. The following barriers in this area have been identified by practitioners: stigmatization of FASD, lack of knowledge and understanding of FASD, lack of education and training in the field, and lack of knowledge exchange. *"But generally speaking, I think with my work, the overall goal of FASD community, in general, is for there to be greater understanding about FASD, within society at large, within Canada, and for other clinicians as well. I think it's not an area that gets a lot of training focused on it. So for practitioners, for physicians, I think, overall, the goal is just a greater understanding and awareness."*

Participants voiced the following recommendations targeting the above-mentioned structural barriers: raising FASD awareness, more training, educational programs, and resources for service providers, children, and families, and professional collaboration and connection to other service providers. "*I think as part of education and training and if there are opportunities to have more of these workshops and training that can help – and I can only speak on myself from CYSN perspective, I personally would love to be in one of those workshops, if there is more available, that really talks about how to support families with FASD.*"

Enhanced Availability of Resources and Funding. During the interviews, many participants shared their concerns about the availability of resources and funding for children, their caregivers, and service providers. The following structural barriers in this area have been identified: lack of resources, supports, and funding for children with FASD, their caregivers, and service providers, and lack of stable housing for children and families.

“And I think that with FASD, the funding is skewed as well when it comes to the Ministry, because they do so much for physical disabilities. You get so many supports for children with physical disabilities, but not for FASD.”

“Working with kids and the experience that I have, money is a big thing in families with kids, especially all types of special needs.”

Most participants recommended making supports and resources more available by increasing funding for FASD-specific programs, services, FASD key workers, and children and families. *“You don't get one on one workers any longer. It is just too much for the financial burden of the education system. The School Boards need to get on board with this; then, the parent advisory committee needs to get on board with this. There are several external sources that need to get on board with our MLAs and our upper government in Canada. They need to be more aware of what's going on in our school systems and why."*

Improved Service Delivery System in FASD Field. According to the respondents, there are a lot of barriers in the FASD service provision system itself: lack of focus on FASD service delivery, not enough services in the FASD community, lack of respite and specific individualized services, exclusion from services due to service eligibility criteria, long waiting lists, and inequality of services as a result of lack of supports and services in remote and rural areas.

"*I just think there's not enough service delivery. There's not enough psychiatric support. There's not enough external, child, family services support. They're burning out rapidly. They don't have that availability, or ability to work with the children once they place them in a foster home. If they end up going into care, they are too overwhelmed with all the cases they have. There's just too many children in care for them to do a really good check in process.*"

"For me, a challenge that I've noticed is I'm in a fairly rural area, and just the availability of services is very challenging. There's not a lot in terms of respite availability. I know there's a massive level of work for MCFD and CYMH in our area. So, it's hard to have the needs met because we just don't have enough services relative to the number of needs that we have in my area."

The following recommendations targeting the above-mentioned structural barriers in the service area have been identified during the sessions: addressing gaps in services and adding more supports in the community, more individualized programs, increased access to behavioral supports, mental health services, and services for caregivers of children with FASD, more services in geographically remote and rural areas, and advocacy for more opportunities and inclusion.

“And I also think that other local programs that would be very successful are outreach programs that are in

satellite offices in the communities as well. I think that's very, very important, because not everybody can make it to Vancouver. The bigger cities are great, and they have all these great opportunities, but sometimes some of the smaller, outreaching cities don't have that type of services."

"But when you have a lot of families that may have kids with FASD, the other question is, is there even enough service providers in the community that can actually offer it? And if so, how long of a wait is it going to take, right? If it's going to be – is there something that can be met within a month's time, or are we looking at three months, six months, or even longer."

Facilitating Workplace Capacity for Supporting Children and Families with FASD. Many practitioners voiced their concerns regarding professional workplace barriers that affect their capacity to provide quality services for children and families with FASD: lack of peer support and collaboration between professionals, lack of staff, huge workload and burnout, and difficulties with staff retention. "*And then, as well as workers being so overwhelmed, they may get a stack of applications, and then sometimes they miss the application. I think that's a sad situation when it comes to children that might get missed as well.*"

The recommendations targeting professional barriers included enhanced availability of resources for service providers, professional collaboration and connection to other service providers, attracting more professional staff, and facilitating staff retention.

"*I'd say staffing and workload probably would be the key thing. As you know in the helping human profession and whether social work, or even FASD Key Workers, I would say that staffing's always going to be one of those things and workload issues. I would imagine that as an FASD Key Worker there's probably a lot of families under their belt and there's not that many staff – so staffing definitely would be a huge piece. And retaining the staff in the workplace. And then I guess for me from Child and Youth Support Needs, the Department's perspective would be looking at the future of eligibility of service framework."*

Discussion

The data and findings of the research complement the literature, as the importance of flexibility in addressing individual children's needs, family involvement, early intervention, and a multidisciplinary holistic approach to care coordination were emphasized throughout both methods of data collection. The structural barriers identified in the research findings are considered new data due to the scope and focus of the literature review that was completed.

Interventions to support child executive functioning were found to reduce child emotional outbursts, increase self-esteem, and self-confidence, and help to build essential life skills, such as emotional identification and regulation. Participants suggested specific programs and approaches addressing FASD-related child executive functioning, such as skills teaching programs, facilitated adaptive and goal-based behavioural support, prompting, immediate rewards, redirecting, and having lots of structure and routines. *"Having a behavioural interventionist that is involved, and looking at what are the behavioural methods that are goal-based and also that can support the child."* One of the program examples provided by participants is Towards Healthy Outcomes. *"It's a really great framework that lets us really consider the whole person. It's a little bit more person-centered and holistic. So we consider strengths with that. It allows us the opportunity to think about developmental lifespan perspective. And it also gives us some place to think about the little systems play in the lives of people with FASD."*

Interventions addressing child social skills were identified to be benefit to children with FASD and improve their social behaviors in both the literature, and the research data. Practitioners in the field advised socialization programs in schools, joint social activities for children and their parents, Friendship Centers, and support groups as key components of building socialization skills. *"I think that in terms of any of the programming obviously socialization for a lot of these kiddos is important. Learning those socialization skills,* *also being able to observe others and see what do cues look like.”*

Additionally, our research supports the literature review findings around the importance and benefits of physical activity interventions for children with FASD. Several interview participants stated that physical and aerobic activities are very beneficial in addressing developmental and behavioral limitations for children with FASD. "*So that's something that I think needs to be enhanced a bit more is that they need to have those opportunities for those children that have that extra energy to get out and just go, you know. Get that exercise. Go, go, do a couple of laps, and come back to class and not let it be a disruption*." Practitioners advised that school outdoor activities, balancing board programs, and skateboarding programs are very effective for children with FASD.

The research and literature showed that family-based interventions and parenting training are essential for children with FASD and their families to have a sense of stability. "*The family programs offer that external help while the parent is in the program. So that's very important*." Participants suggested the following family-based and parenting training programs for FASD children and their caregivers: Jordan's Principal funding, respite programs, allowing parents to have a break and take some rest, the Head Start program, which educates children and their parents, Zajak Ranch for children, parental support groups, and culturally based family supports. One participant discussed the value for parents in accessing education and support “*So again, it’s an exchange of information and feeling the sense of belonging when they’re already feeling a little bit isolated. So hopefully these will bridge, and provide a little bit of that relationship, so they feel they’re part of a group that understands them.*”

Discussion of Additional Findings

The focus of the research was to develop a collection of evidence-based interventions to support MCFD’s policy development for children with suspected and confirmed FASD, and thus the literature reviewed had a focus on programming, interventions, and their efficacy. The data we collected from participants highlighted that the structural barriers reflected in the findings impact the child outcomes and goals of services such as family stability, self-esteem, emotional regulation, and independence, that community-based programming seeks to meet. Furthermore, while the literature emphasized the importance of a multi-disciplinary approach to services, participants discussed how the current service delivery model creates a lack of continuity of care and impacts their intervention’s efficacy in practice. The data also reflected that staffing shortages, high caseloads and burnout impacted the capacity of service providers in community services and schools to provide the level of support needed for the programs to improve child outcomes and intervention goals. This was not reflected in the literature review as the research collected information about the efficacy of programming in controlled research setting and did not account for limitations in service provider capacity in their studies.

Lastly, participants shared that they felt that they lacked knowledge about best practices for working with children with suspected or confirmed FASD, as well as interventions that are promising in addressing the children’s needs. Through the review of literature, there appeared to be a wealth of information about efficacious interventions, and best-practices to support children with FASD. The data analysis shows that there is a disconnect between the knowledge base of practitioners, and information available. Participants stated there is a need for resource guides and training about FASD-specific services and how to modify non-FASD-specific services to support children. It can be inferred that the lack of funding and availability of services also impacted the participants' lack of knowledge of available resources.

Limitations

Several limitations can be found within the study. The first is through the purposive sampling. The selection process involved in purposive sampling is prone to researcher bias to determine whose voices can be heard (Campbell et al., 2020). To this extent the research team recognizes that service users and Indigenous people have not been factored in. As the research is exploratory, it was outside of our scope to fully consider all populations and prepare to interview service users. Due to the need for careful considerations in ensuring good practices for service users and Indigenous peoples, the time limited nature of the research project did not allow for time to include these perspectives to the scope of the project. It is important to consider this limitation when attempting to use the study to inform practice. Another limitation is from the qualitative nature of the study. The answers come from the participants' perspectives and are subjective, which might not be applicable in other contexts. The focus group is also susceptible to facilitator bias and group think even with measures in place to negate this (Smithson, 2000). Lastly, thematic analysis is also subjective, and data can be missed (Nowell et al., 2017). As student researchers, we acknowledge that there could be multiple ways to interpret the data.

Implications and Recommendations

In analyzing the data, some recommendations have come out from the study. The first is to create spaces for caregivers and children with FASD to meet and support each other. Socialization has been identified as a way for parents to exchange their techniques and to empower each other. The same is true for children in school settings. Participants identified this as a way to help families feel included. The second recommendation that participants ask for is to re-examine funding practices and priorities toward the needs of children with FASD. The lack of resources has been cited as a major barrier that practitioners have in administering these programs and having more set aside for children with FASD can go a long way. The last recommendation is to promote connections between service providers and encourage more professional collaborations. Participants expressed wanting more training and interdisciplinary meetings as continuity of care has been one of the biggest gaps they spoke about. Ensuring care teams and families are on the same page can go a long way in improving the experiences of children with FASD.

What we have found in conducting this study is that there is already a wide base of knowledge on interventions and approaches for children with FASD. The gap identified from speaking to professionals is that this knowledge is not widely shared or accessible, and even professionals feel isolated in delivering services to children. We recommend further research into into knowledge mobilization, and in understanding how to connect services together as a direction for MCFD to take to further improve service delivery. The FASD community has many strengths to tap into as noted above and learning more about how to unlock their full potential can be promising in improving outcomes for children with FASD.

Conclusion

FASD is a lifelong disability and people with FASD have unique strengths and challenges that require holistic support from their family and communities. MCFD has identified a need to learn more about best practices for working with this population in order to expand their service delivery. This study aims to answer the question: what non-FASD-specific community-based programs and approaches have clinicians been finding promising for use with children with confirmed or suspected FASD? To do so, a focus group and interviews were conducted with professionals working with children with FASD. Professionals were recruited from MCFD, community organizations, and researchers to collate their perspectives on promising interventions and approaches. The 3 themes identified from the interviews and focus group are understanding behaviours, creating spaces of inclusion, and targeting structural barriers.

In interviewing and speaking to professionals working with children with FASD, we have found that they are already knowledgeable in supporting these children and families. Most of the answers they provided were congruent with the information found in the literature review. What professionals identified as an area they need support with the most is in addressing structural barriers, increasing awareness and education on FASD, and fostering connections between service providers among each other, and with families, to ensure the continuity of care for children with FASD.

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References

Allen, M. D. (2013). Telephone focus groups: Strengths, challenges, and strategies for success. *Qualitative Social Work*, *13*(4), 571–583. https://doi.org/10.1177/1473325013499060

Ash, T., Bowling, A., Davison, K., & Garcia, J. (2017). Physical activity interventions for children with social, emotional, and behavioral disabilities-A systematic review. *Journal of Developmental and Behavioral Pediatrics*, *38*(6), 431-445. https://doi.org/10.1097/DBP.0000000000000452

Bertrand, J. (2009). Interventions for children with fetal alcohol spectrum disorders (FASDs): Overview of findings for five innovative research projects. *Research in Developmental Disabilities*, (30). https://familiesmovingforwardprogram.org/wpcontent/uploads/2021/04/Interventions-for-Children-With-FASD_Bertrand_2009.pdf

Bryant, J., Bolt, R., Botfield, J. R., Martin, K., Doyle, M., Murphy, D., Graham, S., Newman, C. E., Bell, S., Treloar, C., Browne, A. J., & Aggleton, P. (2021). Beyond deficit: 'strengths-based approaches' in Indigenous Health Research. *Sociology of Health & Illness*, *43*(6), 1405–1421. https://doi.org/10.1111/1467-9566.13311

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). Purposive sampling: Complex or simple? research case examples. *Journal of Research in Nursing*, *25*(8), 652–661. https://doi.org/10.1177/1744987120927206

Conroy, M. A., Dunlap, G., Clarke, S., & Alter, P. J. (2005). A descriptive analysis of positive behavioral intervention research with young children with challenging behavior. *Topics in Early Childhood Special Education*, *25*(3), 157-166. https://doi.org/10.1177/02711214050250030301

Coriale, G., Fiorentino, D., Di Lauro, F., Marchitelli, R., Scalese, B., Fiore, M., Maviglia, M., & Ceccanti, M. (2013). Fetal alcohol spectrum disorder (FASD): Neurobehavioral profile, indications for diagnosis and treatment. *Rivista Di Psichiatria*, *48*(5). https://doi 10.1708/1356.15062

Einfeld, S. L., Tonge, B. J., & Clarke, K. S. (2013). Prevention and early intervention for behavior problems in children with developmental disabilities. *Current Opinion in Psychiatry*, *26*(3), 263-269. https://doi.org/10.1097/YCO.0b013e32835fd760

Flannigan, K., Wrath, A., Ritter, C., McLachlan, K., Harding, K. D., Campbell, A., Reid, D., & Pei, J. (2021). Balancing the story of fetal alcohol spectrum disorder: A narrative review of the literature on strengths. *Alcoholism: Clinical and Experimental Research*, *45*, 2448–2464. https://doi.org/10.1111/acer.14733

Flannigan, K., Unsworth, K., & Harding, K., (2018). The Prevalence of Fetal Alcohol Spectrum Disorder. Canada FASD Research Network. https://canfasd.ca/wp-content/uploads/publications/Prevalence-1-Issue-Paper-FINAL.pdf

Fuchs, D., Burnside, L., Marchenski, S. et al. (2010). Children with FASD-Related Disabilities Receiving Services from Child Welfare Agencies in Manitoba. *International Journal of Mental Health and Addiction*, *8*, 232–244. https://doi.org/10.1007/s11469-009-9258-5

Glass L, Graham D.M, Akshoomoff N, Mattson S.N. (2015). Cognitive factors contributing to spelling performance in children with prenatal alcohol exposure. *Neuropsychology*, *29*, 817–828.

Hung, L., Phinney, A., & Chaudhury, H. (2018). Appreciative inquiry: Bridging research and practice in a hospital setting. *Innovation in Aging*, *2*(suppl_1), 142–142. https://doi.org/10.1093/geroni/igy023.517

Isobel, S. (2021). Trauma-informed qualitative research: Some methodological and practical considerations. *International Journal of Mental Health Nursing*, *30*(S1), 1456–1469. https://doi.org/10.1111/inm.12914

Jacobsen, B., Lindemann, C., Petzina, R. et al. (2022). The Universal and Primary Prevention of Fetal Alcohol Spectrum Disorders (FASD): A Systematic Review. *Primary Prevent*, *43*, 297–316.

https://doi.org/10.1007/s10935-021-00658-9

Krueger, R. A., & Casey, M. A. (2015). Focus Group interviewing. *Handbook of Practical Program Evaluation*, 506–534. https://doi.org/10.1002/9781119171386.ch20

Laugeson, E. A., Paley, B., Schonfeld, A. M., Carpenter, E. M., Frankel, F., & O'Connor, M. J. (2007). Adaptation of the children's friendship training program for children with fetal alcohol spectrum disorders. *Child & Family Behavior Therapy*, *29*(3), p. 57-69. https://doi.org/10.1300/J019v29n03_04

Nash, K., Stevens, S., Greenbaum, R., Weiner, J., Koren, G., & Rovet, J. (2015). Improving executive functioning in children with fetal alcohol spectrum disorders. *Child Neuropsychology*, *21*(2), 191-209. https://doi.org/10.1080/09297049.2014.889110

Neil, N., & Liesemer, K. (2020). Early behavioral intervention for young children with intellectual and developmental disabilities. *Current Developmental Disorders Reports*, *7*(3), 139-148. https://doi.org/10.1007/s40474-020-00201-1

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis. International Journal of *Qualitative Methods*, *16*(1), 160940691773384. https://doi.org/10.1177/1609406917733847

O’Connor, M. J., Frankel, F., Paley, B., Schonfeld, A. M., Carpenter, E., Laugeson, E. A., & Marquardt, R. (2006). A controlled social skills training for children with fetal alcohol spectrum disorders. *Journal of consulting and clinical psychology*, *74*(4). Retrieved from https://escholarship.org/uc/item/7vh8w0m6

Ordenewitz, L. K., Weinmann, T., Schlüter, J. A., Moder, J. E., Jung, J., Kerber, K., Greif- Kohistani, N., Heinen, F., & Landgraf, M. N. (2021). Evidence-based interventions for children and adolescents with fetal alcohol spectrum disorders – A systematic review. *European Journal of Paediatric Neurology*, *33*. https://doi.org/10.1016/j.ejpn.2021.02.001

Park, J. H. (2013). Parent-implemented behavioral interventions for challenging behavior of young children with developmental disabilities: A review of effective approaches. *International Journal of Human Ecology*, *14*(2), 25-40. https://doi.org/10.6115/ijhe.2013.14.2.25

Pei, J., Kapasi, A., Kennedy, K.E., & Joly, V. (2019). Towards Healthy Outcomes for Individuals with Fetal Alcohol Spectrum Disorder. Canada FASD Research Network in collaboration with the University of Alberta. Retrieved from: https://canfasd.ca/wpcontent/uploads/publications/Final-Towards-Healthy-Outcomes-Document-withlinks.pdf

Petrenko, C. L. M., Pandolfno, M. E., & Robinson, L. K. (2017). Findings from the Families on Track intervention pilot trial for children with fetal alcohol spectrum disorders and their families. *Alcoholism: Clinical and Experimental Research*, *41*(7), 1340-1351. https://doi.org/10.1111/acer.13408

Roberts, C., Mazzucchelli, T., Studman, L., & Sanders, M. R. (2006). Behavioral family intervention for children with developmental disabilities and behavioral problems. *Journal of Clinical Child and Adolescent Psychology*, *35*(2), 180-193. https://doi.org/10.1207/s15374424jccp3502_2

Smithson, J. (2000). Using and analysing focus groups: Limitations and Possibilities. *International Journal of Social Research Methodology*, *3*(2), 103–119. https://doi.org/10.1080/136455700405172

Soh, D. W., Skocic, J., Nash, K., Stevens, S., Turner, G. R., & Rovet, J. (2015). Self-regulation therapy increases frontal gray matter in children with fetal alcohol spectrum disorder: Evaluation by voxel-based morphometry. *Frontiers in Human Neuroscience*, *9*, (108-118). https://doi.org/10.3389/fnhum.2015.00108

Stratton, S. J. (2021). Population research: Convenience sampling strategies. *Prehospital and Disaster Medicine*, *36*(4), 373–374. https://doi.org/10.1017/s1049023x21000649

Symons, M., Pedruzzi, R.A., Bruce, K. et al. (2018). A systematic review of prevention interventions to reduce prenatal alcohol exposure and fetal alcohol spectrum disorder in indigenous communities. *BMC Public Health*, *18*, 1227. https://doi.org/10.1186/s12889018-6139-5

Taylor, N. (2021) What Psychological Therapies Might Be Helpful? Prevention, Recognition and Management of Fetal Alcohol Spectrum Disorders,

p. 369-386. Doi: 10.1007/9783030-73966-9

Wirth, J. V., & Kleve, H. (2022). Systems theory and social work. *Social Work Theory and Ethics*, 1–21. https://doi.org/10.1007/978-981-16-3059-0_3-1

Wolfson, L., Poole, N., Morton Ninomiya, M., Rutman, D., Letendre, S., Winterhoff, T., Finney, C., Carlson, E., Prouty, M., McFarlane, A., Ruttan, L., Murphy, L., Stewart, C., Lawley, L., & Rowan, T. (2019). Collaborative Action on Fetal Alcohol Spectrum Disorder Prevention: Principles for Enacting the Truth and Reconciliation Commission Call to Action #33. *International Journal of Environmental Research and Public Health*, *16*(9), 1589. https://doi.org/10.3390/ijerph16091589

Woodyatt, C. R., Finneran, C. A., & Stephenson, R. (2016). In-person versus online focus group discussions. *Qualitative Health Research*, *26*(6), 741–749. https://doi.org/10.1177/1049732316631510

Zuckerman-Parker, M., & Shank, G. (2008). *The Town Hall Focus Group: A New Format for Qualitative Research Methods*, *13*(4), 630–635.

Appendix A: Focus Group & Interview Protocol

1.What goals do FASD services typically look to achieve? How do you know an intervention has been positive?

2.What unmet needs by children with confirmed or suspected FASD have you noticed from the current service delivery model?

3.What programs are used specifically for children with FASD? Which programs do you find to be promising? How would these programs be generalized for children with suspected FASD?

4.What approaches are used specifically for children with FASD? Which approaches do you find to be promising? How would these approaches be generalized for children with suspected FASD?

5.What programs that are not FASD focused do you see children with FASD accessing?

6.Which of these non-FASD focused programs do you find promising?

7.What aspects of the non-FASD focused programs did you find promising?

8.What else would you like to add to the discussion?

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Transforming Ministry of Children and Family Development's Approach to Service Evaluation: A Jurisdictional Scan

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Abstract

This jurisdictional scan was done on the province of Alberta and their usage of their outcomes-based service delivery (OBSD) framework. The methodology employed for this jurisdictional scan was to assess the information presented within various forms of literature that highlighted OBSD's mobilization within Alberta. The literature gathered for this jurisdictional scan includes grey research, government publications, external documents developed by Children's Services and not-for-profit based reports. No particular types of literature, documents and/or findings were intentionally excluded. Additionally, no documents that solely discussed positive or constructive aspects of OBSD were examined. Rather, any and all literature that provided clear and encompassing information as to how OBSD has fared in Alberta was included. All information gathered within this jurisdictional scan has been done in order to better determine the following enquiries: 1) What theoretical constructs underpin OBSD's formulation and implementation 2) Why OBSD was implemented and how does it operate in addressing critical gaps within Children's Services strategic goals 3) How OBSD meets the needs of diverse sub-populations within child welfare, as well as dismantle the ongoing impacts of colonization amongst Indigenous Peoples if at all 4) What discrepancies, concerns or challenges exist with either the OBSD model itself and/or its process of integration within Children's Services and 5) How has OBSD evolved into Collaborative Service Delivery (CSD) since its initial conception. With these smaller directives outlined, the overarching goals of this jurisdictional scan are two-fold. The first goal was to deepen the themes and findings first discovered within the literature review, and the second goal was to present newfound information that is relative to OBSD's performance and current status within Alberta. Together, these outputs would help provide the Ministry of Child and Family Development (MCFD) a clearer understanding on OBSD within the province of Alberta.

Keywords: outcomes-based evaluation; evaluation frameworks; children's services; jurisdictional scan

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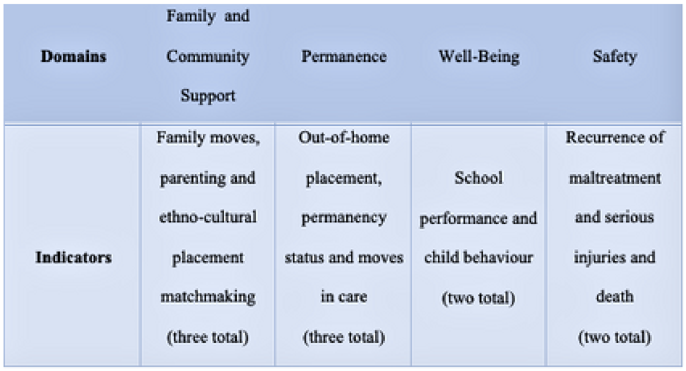
The National Child Welfare Outcomes Matrix Re-Explored

As identified within the literature review, outcomes-based service delivery (OBSD) is based on the National Child Welfare Outcomes Indicator Matrix (NOM) (Matthias et al., 2011). While NOM was created to help establish a nation-wide evaluative framework that child welfare ministries could adapt and implement, part of the intention of the model was that it would generate greater results relating to program evaluation (Trocme et al., 2009). In this sense, NOM is not a linear or one-dimensional framework. Rather, NOM is an incredibly intricate and multi-faceted methodology that seeks to carefully balance the risk of harm to a child with what a child needs to establish safety and stability through both familial and communal supports (Trocme et al., 2009). Conducive to balancing such complex and opposing ideals, NOM was based on four key domains and ten indicators (Trocme et al., 2009) (see table 1 directly below).

Table 1.



Domains	Family and Community Support	Permanence	Well-Being	Safety
Indicators	Family moves, parenting and ethno-cultural placement matchmaking (three total)	Out-of-home placement, permanency status and moves in care (three total)	School performance and child behaviour (two total)	Recurrence of maltreatment and serious injuries and death (two total)

Although there is a lack of information as to how these categories and indicators were conceptualized and selected for integration within NOM, the aforementioned elements were intentionally chosen for their capacity to create easily tracked, anonymized and accessible data (Trocme et al., 2009). Moreover, each of the categories and indicators do not exist within silos of one another, as they are meant to work as an interconnected web highlighting the nuanced intricacies that exist within child protection (Trocme et al., 2009). These findings only further entrench what was originally conceived within the literature review, which is that Alberta has heavily utilized NOM to generate OBSD, considering the four domains are taken from NOM and put directly into OBSD (Trocme et al., 2009). Having said this, based on the literature gathered within this jurisdictional scan, it remains unclear what methodological processes Alberta used in adapting NOM in order to effectively establish OBSD. Although this does not negate the pragmatism of basing OBSD on NOM itself, what critical processes Alberta employed in localizing such a broad theoretical construct is important, as this deepens the findings presented within the literature regarding the relevance of outcomes and indicators created.

Subsequently, current literature also remains unclear as to whether OBSD adapted the ten key indicators within NOM's four domains of child development. This is crucial to take into account, as the indicators established within NOM were again done so in an effort to institute consistent and non-identifying data that accurately captures the delicate balance that exists between child protection and child development (Trocme et al., 2009). As such, one could speculate that separating the domains from their indicators, or creating an entirely new set of indicators within the same domains may result in a loss of quality data compiled, or the incorrect data being collected and disseminated due to incongruency between the two groupings. Furthermore, it is critical to note the several limitations present with the NOM model as well. Despite the clear and integral role NOM has played in formulating OBSD, NOM itself appears to be scarce within existing literature, with little-to-no additional publications highlighting it's continued use within Canada's child welfare jurisdictions.

Likewise, with the most recent publication discussing NOM dating back to 2009, this brings into question how the methodological framework has been adapted to accommodate to emerging and pre-existing trends and research within the child welfare sector. As what has been conceptually understood as good practice within child welfare is constantly evolving, gaining additional clarity as to how NOM has been modernized in order to effectively meet novel challenges can provide key insights as to how the model continues to aggregate vital data. This inherent shift in understanding would subsequently impact how data is tracked relative to a child, youth and/or family's success and well-being, thus highlighting the need for additional literature as to how NOM has been modified as a methodology since it's conception. Finally, and as discussed within the literature review, it is vital to note that NOM is, in and of itself, a top-down and systemic lens to viewing child and family development. While this presents its own unique set of benefits, neglecting to incorporate a "bottom-up" lens can hinder advancements to understanding child and family development. For example, viewing child and family development from an institutional approach could lead to a schism in understanding what service users within child welfare actually need comparative to what has been delegated to them. In order to maintain relevance and applicability, NOM, and subsequently OBSD, would need to consider the subtle and abrasive variations that exist across all forms of child and family development so these models can effectively and accurately capture any and all data relevant to each domain and indicator.

Benefits, Strategic Implementation of Outcomes-Based Service Delivery and Additional Frameworks

Now that a foundational understanding of NOM has been re-established and explored, it is necessary to examine the identified reasons as to why Alberta had developed its OBSD framework, as well as what advantages have been documented thus far. Although it remains unclear as to when exactly this shift towards OBSD began within Alberta, the process itself can essentially be broken down into three parts. 1) The theoretical frameworks preceding and underlying OBSD 2) the legislation and policies driving meaningful practice and 3) the tools needed to carry out OBSD (Government of Alberta, 2014). Beginning with the first stage, the earliest theoretical driver behind the implementation of OBSD, and subsequently the adoption of NOM within Alberta can be identified as the Alberta Response Model (ARM). Implemented in 2001, ARM sought to improve clients' experiences within Children's Services while simultaneously addressing mounting caseloads and financial costs for the ministry (Alberta Child Intervention Review Panel, 2010). Moreover, as there are a number of tenets that ARM sought to mandate within the operations of Children's Service, the most relevant to OBSD's purpose and function would be that of ARM's goal to better understand the outcomes of children in care, how the ministry collects data and how it evaluates success (Alberta Child Intervention Review Panel, 2010).

In accordance with ARM's objectives, Children's Services recognized not only the importance of outcomes relative to the success of children, youth and families, but also in adjusting those same outcomes as a result of insights gained from evaluative measures (Alberta Child Intervention Review Panel, 2010). With ARM's implementation in 2001, the Child, Youth and Family Enhancement Act (CYFEA) was introduced in 2004 in a governmental effort to align all of Children's Services under ARM through legislation (Alberta Child Intervention Review Panel, 2010). With the Child, Youth and Family Enhancement Act (CYFEA) serving as the judicial backdrop to bring forth the visions and ideals ARM sought to instill, Alberta introduced the Casework Practice Model (CWPM) in 2007 an effort to better support vulnerable children, youth and families (Government of Alberta, 2014). Much like it's preceding entities, the CWPM was implemented for a myriad of reasons, including establishing more cohesive practice and unification between practitioners and families, an increased focus on multi-disciplinary work and most notably, introducing more outcomes that can be accurately quantified (Dagneau et al., 2014). Furthermore, the CWPM acted as the practice framework to embed and ground the principles of collaboration, assessment and engagement that were touted by the CYFEA as being vital to the success and safety of vulnerable children, youth and families (Dagneau et al., 2014).

With this information in-mind, OBSD appears to have been an inevitable progression for Children's Services, as the ARM, CYFEA and CWPM all collectively focused on the importance of implementing and establishing measurable outcomes of children, youth and families. However, the literature within this jurisdictional scan does not provide any further information regarding how precisely the ARM, CYFEA and CWPM influenced the shaping and implementation of OBSD. This is essential to note, as the lack of clear understanding as to how the ARM, CYFEA and CWPM works in conjunction with OBSD brings into question OBSD's overall practicality as an independent model, as well as its capacity to accurately measure outcomes and indicators. Notwithstanding this gap in literature, the development of OBSD specifically within Alberta was shown to have been primarily based on the strategic notion that establishing casework practice around outcomes and indicators would lead to a more unified work model, as well as better understanding how children, youth and families experience services (Dagneau, et al., 2014). With this overarching directive in mind, there are six key goals identified within the OBSD framework (Government of Alberta, 2014):

- "To **improve the effectiveness of services** that children and families receive and experience as they move in and out of the child intervention system"
- "To provide agencies, communities and caregivers with **more flexibility to respond** to the unique needs of children and families while focusing on intended outcomes and better supporting innovative practice"
- "To use **outcomes data to align the work** between the formal child intervention system, community agencies and caregivers"
- "To develop a **community quality improvement** and **learning process** that will continue to guide joint practice and identify opportunities for improvement using evidence to guide practice"
- "To develop a service delivery system that has the capacity to **measure and focus on achievement** of agreed upon client centered outcomes as the central driver for both casework and resource allocation decisions"
- "To establish **joint accountability** for outcomes for vulnerable children, youth and families (We all want the same thing)"

Given that these are considerable goals to operationalize in the movement towards creating meaningful evaluation and casework practice, each resolution is meant to reflect the pillars collaboration, assessment and engagement that were first identified in the CWPM and CYFEA (Government of Alberta, 2014). Moreover, these directives are not the actual outcomes and indicators established by the OBSD model for vulnerable children, youth and families, but rather what OBSD was meant to exemplify. Whilst understandable, based on the existing lack of information regarding how Children's Services adapted NOM, as well as how the ARM, CYFEA and CWPM impacted OBSD's development, this has led to a significant gap within the research as to how exactly the ministry conceptualized its current set of indicators and outcomes. As highlighted within the literature review, this gap is important as each outcome and indicator would need to purposefully measure the success of services user, as well as echo the structural targets of Children's Services so that the data composed is transparent, valid and reliable.

Nevertheless, there are benefits to OBSD's implementation within Alberta. Other initial results from OBSD have also indicated that file closures are happening at a quickened pace, children are receiving services for a briefer period of time, more children are being able to return home to their families and perhaps most significantly, other areas of Children's Services are impacted by the change in practice (Dagneau et al., 2014). Children's Services has also highlighted that OBSD has led to more transparent casework practice, clearer expectations around roles and duties of caseworkers, and external entities being better incorporated into case planning efforts (Government of Alberta, 2014). Additionally, the OBSD model takes a notable relational approach within Children's Services inter-organizational and front-line efforts, as the framework purports that all practice-related engagement is done through the lens of seeking out the potential of service users, rather than enforcing their deficits (O'Brien, 2015). This is significant, as Children's Services has remarked previously that highlighting and capitalizing on the strengths of children, youth and families was seen as vital to OBSD and its success (Dagneau et al., 2014).

As identified within the literature review, though these benefits have been outlined as by-products of OBSD, the shift in examining what happens to a client does take away importance and focus on how exactly the work is accomplished (Dagneau et al., 2014). This aside, it is imperative to acknowledge that inherent to the perceived success of OBSD is the element of collaboration, whether this is done through a multi-disciplinary framework, or through direct practice with children, youth and families. Success for vulnerable children, youth and families is driven by meaningful engagements in which Children's Services, and those employed within it, make a conscious effort to establish purposeful and ongoing collaboration with their clients (O'Brien, 2015). Without this, it could easily be contended that the goals of OBSD, and even OBSD itself, become mute in the endeavor of seeking high quality evaluation-based data, as well as in the mission of creating safety and stability for those most vulnerable within our society. Hence, the previously identified conflictions further highlight the need for additional research to clarify not only how Children's Services established its current outcomes, but also how OBSD works with other methodologies in order to support a child, youth and/or family's determined set of indicators. Finally, it is also critical to consider that Children's Services has not released information regarding how exactly they formulated their conclusions regarding OBSD's effectiveness. The lack of transparency regarding data collection methods Children's Services utilized to comprise these initial results does bring into question the overall validity and reliability of the findings that were comprised for this jurisdictional scan, as well as OBSD's effectiveness as a model.

Meeting The Needs of Diverse Populations Revisited

As first identified within the literature review, Children's Services faces challenges in its overrepresentation of Indigenous children, youth and families. The ministry itself recognizes that this is a pertinent concern, as Children's Services has acknowledged and embedded collaboration with Indigenous communities into its organizational directives (Children's Services, 2021). In an effort to address this, practitioners within Alberta envisioned OBSD as being a potential means to ensuring that there are better and more culturally responsive resources and practices in place within Children's Services (Dagneau et al., 2014). However, this is not to say that Children's Services does not incorporate any Indigenous-specific frameworks into their agency. To elaborate, Alberta currently utilizes certain Indigenous-specific practices within Children's Services, such as the Indigenous Cultural Understanding Framework and the Indigenous Speaker Series (Children's Services, 2021). Both of the aforementioned frameworks play an important part of Children's Services mission to reduce the overrepresentation of Indigenous children and youth in care, as each initiative aims to increase cultural competency amongst staff, as well as cross-cultural learning (Children's Services, 2021).

Likewise, there is a specific Indigenous relations branch known as the Indigenous Partnership and Strategic Services Division within Children's Services (Children's Services, 2021). Although it remains unclear as to how this branch was designed, the Indigenous Partnership and Strategic Services Division is meant to regulate and oversee how Children's Services navigates relations with local Indigenous communities (Children's Services, 2021). This includes how the ministry provides holistic practices and services, strengthening relations to external stakeholders and consulting on policy-related initiatives (Children's Services, 2021). In a sense, OBSD appears then to be supplementing Children's Services operations relating to cultural competency and Indigenous relations, as the aforementioned branch appears to play a large and critically leading role within this area. Moreover, the literature gathered within this jurisdictional scan does not highlight how any of the aforementioned Indigenous-specific frameworks and division influenced the formulation of OBSD, if at all.

This is critical, as the indicators and outcomes purported by OBSD could potentially conflict with the work done by the Indigenous Partnership and Strategic Services Division, the Indigenous Cultural Understanding Framework and the Indigenous Speaker Series. Therefore, it remains unclear as to how OBSD has integrated traditional Indigenous knowledge and ways of knowing, and how effectively they engaged in these processes. The lack of clarity on how OBSD and the Indigenous Partnership and Strategic Services Division within Children's Services work in tandem with one another, as well as the ambiguity relating to the cultural relevance of the outcomes and indicators within OBSD could result in a fractured path as to how Children's Services achieves its directives within this area.

Finally, as this particular point has been discussed briefly within the literature review already, there is also a lack of data regarding how Alberta has created it's OBSD framework to be reflective of the needs of other sub-populations within Children's Services. This includes those of racialized descent, the differently abled, any person who identifies with the LGBTQ2S+ community, and those of immigrant, refugee and/or newcomer status, to list a few. Unlike Children's Services Indigenous Partnership and Strategic Services Division, current literature does specify whether the ministry has a comparable branch for highlighting and integrating specialized practice amongst these aforementioned sub-populations. This is notable, as it brings into question what internal or external consultation methods Children's Services utilized in their formulation of OBSD to ensure that it does not contribute to the further oppression these children, youth and families may already experience given their intersectional identities. Moreover, the lack of properly formed indicators and outcomes capable of gauging each individual's circumstances and unique identities could result in skewed data regarding how the ministry evaluates the effectiveness of their own services in order to better serve these niche populations. Although this would be difficult to implement, it is necessary for the safety, well-being and success of vulnerable children, youth and families.

The Evolution of Outcomes-Based Service Delivery into Collaborative Service Delivery

As a significant portion of this jurisdictional scan has been placed on the development and implementation of OBSD within Alberta by reviewing the findings first highlighted within the literature review, it is important to acknowledge how Children's Services has fared in its continued use of the model. Although the Government of Alberta's Website lists OBSD as being pivotal to their work within Children's Services, the website does not list any other updated information and data regarding the model itself, aside from the framework's tenets and practical implications (Government of Alberta, 2023). Likewise, it is also important to note that OBSD has undergone an evolution since its introduction. At the time of writing this jurisdictional scan (February 2023), OBSD is now known as Collaborative Service Delivery (CSD) (Barraclough, 2019). This shift occurred in 2016, as the provincial government began to focus more heavily on joint practice between the government and non-government entities, developing increased findings on the quality of their services provided and creating more malleable funding that can be utilized within or across Children's Services (Barraclough, 2019).

Comparative to its predecessor, CSD is more explicit in its use of various practice methodologies and frameworks within child protection, how it intends to better support vulnerable children, youth and families and how it aims to establish and reinforce unity and cohesion within Children's Services (Edmonton Region Child and Family Services, 2016). However, much like OBSD, there continues to be a lack of accessible and comprehensive research regarding CSD's formation and effectiveness within the province. While there is some clarification as to what has changed in OBSD's transition to CSD, there still appears to be some ambiguities regarding the granular details as to what specifically has been altered and what has been kept the same in this changeover. This is imperative, as understanding what Alberta has chosen to preserve with OBSD, and what they have discarded or adapted in the transition to CSD brings into question the effectiveness of OBSD as an independent framework. Without a clearer understanding of OBSD's transformation, additional data produced by Alberta regarding the benefits and effectiveness of CSD may not have retro-active carry over or application to OBSD. This would also mean that there is a lack of clarity as to how CSD is currently situated within Children's Services.

Limitations & Scope

Given the information presented within this jurisdictional scan, there are a number of limitations that should be taken into consideration when reading through this independent report. Furthermore, and as discussed at length previously, the intent or scope of this jurisdictional scan is that it is meant to provide a brief overview of OBSD within the province of Alberta based on open-access literature and data. This jurisdictional scan also does not provide a complete and thorough analysis of the model, its intended use and the benefits that have been outlined. Additionally, this jurisdictional scan is not intended to provide clear direction, next steps and recourse regarding MCFD's decision to adopt an outcomes-based evaluative framework (OBEF) regarding child, youth and family intervention. As adopting a new form of service framework evaluation is a significant decision, more research should be gathered and assessed as needed in order to address the current gaps in literature and findings as it relates to OBSD. Several of those gaps are identified here within this jurisdictional scan, they are as follows:

1) The Data is Privatized. This jurisdictional scan is comprised largely of open-access literature, such as gray research, government reports and independent writings developed by third-party professionals and/or organizations. As such, there is still potentially a considerable amount of research and literature that has been developed on OBSD within Alberta that has not been made public. This is crucial to note, as the privatized data or literature may yield significant findings further detailing not only the pragmatism latent to OBSD, but also the challenges or barriers that impacted its implementation. The trials encountered through Alberta's implementation of OBSD in particular was not highlighted as heavily within this report, as such information was not openly available for review and inclusion. With only limited access to very particular data sources, this jurisdictional scan was in-turn only able to capture a brief and narrow glimpse of OBSD within Alberta.

2) The Data is Limited. In relation to the first limitation identified, not all of the open access data compiled for this jurisdictional scan is recent data, meaning that several of pieces of literature date as far back as the early 2010's. This is significant to take into consideration, as the access to current references does not provide a clear and empirical understanding of OBSD within Alberta. Moreover, information regarding Alberta's implementation of OBSD remains unclear. As nine regions from across all of Alberta adopted OBSD from 2009 to 2013 (Dagneau et al., 2014), it is uncertain to what extent OBSD has been implemented within the province. Furthermore, and as this has been discussed several times already, there is also a lack of clarity regarding how exactly Children's Services developed its findings regarding OBSD, particularly in relation to the benefits that were identified. Without a greater understanding regarding the research processes Alberta used to gather its data regarding OBSD, this brings into question the reported benefits that were highlighted within this jurisdictional scan.

3) Outcomes-Based Service Delivery's Transition to Collaborative Service Delivery. The final limitation of this jurisdictional scan worth noting is the lack of information regarding OBSD's transition to CSD in 2016. As this transition is not the limitation per se, it is rather the lack of further expansion onto what exactly changed with OBSD to CSD that presents as being more cause for critical analyses. With the lack of information regarding both CSD's current state of operation and effectiveness within Alberta, as well as OBSD's transition to CSD, this brings into consideration how successful OBSD was in shifting Children's Services understanding of evaluation based on the usage of outcomes and indicators. In this regard, considerable attention would need to be paid to CSD and its relationship with OBSD, such as what changes were made in the transition between the two models and how CSD builds on the foundations established by OBSD, NOM, ARM, CYFEA and CWPM.

Key Findings and Conclusion

This jurisdictional scan, as well as the literature review in which it is based on, have reflected Alberta's usage of OBSD within the province. Although much of the information highlighted within this jurisdictional scan discussed at-length the theorized and potential gaps of OBSD, particular findings have also reflected OBSD's effectiveness in supporting vulnerable children, youth and families. The documented findings regarding OBSD's benefits and impacts in revolutionizing how the province conducts evaluation based on the usage of indicators and outcomes does reflect some sense of practicality, although there are important caveats to take into consideration. Having said this, there are three overarching principles or concluding themes that have greatly impacted OBSD's implementation within Alberta.

Firstly, OBSD was not implemented in isolation. Several other frameworks were acting alongside OBSD, including NOM, the ARM, CYFEA and CWPM, to list a few. With these other legislations and theoretical methodologies working in tandem with OBSD, there is no gauge available to determine just how effective OBSD has been as an independent tool in evaluating the experiences of service users through the usage of indicators and outcomes. With this in mind, it is critical to note how OBSD would have been in its trajectory had these other frameworks not been operating in conjunction. Secondly, OBSD had a clear intention and purpose to its formulation and rollout. As reflected within the findings, Children's Services had a distinct objective outlined in their implementation of OBSD and as such, introduced a set of well-defined goals in order to achieve their directive of better evaluating the success of children, youth and families through outcomes and indicators.

The succinct and linear nature of OBSD enabled Children's Services to better address existing gaps that existed at the time, as well as establish a tangible projection for what the ministry wanted to achieve in its future endeavors, all while protecting and enhancing the well-being of vulnerable children, youth and families. In this sense, OBSD was implemented to not only address the deficits that plagued Children's Services at the time of its introduction, but also with the hopes that it would act as a conduit in leading the ministry to fulfilling its transformation in casework practice. Thirdly and finally, OBSD was not envisioned as the "best practice" approach to evaluation and engagement within Children's Services. With the evolution of OBSD into CSD, it appears that Children's Services continued to monitor, assess and re-evaluate the model's trajectory since its initial implementation. As OBSD was an entry point for Children's Services in their utilization of outcomes and indicators within evaluation and casework practice, there was a continued progression with regards to how the model was engaging vulnerable children, youth and families within Alberta.

With all these elements taken into consideration, OBSD appears to have been an essential step forward for the province out of a much larger and more intricate strategy in understanding how Children's Services can better support vulnerable children, youth and families. Nevertheless, it is essential to note the main gap highlighted within this jurisdictional scan is that there is a lack of empirical and open-access data on OBSD. This includes how OBSD was theoretically and practically devised, how it has been adapted to meet the needs of diverse sub-groups within child welfare and in what ways the model is actively addressing generations of colonial harm done to Indigenous populations within Alberta. This is not to say that OBSD currently does not address these apertures, or that it is incapable of doing so, but rather that existing research on the model does not elaborate on how these points of consideration were addressed in OBSD's conception and execution.

In sum, this jurisdictional scan has expanded on the findings first presented within the literature review that provides new insights as to how OBSD has fared within Alberta, as well as presented new information regarding the model's implementation that was not discussed previously. While the jurisdictional scan has revealed more regarding what has worked well for Alberta in their implementation of OBSD and how they have achieved this work, the gaps that have been highlighted still bring into question the minutiae's of the model and how precisely it was implemented. The initial conclusion drawn from the literature review was that should MCFD choose to adopt an outcomes based evaluative framework into their ministry, careful attention would need to be paid to how this is done, as this would ultimately be the determining factor in the new model's success and longevity. Given the information presented within this jurisdictional scan, that conclusion remains the same.

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References

Alberta Child Intervention Review Panel. (2010). *Closing the gap between vision and reality: Strengthening accountability, adaptability and continuous improvement in Alberta's child intervention system.* https://open.alberta.ca/publications/4840499

Barraclough, R., Spicer, K., Brodziak, J., Green, K., & MacLaurin, B. (2019). Collaborative service delivery: Catalyst to innovation in policy and practice in Alberta, Canada. In Korbin, J. & Krugman, R.D. (Eds.), *Child Maltreatment* (pp. 415-432). Springer International Publishing. https://doi.org/10.1007/978-3-030-05858-6_24

Children's Services. (2021). *Annual report: Children's services: 2020-2021.* https://open.alberta .ca/dataset/476d1e4b-bdfa-4330-a88a-79bdacee1a9a/resource/69ade527-7fd6-462f-b162-252a6924a367/download/cs-annual-report-2020-2021.pdf

Dagneau, J., Mann, J., & Spicer, K. (2014). *Casework practice model (CWPM) and outcomes based service delivery (OBSD)*. [PowerPoint Slides]. The Alberta Association of Services For Children and Families, Alberta Human Services and The Family Centre. https://www.slideserve.com/huela/casework-practice-model-cwpm-and-outcomes-based-delivery-obsd

Edmonton Region Child and Family Services. (2016). *CSD Practice Manual*. https://alignab.ca/wp-content/uploads/2017/01/CSD-Practice-Manual- Edmonton-Region-The-Family-Centre-May-30-2017.pdf

Government of Alberta. (2014). *Outcomes based service delivery Alberta children and youth services*. [PowerPoint Slides]. Government of Alberta. https://www.alignab.ca/wp-content/uploads/2015/02/Outcome-Based-Service-Delivery-Alberta-Children-and-Youth-Services.ppt

Matthias, S., McDonald, L., & Rafuse, B. (2011). *Learning our way: Outcomes based service delivery (OBSD) and leading transformational organization change*. The Alberta Association of Services For Children and Families. https://alignab.ca/wp-content/uploads/2012/06/Learning-Our-Way-Special-Edition-Volume-One-June-2012.pdf

O'Brien, D. (2015). *Introduction to outcomes based service delivery in southern Alberta*. [PowerPoint Slides]. Southern Alberta Child and Family Services. https://alignab.ca /caring-for-our-children-we-are-in-this-together-workshop/intro-to-obsd-in-southern-alberta-david-o-brien/

Trocme, N., MacLaurin, B., Fallon, B., Shlonsky, A., Mulcahy, M., & Esposito, T. (2009). *National child welfare outcomes indicator matrix (NOM)*. Centre of Excellence for Child Welfare. https://www.mcgill.ca/crcf/files/crcf/NOM_09 Final.pdf