



# Using Evidence to Inform Practice

Learning Our Way Symposium

Edmonton, Alberta

Wednesday, November 16<sup>th</sup>, 2011

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# Presentation Overview

- Introductions
- Rationale for changes in service delivery in Alberta
- Understanding the process of practice change
- Identifying the value of measuring practice
- Learning from the process
- Discussion and identification of key points for the symposium



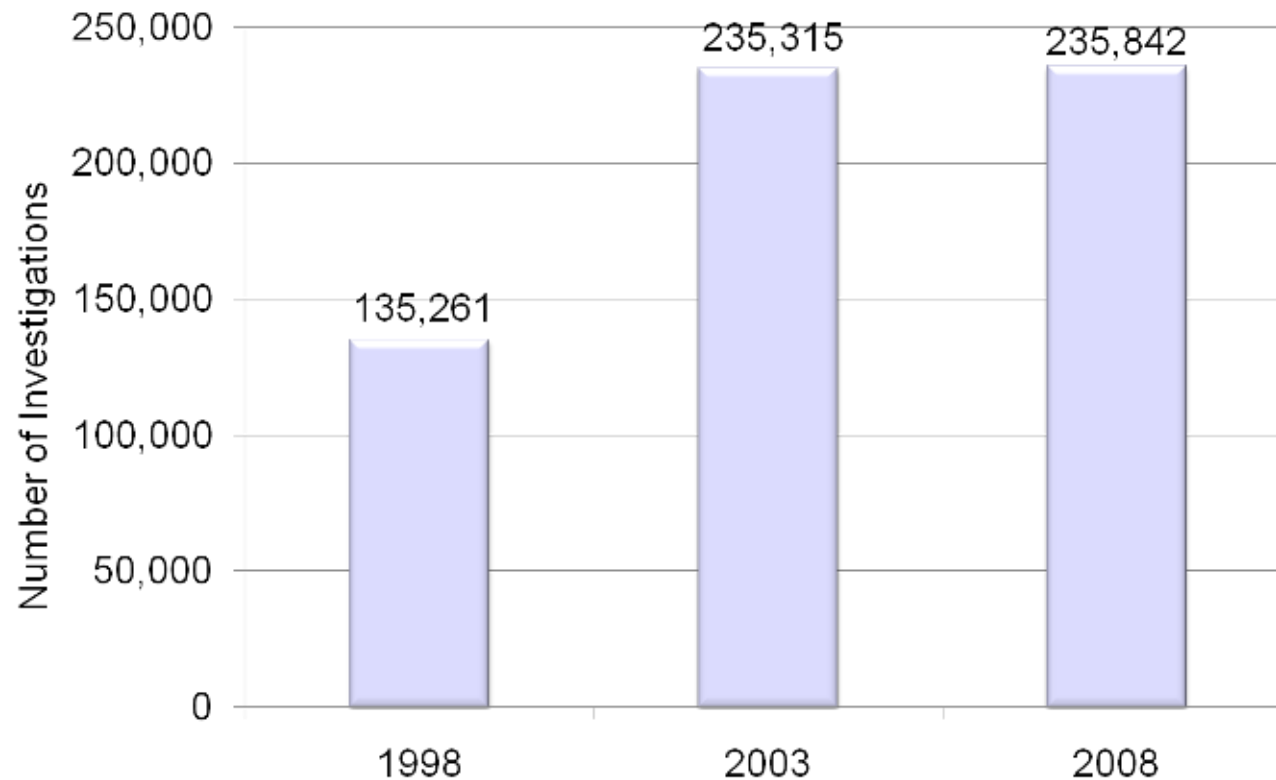
# Rationale for Changes in Service Delivery in Alberta



# Evidence for Change in Canada

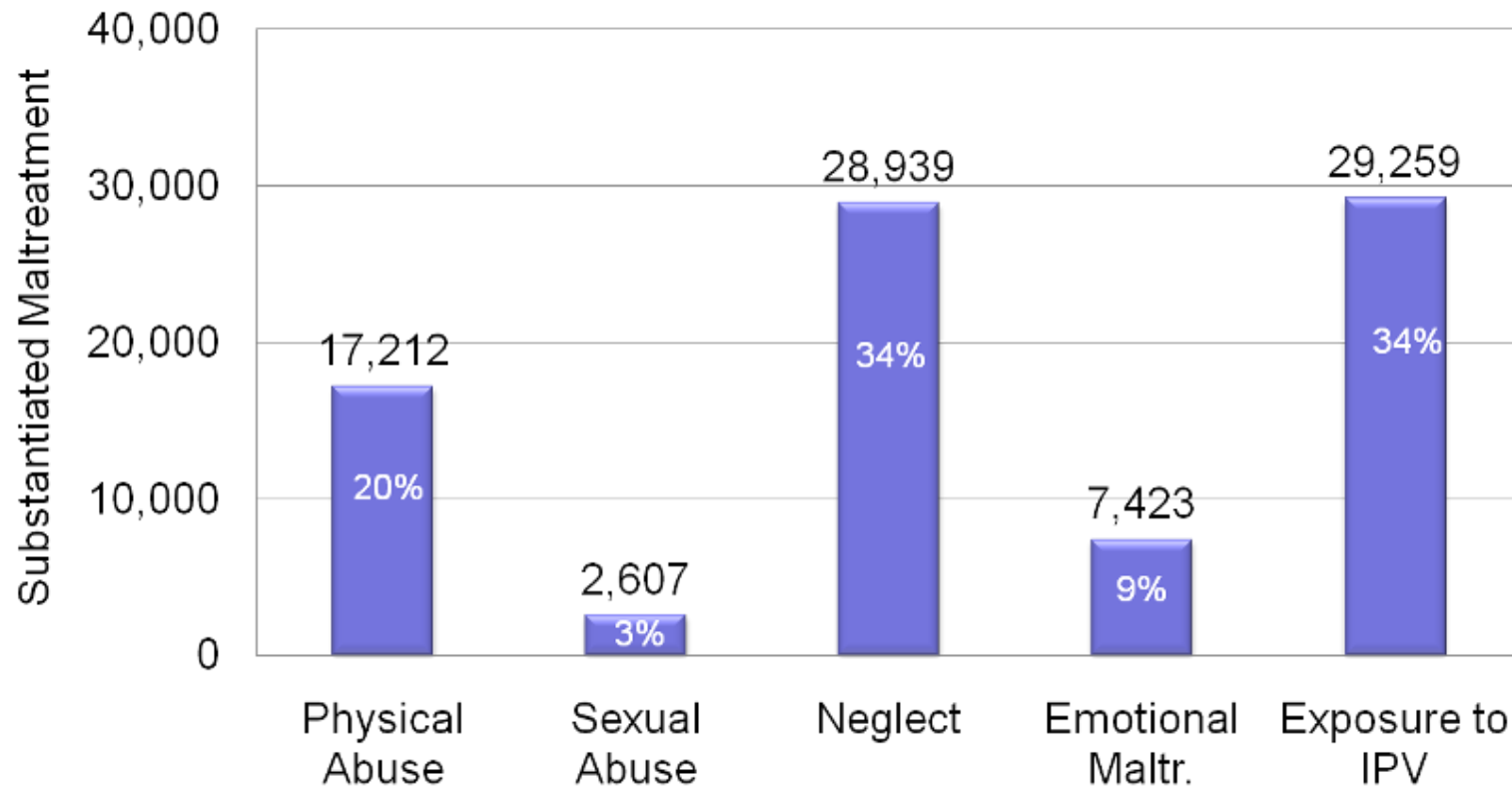
- There has been a significant growth in the numbers of children investigated for maltreatment over the past 10 years
- Reasons for referrals have changed over the past 10 years
- Many of these children are not first time referrals to child welfare
- Decisions about services for children have changed over the past 10 years
- Changes are noted in child welfare business of how best to serve children and families at risk

# Increasing Rates of Canadian Child Maltreatment (CIS 1998, 2003 and 2008)



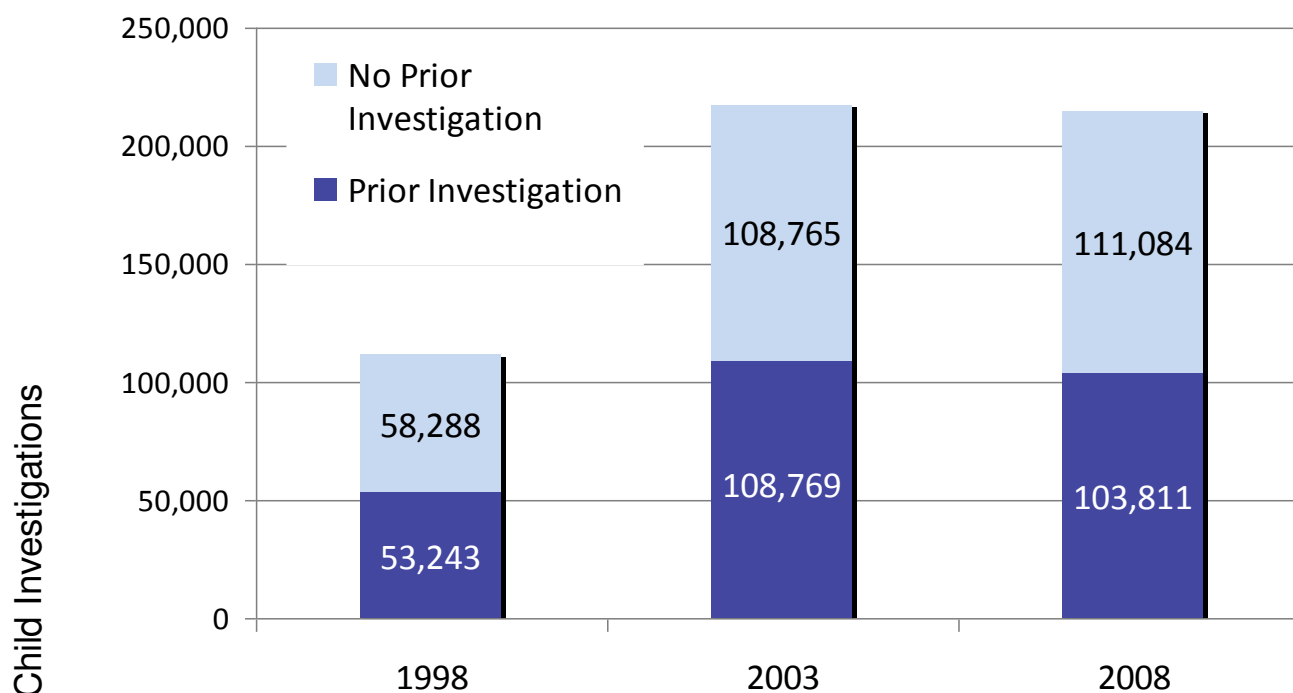
***Trocme, Fallon & MacLaurin, et al., (2010)***

# Types of Substantiated Maltreatment in Canada (CIS-2008)



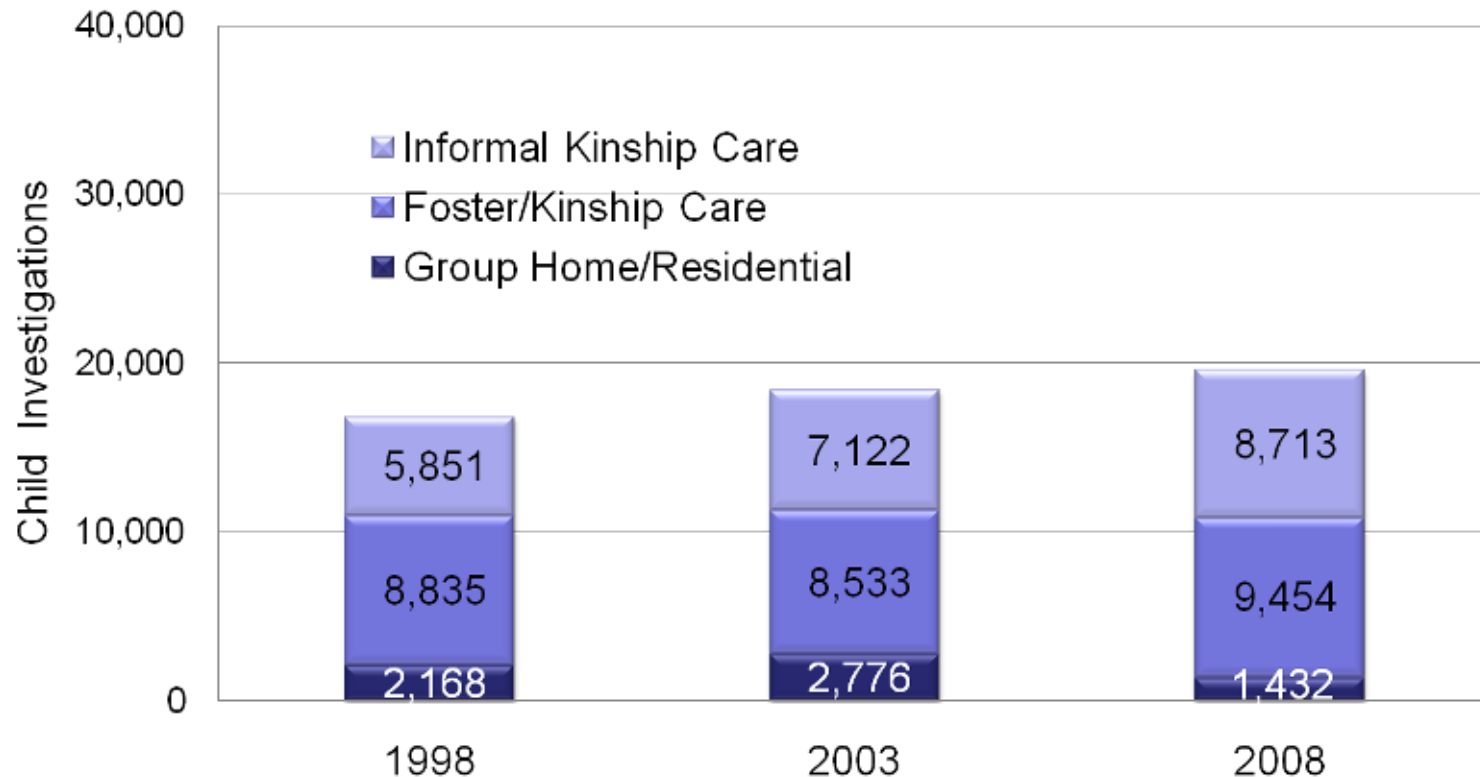
***Trocme, Fallon & MacLaurin, et al., (2010)***

# Previous Services to Children (CIS 1998, 2003 and 2008)



***Trocme, Fallon & MacLaurin, et al., (2010)***

# Changes in Placements for Children (CIS 1998, 2003 and 2008)



***Trocme, Fallon & MacLaurin, et al., (2010)***





# Need for Outcome Measurement

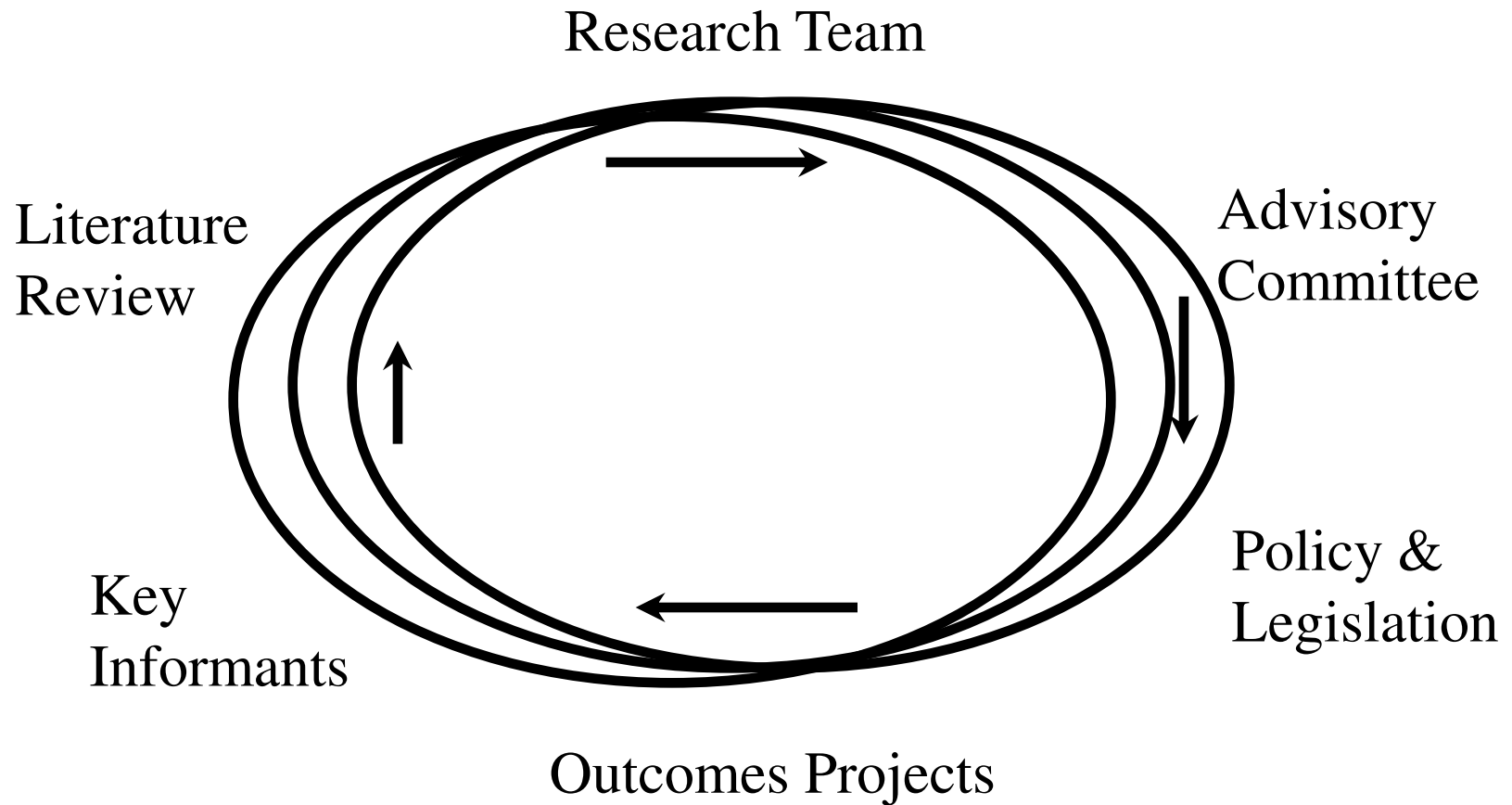
- No systematic measurement of outcomes comparable between jurisdictions
- Disconnect between data collected and reporting
- Understanding need driven services



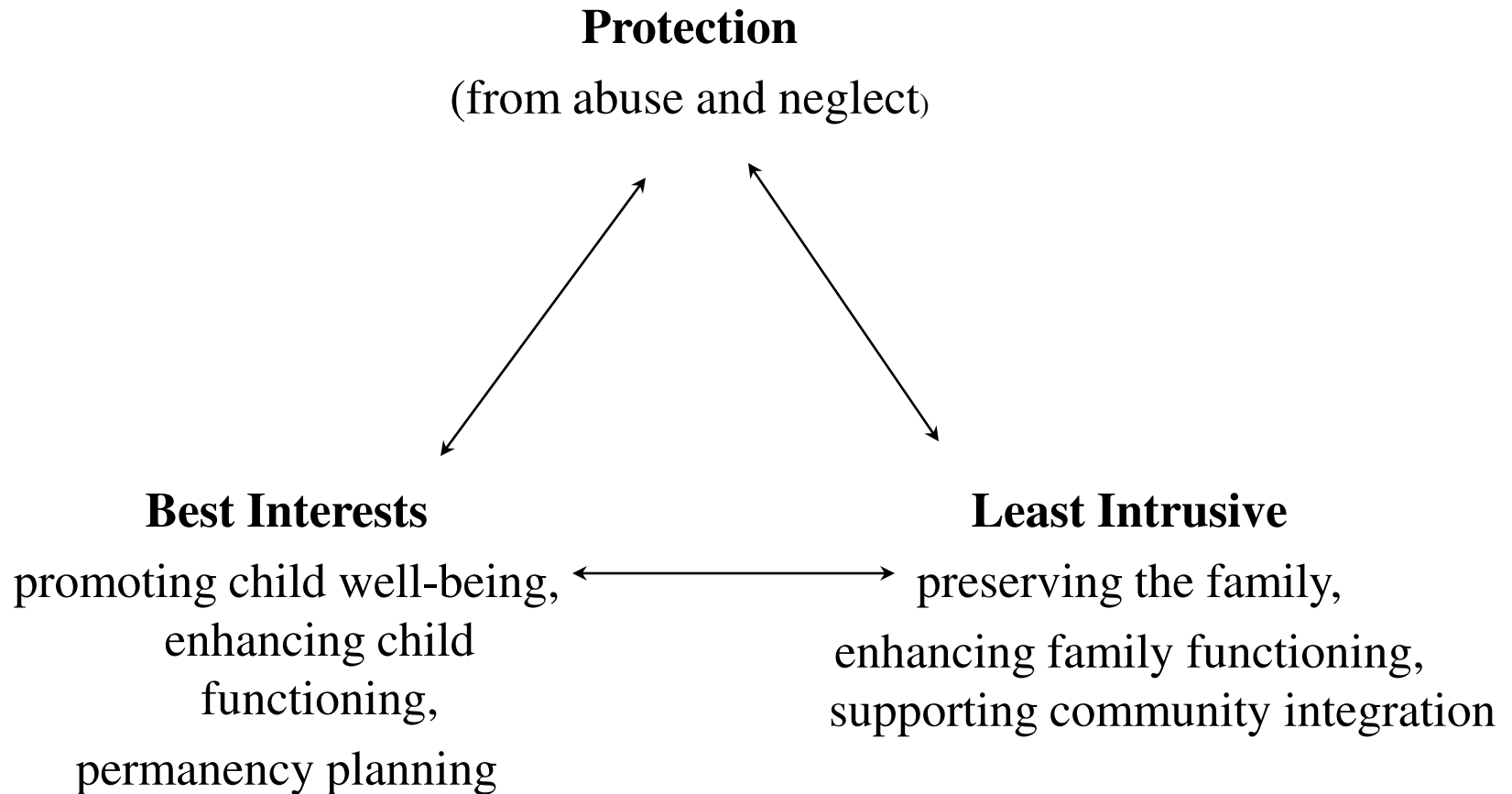
# Origin of National Outcomes Matrix

- Develop a comprehensive overview of the state of knowledge about outcomes for child welfare in Canada;
- Initiate a consensus-building process among key stakeholders for a coordinated strategy in tracking child welfare outcomes across Canada.
- Initiate a coordinated outcome measure development process

# Methodology: an Iterative Process



# Tensions in Child Welfare





# Outcome Domains

- Child Safety
- Child Well Being
- Permanence
- Family and Community Support

# An Incremental Approach

*Management*

Client Tracking System Using  
Proxy Measures

An Incremental Multi-Level Outcomes Approach

Integrated  
Outcomes  
Tracking  
System

*Practice*

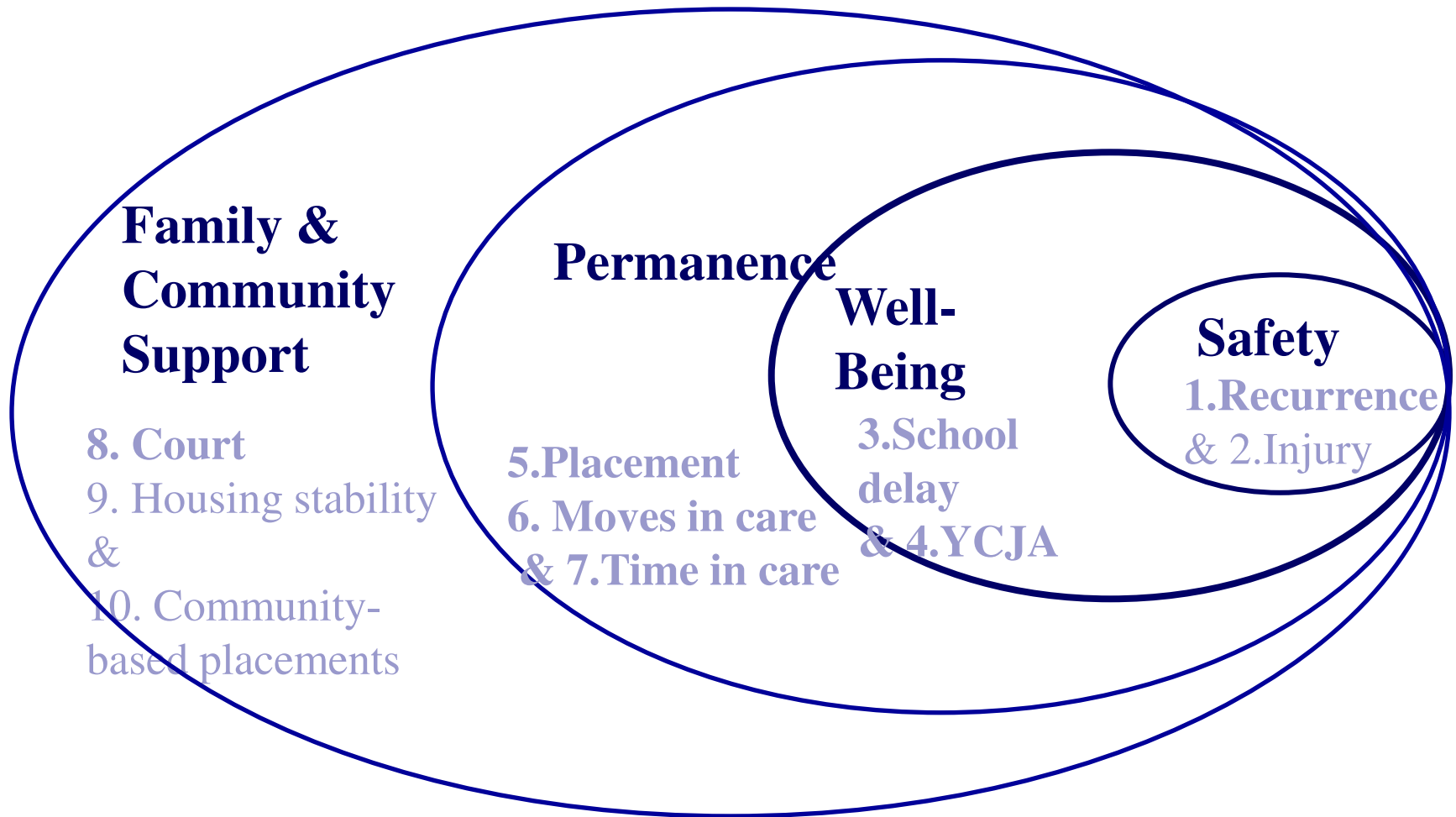
Outcome Based Case-Planning

Measures<sup>+</sup> for Clinical  
Practice

# Matrix Development Strategy

- Objective: generate provincial systems level baseline outcome data
- Reflect broad child welfare mandate by including all four domains (*safety, well-being, permanence, preservation*)
- Use readily available indicators to avoid additional data collection
- Select salient & easily interpreted indicators

# NOM Outcomes Framework







# Initial Matrix of Outcome Indicators

## ■ Child Safety

- ☐ Recurrence of maltreatment
- ☐ Serious Injuries / Death

## ■ Child Well Being

- ☐ School performance
- ☐ Child behaviour

## ■ Permanence

- ☐ Placement Rate
- ☐ Moves in Care
- ☐ Time to Permanence

## ■ Family & Community Support

- ☐ Number of Family Moves
- ☐ Parenting Capacity
- ☐ Placement Matching

# Progress Over the Years

- Operationalize indicators for all provinces/territories
- Integrate with Provincial/agency information systems
- Pilot test child welfare Indicators – ongoing
- Many provincial and territorial ministries are now reporting on the key indicators of this work in their annual reports – ACYS, and Calgary and Region Child and Family Services
- Indicators for all BC children in BC reported by Representative for Children and Youth in BC Summit (2010)
- Evidence-based management – collaboration between McGill University and child protection in Montreal
- Adaptation of the National Outcomes Indicators in OBSD initiatives in Alberta



# Shift to Outcome Based Service (OBSD) Delivery in Alberta

- A shift to involving all stakeholders in a more active role for planning towards specific child and family outcomes using a consistent measurement framework
  - Shift in technical elements of contracting
  - Shift in collaborative practice and relationship towards improving practice – (Brodziak, 2010)
  - Reform which concentrates on modification of technical systems is quite inadequate (Lonnie, et al, 2009)




# The Process of Practice Change



# Policy into Practice

## OBSD as a principles driven process

- The OBSD initiative resulted from the integration of NOMs into intervention services rather than a change in legislated mandate.
  1. Alberta Response Model – 2001
  2. Child, Youth & Family Enhancement Act – 2004
  3. Casework Practice Model - 2007



# All of those initiatives spoke to a recognition of the need for:

- A closer integration of children's services into the broader community of family supports.
- Greater client engagement in the interventions process.
- Early intervention services to achieve better long term outcomes (permanency) for children.



# Casework Practice Model

The Casework Practice Model provided the following practice direction: where clients...

- “should have input into the decisions affecting their lives”,
- “helps parents...recognize situations that require change to increase the safety, security and development of the child”,
- “considers the strengths as well as needs”,



# Casework Practice Model-cont'd

- “empowers families by completing the assessment at all stages in partnership with children, youth and families”,
- “focuses on the practical delivery of services and supports to children”,
- “case planning will happen in a collaborative environment that allows for multiple perspectives...and engages the family in creative solutions...”





# Casework Practice Model-cont'd

This direction calls:

1. for a strengths-based and solution focused approach.
2. collaborative relationships with both clients and partners (without losing sight of the core mandate to build safety for children).
3. Involving families in processes and decisions which affect them is good social work practice and is supported by research.



# OBSD Project Policy

- OBSD requires incorporation of NOMs at the practice level in four domains:
  1. Safety
  2. Permanency
  3. Well being
  4. Family & community support



# OBSD Collaboration Principles

1. Practices will be respectful, ethical, strengths-focused, culturally appropriate and evidence based, and engage families through healthy relationships.
2. Authority, agency and family will work collaboratively to identify needs, develop a single case plan, and achieve agreed upon outcomes. Collaboration will be supported by clear and defined roles, transparency, and honest communication.



# OBSD Collaboration Principles

3. The paramount goal is child safety with a focus on keeping families together and improving outcomes for children and families.
4. Interventions will be creative and flexible in meeting the individual needs of children and families within their communities.



# OBSD Project Policy

- OBSD specified a new, enhanced role for the contracted agencies, specifically a greater accountability for results. This would be paired with greater influence in intervention methods selected.
- This respects the principle of balancing accountability with authority.



# OBSD Project Policy

- In practical terms this meant that the assessment and planning process would be the joint product of the authority and the agency working together with the family.
- This challenges the traditional hierarchy of separating “deciding” work from “doing” work.



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# The Collaborative Approach

## Region 1 – The Start

- Managers from CFSA and Wood's made transition manageable by:
  1. Limiting scope and scale
  2. Flexibility with timelines, processes & resources.
  3. Creating an environment conducive to collaboration at the front line.
  4. Redefining collaboration.



# The Collaborative Approach

## Region 1 – The Learning

1. That the family is the expert in its own functioning and values. That its authentic voice and choice have to be captured as an influential partner in the enterprise. This has to be honoured even where statutory authority to protect children from harm must also be assured.



# The Collaborative Approach

## Region 1 – The Learning cont'd

2. We believe that our professional expertise lies in the hard won experience of all of our front line staff in facilitation of intervention processes with clients.

The emerging model:

- respects the principles,
- is outcomes focused,
- provides clarity of roles for all the players,
- and is the product of our learning in practice.



# Collaboration Defined & Described

- For the purposes of practice under OBSD, collaboration is understood to mean the integration of the assessment and planning processes between the authority agency and family leading to a joint plan which functions as an outcome statement.



# Building a Joint Practice Model

- Workers have been asked to apply the principles in practice.
- Reflection upon what is being learned is included in supervision. “Teachable moments” are brought forth regularly in a form of supervision that is also seen as an extension of formal training.



# Building a Joint Practice Model

- At regular intervals all front line staff meet to engage in semi-structured, facilitated discussions to reflect on learning.
- We regard what has been brought forward in these sessions as qualitative evidence upon which knowledge is being built.
- This is an iterative process and it is ongoing.

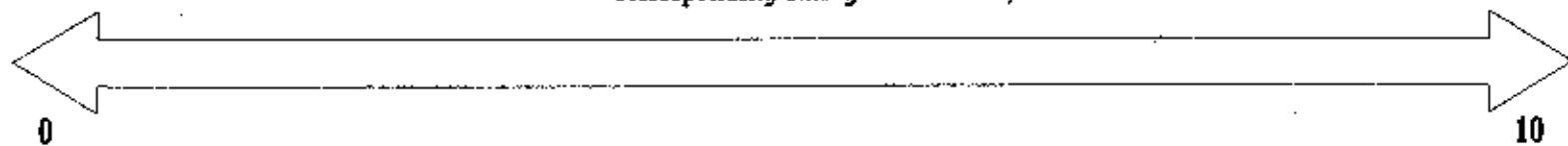


# Integrating Signs of Safety

- Recognition of the need for a shared approach which would balance the protection focus with respect for family strengths and values.
- Both participants independently concluded that Turnell & Edwards' *Signs of Safety* offered a model congruent with OBSD values.

WHAT ARE WE WORRIED ABOUT?	WHAT IS WORKING WELL?	WHAT NEEDS TO HAPPEN?
<u>Past Harm</u> (what has happened to the children [or other children] in the past while in the care of these parents?)	<u>Safety</u> (what acts of protection have occurred that may prevent/mitigate danger to the children?)	<u>Agency Goals</u> (what does SWAB CFSA need to see the parents doing in their care of the children [and over what time period] in order to be confident that there is enough safety to close the file?)
<u>Future Danger</u> (what are we worried MIGHT happen to these children [or other children] in the care of these parents?)	<u>Strengths</u> (skills of living, nurturing, or support that are important but DO NOT mitigate the harm/danger to the children)	<u>Family Goals</u> (what does the family think they need to be doing in caring for the children for the children to be safe or for SWAB CFSA to be willing to close the file?)
<u>Complicating Factors</u> (What makes building a safety network for the children and working with this family more complicated?)		<u>Next Steps</u> (what are agency's and family's ideas about what needs to happen next in working towards the goals?)

On a scale of 1 – 10 (where 10 means everyone knows the children are safe enough for SWAB CFSA to close the case and 0 means things are so bad for the children that they can no longer live at home) where do we rate the situation? (If different opinions occur please rate all names and corresponding ratings on the line)







# Integrating Signs of Safety- cont'd

- Principles embedded in OBSD and SOS are that all families, no matter how challenged, have strengths and are the experts on themselves.
- SOS facilitates a mutual understanding of the protections concerns and an enhanced level of clarity of both risk and mitigating factors.



# Integrating Signs of Safety- cont'd

- Accountability is enhanced when the family comes up with its own solutions.
- In practice this has led to faster and deeper engagement. We expect as the pilot progresses this will be reflected in better outcomes.
- While these ideas are not new, their integration into our practice is.



# Signs of Safety Critical Thinking Method

Signs of Safety discriminates between:

1. Parental actions that results in harm or risk of harm to the child,
2. Barriers to functioning which complicate the situation but do not result directly in harm,
3. Acts by the parents which build safety,
4. As distinct from strengths which are assets, but do not themselves mitigate risk,
5. Promotes clarity of purpose, supporting critical thinking.



# Families, Research & Reality

Expectations of OBSD are based upon the belief that early development of a collaborative relationship will result in greater positive outcomes achieved more quickly. However this will require case workers to shift their practice:

1. Creation of Safety vs. Forensic/Policing Approach
2. Authoritative vs. Authoritarian
3. “Good Cop” vs. “Bad Cop”
4. Relationship or influence vs. Legal Authority



# Families, Research & Reality

- Developing a new child protection practice model has implications for workers beyond acquiring new skills and abilities; it goes to restructuring their professional identities and what they expect of themselves in their relationships with families and allied agency workers.



# Authors of Our Joint Practice Model

- Abby Girard
- Barb Waite
- Colleen Hotchkis
- Daniel Windle
- Danielle Linn
- Erika Publow
- Janelle Martens
- Jon Hunt
- Kelsey Kinahan
- Kendra Seddon
- Lindsay Blanchard
- Rebecca Dwyer
- Tony Sprado
- Wendy Philibert
- Yvonne Coakes
- All families served by them.



# The Value of Measuring Practice



# Some Beliefs About Outcomes

- Hard to measure the magic of clinical work
- Outcomes that interest funders have traditionally been about the number of people served
- Outcomes that interest funders do not always contribute to the quality of work that is being done
- It is expensive and time-intensive to measure outcomes
- Higher priority to do good work than to demonstrate to others that good work was done





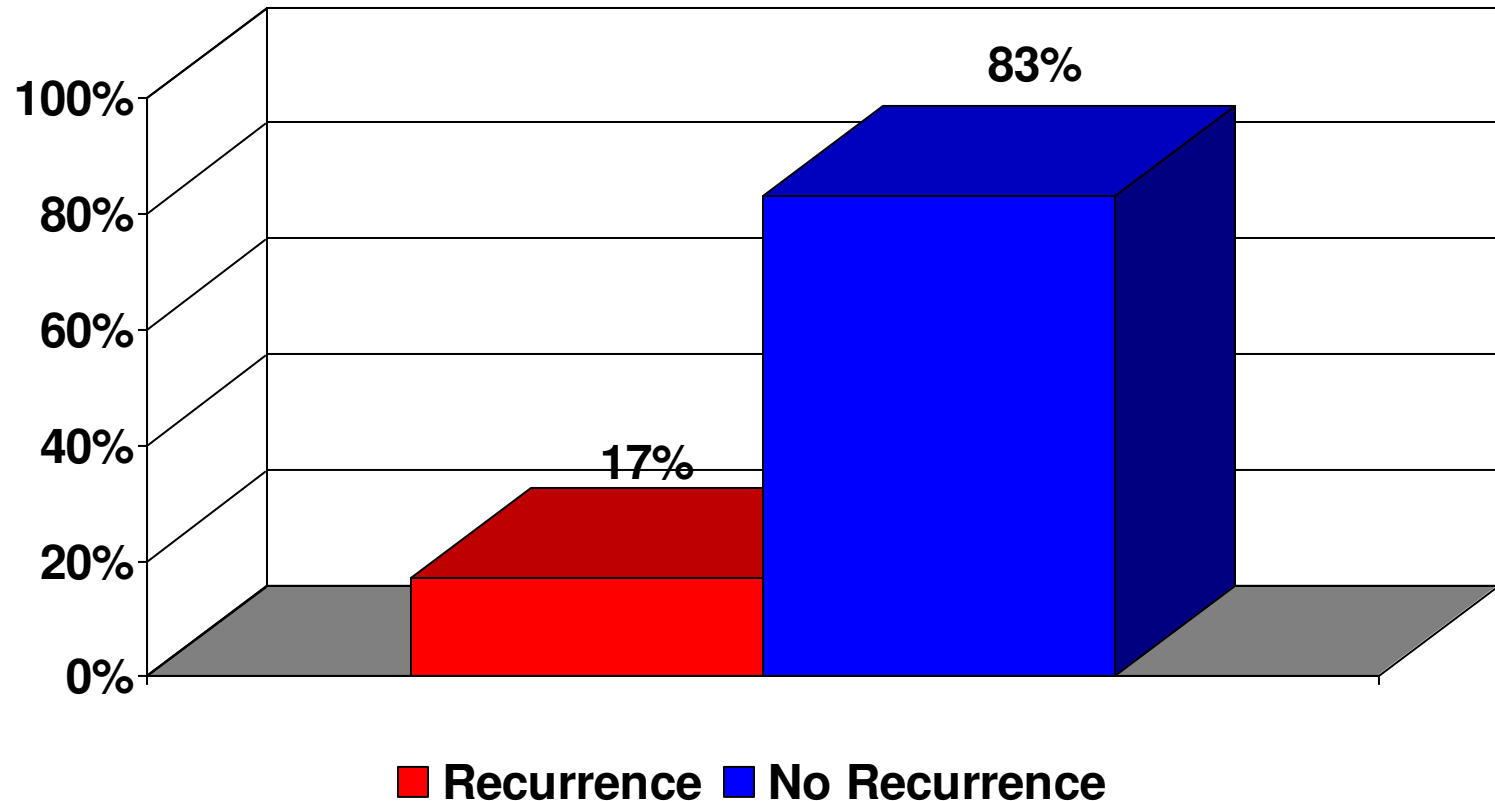
# How Do We Recognize Success?

- Indicators of short-term success?
- Indicators of success following program completion?
- Indicators of success if you meet these young people in ten years?
- Is it realistic and feasible to achieve optimum success at each stage?

# Simplicity or Complexity of Indicators of Success?

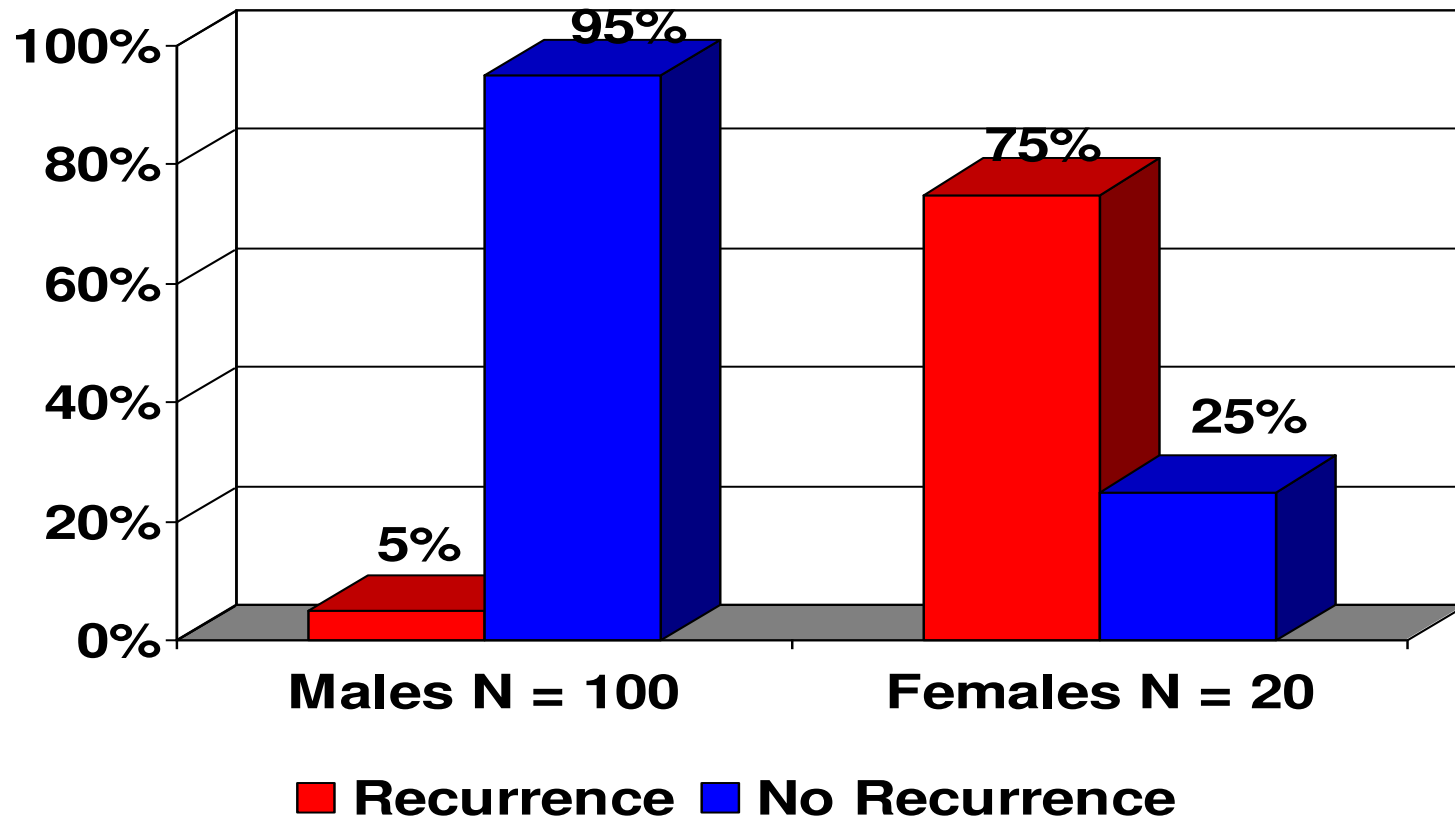
- Indicators may suggest that your program is very successful in reducing recurrence of maltreatment – is this true?
- Indicators could suggest that half of all participants are experiencing critical child behavioural concerns following discharge from services – does this mean the program is not being effective?
- Need to drill into the data to get a better sense of the complex interactions and see the strengths and limitations of simple data

# Recurrence of Maltreatment ( $N=120$ )



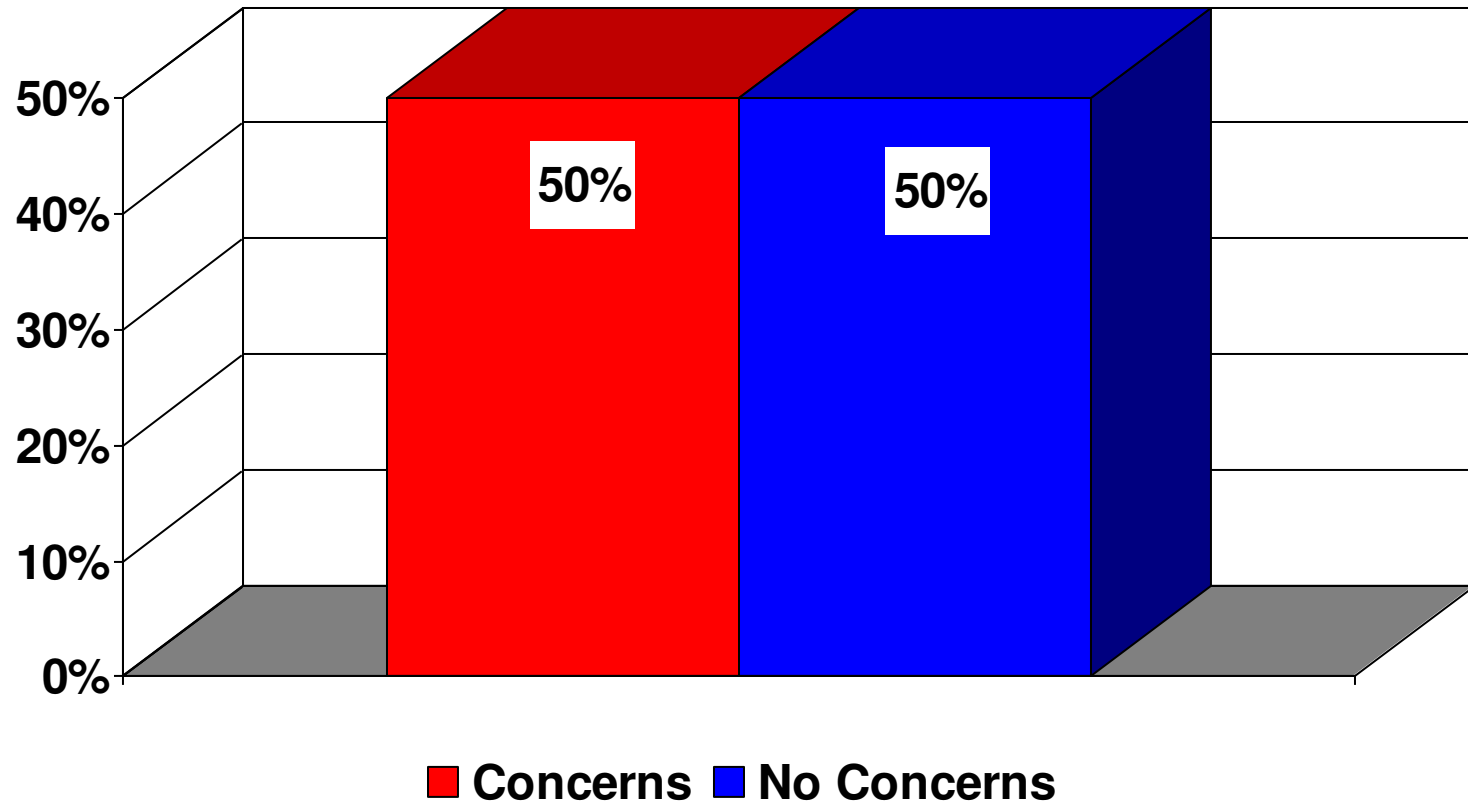
**MOCK DATA**

# Is This Truly Success?



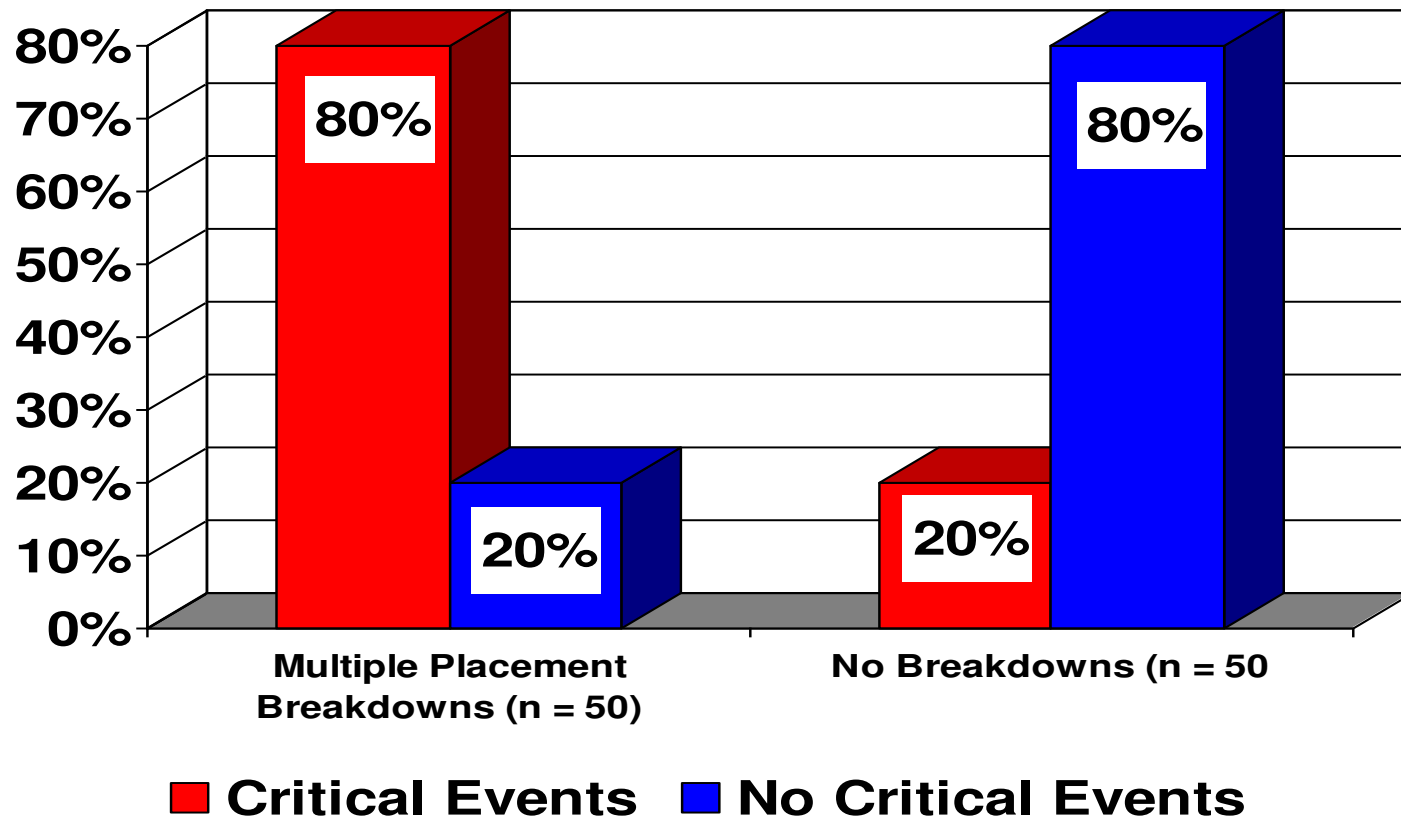
**MOCK DATA**

# Critical Discharge Concerns ( $N=120$ )



**MOCK DATA**

# Is This Truly Not Successful?



**MOCK DATA**

# Making Outcomes Useful

- Collecting data that can be useful in understanding the complexity of standard outcomes can include data that describes:
  - The characteristics of youth and/or families accessing your program – examples?
  - Past involvement in care, services, or other jurisdictions
  - What occurs during the time they are in your program and at specific timeframes
  - Transitions at discharge
  - Situation following discharge (1 – 36 months)

# How Can This Data be Used?

- To address information requests related to:
  - issues in program delivery,
  - requests about general service effectiveness,
  - requests regarding effectiveness with specific client groups
  - associating time spent on clients (80% of time spent on 20% of clients)
  - reality checks on what we remember from the work we do
- To be able to make definitive statements at an aggregate level about “1) which youth do best (or worst), in 2) which types of programs, for 3) which types of presenting concerns, for 4) what time frame”



# Systems-Based Outcomes

Annual reporting will examine a range of systems indicators under the four domains including:

- **Demographic Information:**  
age/gender, primary concerns, type of referral
- 1. **Child Safety:**  
recurrence of maltreatment, monitoring risk issues
- 2. **Child Well-being:**  
school performance
- 4. **Permanence:** proportion of children remaining at home, returning home, achieving permanency, planned and unplanned moves, duration of service
- 5. **Family and Community Support:** cultural placements, cultural supports, family moves



# Integration of Client Measurements into the Process

Use of the tools is built into the assessment.

1. Family Assessment Form (FAF) Pre & Post
2. ASQ 3 – Ages & Stages Screening
3. Preschool & Early Childhood Functional Assessment Scale (PECFAS) Pre & Post
4. Child & Adolescent Functional Assessment Scale (CAFAS) Pre & Post
5. Functional Assessment Scale (FAS 14) Pre & Post
6. Session Rating Scales (Collaborative Team Sessions)



# Integration into Engagement

Respect for OBSD principles.

With the family as a member of the collaborative team the assessment tools should:

1. Capture the day to day functioning of the family.
2. Present a balanced picture of what is going well and what the needs are.



# Integration into Relationship

3. Be administered and presented so the family understands the tool and the process.
4. Provide evidence to the family.
5. Generate meaningful discussions with the family.
6. Include each member of the family.



# Impact of Assessments Tools

For the Family:

1. Helps the family understand the reasons for CFSA involvement.
2. Helps the family see the positives.
3. Helps the family “see” their goal(s) and “see” their progress.
4. Provides a level of objectivity.
5. Identifies other areas of possible concern.



# Impact of Assessments Tools

## The Workers:

1. Helps with engagement with the family.
2. Focus priorities for the work within the family.
3. Identifies strengths, safety and possible supports within the family.
4. Identifies opportunities for educations and resource development.
5. Identifies areas for potential support by community referrals.



# Impact of Assessments Tools

For our agency:

1. The work of the team isn't delayed while waiting for an external assessment.
2. Better connections with community resources and programs.
3. Data collected at the local level will help inform local service providers.



# Learning From the Process





# Changing the Changer

At the supervision level:

1. The time required to maintain focus.
2. Evolving expectations on evolving practice.
3. What are the new skills and behaviors required?
4. Workers are now responsible for their learning and that of their colleagues.



# Rewards of Joining with the Family

As we develop deeper skills:

- Become better at engagement.
- Learning to sometimes turn fearful clients into allies.
- There is greater conscious and intentional practice occurring.
- Greater accountability within the clients for their behavior and meeting expectations.



# Collaboration: Joint Authorship & Integrated Practice

- The meaning of collaboration has changed.
- Moving away from hierarchy of work and workers.
- Recognition of the role of each member of the team and their unique perspective and expertise.



# Integration of Measurement into Practice

When the focus shifts away from managing processes to outcomes:

- Formative measurement clarifies needs while summative confirms progress.
- Measures can become an intervention-single subject research design.
- Higher degree of objectivity.
- Wanted data available for the family, agency and the community.



# Supporting a Culture of Change

The development of an OBSD practice model is:

- Built on the expertise of front line workers facilitating a process of change in clients.
- Rooted in the hard won experience of the front line staff.
- Their willingness to learn.
- Managers willingness to allow learning to unfold, be flexible and demonstrate extraordinary trust in their front line staff.



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# **QUESTIONS & DISCUSSION**