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## SPECIAL EDITION: RESEARCH IN CHILD WELFARE

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# Message from the Executive Director

*By Jeanette Lewis*



This special edition of the *Journal* focuses on research in child welfare – especially research that is collaborative and conducted in interdisciplinary partnerships. It features contributions from researchers, students, and child welfare staff. The articles demonstrate that, contrary to the case in the not-too-distant past, child welfare research is alive and well in Ontario.

Each year the number of children in care and the complexity of their needs increases. Forty percent of children in care have parents who were known to CASs as children; this cycle of damage to children and despair in families needs to be broken. The partnering of CASs and academic institutions to develop and exchange information that supports preventive interventions and evidenced-based practices is the best way to improve outcomes for children and families.

This special edition of the *Journal* highlights a variety of important and interesting new findings in child welfare research:

- Preliminary findings of self-harm in youth by gender, age and frequency suggest that what we have always assumed about self-destructive behaviour in these young people is not necessarily the case
- A discussion of the increasing integration, through collaboration, of Aboriginal and traditional Western science highlights the importance of recognizing the distinctness of each
- A look at creating partnerships between universities and service agencies highlights co-operative research ventures such as Participatory Action Research
- A social worker discusses the practicality of research and how it can be incorporated into our daily work
- Researchers show how partnering with the community has helped to develop a program for preventing alcohol misuse in First Nations at-risk teens
- Some factors for researchers to consider in deciding when to report child protection concerns are discussed in an environment where each child and situation is unique.

The current surge of interest in child welfare research is mirrored by the recognition of the Child Welfare Secretariat of the need for on-going research as a key component of the transformation agenda. The Secretariat recognizes the need for funding to enable the collection of quality data to build a research agenda. A Single Information System is central to the collection, utilization, and dissemination of good data sharing among stakeholders in the child welfare arena.

While participation in research studies requires time and resources the knowledge gained is well worth it. The continual generation of knowledge will help us learn how to heal families and build healthy environments for children – and that is the best kind of protection that we can offer.

# Introduction to the Special Edition on Child Welfare-Research Collaborations: Teamwork, Research Excellence, and Credible, Relevant Results for Practice

*By: Gail Vandermeulen  
Christine Wekerle  
Chester Ylagan*

We are now mid-way through the first decade of the 21<sup>st</sup> century. Does our child welfare practice reflect our vision for the new millennium? Does our day to day work match the philosophy and expectations that we held when we entered the child welfare field?

In this era of evidenced-based practice, it has become increasingly evident that the base on which child welfare practice stands is somewhat shaky and to a large extent has been dependent on wisdom gained through experience. In the last several years child welfare practitioners have increasingly seen the need for good research to support practice and have seen the need to collaborate with researchers to answer questions. It is abundantly apparent that understanding how families and children function is not the purview of any one discipline; and that to develop programs and services that address their complex needs requires the involvement of child welfare workers, researchers and families themselves.

Child maltreatment researchers are also interested in moving towards greater collaboration, bringing to the table their clinical and research methodology skills. Integrating the researcher's expertise in the areas of epidemiology, program evaluation and needs assessment with the extensive client and case management knowledge within child welfare can create a new and more effective level of skill in working with families. We are confident that together we can do this.

In 2004, a cross-Canada team of researchers, governmental, and non-governmental groups partnered to prepare a submission for federal funding for a national research centre of excellence which would answer questions of practice and policy importance. In preparing the submission this partnership conducted an electronic survey to learn what the child welfare field saw as the most pressing areas for research. The partnership received over 200 responses. The areas that were rated as important included:

- the need to adopt evidence-based practice
- prevention
- permanency planning
- the overlap of mental health with child welfare, and

- the issue of poverty and social disadvantage in client families.

The top concern identified in the survey was to address the question “how are current services working for clients, both in the short-term and across the lifespan?” This is an essential question that can be addressed at many levels: the single client, a client group, an agency, and provincial system. Standard outcome evaluation assessments can provide answers that apply to all these levels; for instance, in terms of quality of life dimensions of clients both while in and after exiting child welfare involvement such as education, quality of relationships, career development, financial and parenthood planning.

The partnership did not receive funding for their proposal. But the questions remain and the desire to collaboratively find solutions continues.

This special issue of the *Journal* presents articles demonstrating collaboration, and participatory action research from a number of perspectives: researchers, students, and child welfare professionals. We hope to stimulate the child welfare and research communities to envision what child welfare could look like 5 years from now. How do we transform research into practice? If you could only do one study in your agency – what would that be?

One of the contributions to facilitate the migration of research results into credible and effective practice that OACAS will make is the creation of a Research Website. This website is in an embryonic stage and we are counting on the child welfare field and the research community to help us build a tool that will truly create a knowledge mobilization capacity. Our vision is a website that will allow us to disseminate the results of current research, consult widely on specific issues, provide an international network for the sharing of practice innovations, provide links to journals and that will continue to grow to meet the changing needs of the child welfare sector.

## About the Authors

*Gail Vandermeulen is Director of Communications and Quality Assurance at the Ontario Association of Children's Aid Societies.*

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# Collaborative Research in Child Welfare: Stepping up to a Higher Standard

*Commentary by Nico Trocmé*

Research collaborations between academics and service providers are emerging as a new standard for funding and conducting research in Canada. The 2005 OACAS *Journal* Special Edition on Research in Child Welfare is a prime example of the synergy created by such collaborations.

Such collaborations, often referred to as participatory research, are beneficial to both service providers and researchers. Service providers get a chance to step back and apply systematic research techniques to their work, and academics get a chance to conduct research in “real world” settings.

In the past, the failure to collaborate has often meant that the problems of the most vulnerable populations do not get addressed, and the most complex questions do not get asked because of perceived barriers in accessing these populations and limitations in available measurement and analysis techniques. Now, this is changing. Comeau’s research on early intervention to prevent alcohol abuse for First Nations youth (pp. 39-46) demonstrates that it is possible to conduct good quality collaborative research with high risk groups. The MAP study (Wekerle et al.: pp. 26-34) demonstrates that it is feasible to enroll and retain child welfare youth in longitudinal studies using an array of standardized questionnaires. With assessments being successfully completed for over 600 children and youth, results from the Ontario Looking After Children project are shaping practice and policy across the province (Flynn and Byrne, pp. 12-21)

Despite these successes, participatory research is still too often viewed with suspicion. Service providers hesitate to commit scarce resources to research processes that are complex, slow, and provide guarded answers to pressing questions. Academics and scientific funding bodies are

concerned that research standards may be compromised and the results overstated.

These misapprehensions stem in part from underestimating the true cost of doing high quality participatory research. The process for implementing participatory research described by Wekerle and colleagues (p.26) requires that both researchers and service providers have the resources and the time to work together in a meaningful manner. Leslie (pp. 22-25) argues that without such supports service providers risk experiencing research as “parasitic shark attacks” (...) “creating quantitative meanings through statistical analysis” (p.24). Although participatory research should never compromise the standards of good statistical analysis, an effective partnership is one where even the statistical analyses are conducted in a collaborative manner that ensures that the service context is taken into consideration and that all partners maintain a sense of ownership.

Collaborative research is complex and resource intensive because the important questions that address the lives of people are themselves complex and require attention, time, and commitment. But vulnerable children and their families deserve the effort and resources required to ensure that the help that is being offered has been evaluated on the basis of the highest standards of evidence.

## About the Author

*Nico Trocmé is the Fisher Chair in Social Work at McGill University and the Director of the Center of Excellence for Child Welfare ([www.cecw-cepb.ca](http://www.cecw-cepb.ca))*

# Youth in Child Welfare Care and Self-Harming Behaviours: Preliminary Descriptive Findings

By *Deborah Goodman*

*Study funded by CIHR Net Grant, led by Christine Wekerle (2004/05)*

## Introduction

Since 2000, the Children's Aid Society of Toronto (CAST) has been closely tracking the growing numbers and changing nature of the self-harming behaviours of children/youth in care. The Ministry of Child and Youth Services (MCYS) requires all Societies to formally report all serious occurrence events through the Serious Occurrence Report (SOR). In order to advance knowledge about CAST's child welfare youth who self harm, this study systematically inputted into SPSS 12.0 all SOR data for 2004 plus additional child variable data (e.g. treatment plan) where there was a threat of self harm, a self harming incident, or an incident where a restraint was used related to self-harming behaviour.

This paper identifies the broader knowledge challenges regarding youth who self harm and presents some selected preliminary findings from the descriptive analysis of the 2004 self-harming SOR incidents by gender, age, frequency and type. It is hoped that this paper will stimulate a broader field discussion about how best to advance evidence-based practice and empirical knowledge regarding our child welfare youth who self-harm.

## What do we know about youth suicide, mental illness & self harm?

Canada has the unfortunate distinction of having the worst adolescent suicide rate in the industrialized world at 18 per 100,000 children in the general population. For Native youth that number is 108 per 100,000. Suicide now ranks as the second or third cause of death in 10 to 24 year olds in several countries, including Canada, Britain and the United States (Rodham, Hawton & Evans, 2004).

Recent reports, such as *"The Current Status of Mental Health Services for School-Aged Children and Youth in Ontario"* (2001) have documented that Ontario has an estimated 530,000 youth with treatable mental health concerns but only 150,000 are getting care and that children wait one-third longer than adults in Ontario for psychiatric care. While self-harm occurs in the context of mental health issues, such as depression and behavioural disorders, it also is associated with relationship problems with family or friends, disciplinary crises, child maltreatment, and

impulsive behaviour (Rodham et al., 2004). Self harming behaviours do not always lead to suicide.

**What do we know about self harm?**

Research into deliberate self harm has found that it is steadily increasing in prevalence, with ranges from 6.9% for a sample of 6,020 pupils aged 15 to 16 (Rodham et al., 2004) to 14% of a sample of 500 college students (Favazza, 1992) to 35% for a sample of 150 undergraduate psychology students aged 18 to 64 (Gratz, 2001). In short, the existing literature identifies that nonfatal, deliberate self-harm is not an uncommon event in the general population; thus, it will be evident in a child welfare population. However, much remains that is not known about self harming youth. For example, clear definitions regarding “self-harm” are lacking. Terms such as self-harm, threat of self-harm, self-mutilation, self-injury, suicidal intent are applied interchangeably and used to describe very different behaviours (e.g. cutting, burning, ingesting items/poisons, hanging). The motivation of children and youth who self harm, or threaten to self harm, are not well understood. As well, no standardized and validated tool to measure self-harm exists to date (Goldston, 2000).

**What do we know about Ontario youth in care who self harm?**

Analysis from five Ontario CASs SOR data for 2003/04, representing 7,815 children in care, found the percentage of in-care youth who had a SOR (self-harming, threat of self harm or death) ranged from 6% to 10% with an average 7.4%. Across these five agencies, there was not one suicide of a youth in care. In fact, suicide of a youth in care appears to be a very low frequency event. This may be due to the increased supervision and secure care CASs provide to their most at-risk, suicidal youth. Review of the ratio of “self-harming threats” to “self harm incidents” found a 40:60 ratio, with a certain number of youth experiencing repeat SORs.

**Preliminary Findings from CASTs 2004 Analysis of SOR data**

This selected analysis of CASTs 2004 SOR data focuses on gender, age, SOR frequency and type of self-harm differences. See Tables below.

Table 1: Single vs. Repeat SOR	YOUTH with SINGLE SOR		YOUTH with REPEAT SOR				ALL YOUTH TOTAL
	1 SOR		2-3 SOR	4-6 SOR	7+ SOR	SubTotal	
# Youth with SORs	76 (75%)		14	5	6	25 (25%)	101 (100%)
# SOR Incidents	76 (32%)		33	23	103	159 (68%)	235 (100%)

Table 2: Single vs. Repeat SOR by Gender & Age	YOUTH with SINGLE SOR		YOUTH with REPEAT SOR		ALL YOUTH TOTAL
	# SOR	Mean Age	# SOR	Mean Age	
Male	43 youth = 43 SORs	13.84 yrs	14 youth =61 SORs	10.43 yrs	57 Males
Female	33 youth = 33 SORs	14.48 yrs	11 youth =98 SORs	15.18 yrs	44 Females
TOTAL	76 youth =76 SORs		25 youth =159 SORs		101 Total
Significant age difference p<.05		No: p=.302		Yes: p=.001	

Table 3: Single vs. Repeat SOR incidents by Type	YOUTH with SINGLE SOR		YOUTH with REPEAT SOR		ALL YOUTH TOTAL %	
	Male SOR	Female SOR	Male SOR	Female SOR		
Self Harm Injury	26	16	18	48	108	46%
Self Harm Threat	15	15	9	44	83	35%
Physical Restraint	2	2	34	6	44	19%
Sub Total	43	33	61	98	235	100%



This one year analysis suggests that there may be three types of youth who commit serious occurrences: one-time, occasional repeaters (2 to 6 times) and chronic repeaters (7 to 20+ times). For purposes of this article these youth will be referred to as “one time SOR youth”, “occasional SOR youth” and “chronic SOR youth”. The “occasional” and “chronic” repeaters are reported on as a group in some instances and are referred to as “repeat SORs.”

Although one-time SOR youth made up 75% of the youth with an SOR, they only account for one third (32%) of all SOR incidents. There does not appear to be a significant age difference between male and female one-time SOR youth. One fifth (19%) of the self-harming youth are occasional repeaters of SORs, representing 24% of all incidents. A very small percentage of youth (n=6 or 6%) fall into the chronic category and accounted for 103 (44%) of the 235 SORs.

The occasional SOR youth are weighted toward males – 12 of 19 youth. The gender of chronic SOR youth (7+ SORs in one year) finds an age weighting toward females. In the sample there were two males (total of 25 SORs for an average of 12.5 each) and 4 females (total of 78 SORs for an average of 19.5 each). Additionally, there is a significant age difference between the genders: the two young boys in the chronic sample are six and seven years old; the four female youth range from 15 to 17 years of age.

Overall, age difference between genders for the repeat SORs was found to be significant ( $p=.001$ ). The 14 repeat males (2 or more SORs) tend to be under 10 years of age and almost all of the 11 repeat females are over thirteen years of age. This age difference is reflected in the type of SOR, where the 14 repeat SOR boys are younger and often placed in a restraint (n=34 SORs) before they progress to self-harming behaviour, whereas the 11 repeat SOR females appear to complete the self harming behaviour (n=48 SORs) with greater frequency.

Regarding type of SOR method, the 14 young boys with repeat SORs (n=61) tended to use two methods 90% of the time: 1) cut/scratch/stab or 2) head bang/punch

objects. The 11 repeat SOR female youth, tended to use one of three methods in 84% of their 98 SORs: 1) head banging/punch objects 2) an overdose of medications or poison or 3) used another type of harm, such as swallowing metal objects or inserting material into cuts or wounds.

### **Preliminary Conclusions & Next Steps**

The preliminary findings suggest there may be a self harming matrix, with the repeat group both threatening and performing self harming behaviours.

This examination also suggests the repeat group may be distinguished by gender, age and preferred method of self-harm. This analysis is simply a start at better understanding these youth and their self-harming behaviours and there is much more to learn. Little is known about the motivation of these self-harming youth – are they truly suicidal, just impulsive or are their behaviours symptomatic of a coping approach. How does motivation impact treatment? What treatments are available (e.g. cognitive, behavioural, drug) and what works best, for whom? How do we prevent one-time SOR youth from becoming repeat SOR youth? What does it mean when youth switch from one type to another (e.g. cutting to hanging)? Can we identify at risk children/youth before even one SOR occurs?

These children and youth are engaging in very serious self-harming behaviours: throwing themselves out of moving cars, drinking poisons, pushing tacks into their body, severe head banging and trying to hang themselves. There is a compelling need from a clinical and a quality assurance perspective for each CAS to better understand their SOR youth through sustained examination and analysis. Agencies need research tools and training to be able to do that. There is also a need for the agency level data to be aggregated to the provincial level in order to examine patterns, general findings and to develop better policy, practice AND research. It is hoped this study will stimulate field discussion in order to begin that journey.

## About the Author

Deborah Goodman, Ph.D., is the Supervisor of Research at the Children's Aid Society of Toronto.

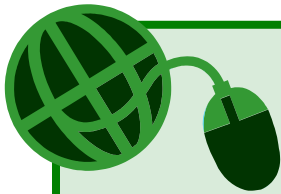
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# Collaboration: A Key Step to Establishing Partnerships

By *Hendricus Van Wilgenburg*

## Introduction

This article presents some of the thinking underlying collaborative approaches. Some specific examples will be drawn from a research project with Aboriginal youth, described subsequently in M. Nancy Comeau and colleagues' article. The traditional Western scientific understanding of the environment is one in which the social environment is seemingly separate from the natural environment. The traditional Aboriginal understanding of the environment is one in which human health (in all its aspects) is intricately interwoven with environmental/ecosystem health (Berkes, 1998). In recent years, researchers and community groups involved in specialized processes such as environmental impact assessment (EIA) have paid more attention to the social aspects of people's lives. The integration of Aboriginal science with Western traditional science through collaboration is increasing (Nicolson *et al.*, 2002; Armitage, 2004; UINR, 2004). Yet, the meaning of collaboration, the manner in which it should proceed, and what it can expect to achieve remains unclear.

## The Meaning of Collaboration

Collaboration seeks to generate something innovative or novel. For example, one researcher may have theoretical and experimental knowledge grounded in Western science while the other may have a holistic perspective grounded in Aboriginal knowledge. Thayer-Bacon and Pack-Brown (2000, p. 49) tell us that all forms of human collaboration seem to have two basic characteristics: 1) interpersonal relationships (between people), and 2) intrapersonal relationships (within a person). The two basic characteristics of human relationships are illustrated in the following three ways:

- a) *Lineal-hierarchal* - human relationships in which there are leaders and followers.
- b) *Collateral-mutual* - human relationships in which specific goals and the welfare of lateral extended groups are embraced, such that in times of struggle, friends, and family members are consulted; and lastly,
- c) *Individualistic* - human relationships in which the distinctive goals, individual autonomy, and control over personal destiny are embraced. (cf., Thayer-Bacon & Pack-Brown, Summer 2000, p. 49)

The act of collaboration can be defined as:

... *the intellectual and emotional interaction that takes place between diverse people who are in a changing relationship with each other and are able to mutually communicate through an accurate and shared verbal and nonverbal language; therefore, they are potentially able to influence each other.* (Thayer-Bacon & Pack-Brown, 2000, p. 51; their italics)

Collaboration not only provides participants with opportunities to learn from each other, but also the prospect that they modify their opinions and/or attitudes, or correct errors in understanding in light of what they learn. A theme in pragmatic deliberative processes like collaboration is “enlightened understanding” provided that the “participants have a disposition of reasonableness” (Young, 2000, p. 24). To be reasonable, a participant is required to listen to the various experiences and perspectives (e.g., values and worldviews) expressed by others and take those expressions to be genuine. Furthermore, the notion of *inclusion* requires that participants not be in a position to coerce or threaten others. Various cultural and social perspectives are understood as valuable resources to enrich social change and self-development.

### Reasonableness and the Significance of Collaboration

In the *Politics of Recognition* (1994), Charles Taylor argues that individuals or cultural groups who are unsuccessful in their attempts to be recognized can suffer real harms. A person’s identity is shaped by the view that other people have of them. Taylor believes that dignity is a good that we distribute to each other when we recognize the distinctness of others, that is, as members of a distinct cultural group. Self-respect is attained through recognition, and for Taylor, recognition is particularly relevant for individuals participating in collective activities like research collaboration.

In *Reasonable Self-Esteem* (1996), Richard Keshen offers the model of a “reasonable person” with “reasonable self-esteem” whose defining commitment is to apply critical guidelines when evaluating and revising his self-view. If people are committed to the ideal of reasonable self-esteem, they will lead fuller and happier lives. A key

feature is the idea of respect via equal power and power-sharing, which the reasonable person should see as her core ideal, is: “*I do not count for more...I do not count for less?*” (Keshen, 1996, Chaps. 8 & 9; my italics). Keshen believes that humans are biologically predisposed to self-evaluation, identity with others, and have feelings of self-esteem. Self-esteem feelings in turn give rise to self-esteem desires (Keshen, 1996). The fact that a person’s self-esteem is grounded in “self-reflected self-evaluation” makes the individual feel that “the satisfaction of some of her most important desires hinges on how others react to her or might react to her” (Keshen, 1996, pp. 167-168). Dignity and the satisfaction of self-esteem desires depend on our willingness to recognize the distinctness of each other. This is not often a consideration to which we give much thought or weight when we enter into a participatory action research model, which asks for a sustained and actively involved commitment over time. In addition to learning new topics and asking new questions, this process of collaboration can, perhaps unknowingly, influence our sense of self. Tara Nassar’s article gives us a glimpse of her learning process from a research day, that lead to greater self-reflection as a way to see practical applications to the work of child welfare.

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# Overview and Findings to Date of Research in the Ontario Looking After Children Project

*By Robert J. Flynn and Beverly Ann Byrne*

The purpose of this paper is to introduce the Ontario Looking After Children (OnLAC) project and summarize the major findings from the studies conducted to date within the project. We begin with a brief introduction to the international Looking After Children (LAC) initiative and the Assessment and Action Record (AAR), the main LAC instrument used to assess the needs and monitor the developmental outcomes of young people in out-of-home care. We then briefly describe the goals of the OnLAC project, summarize the findings from the 10 studies completed to date, and conclude with a brief consideration of outcome monitoring and policy development in the OnLAC project that is intended to close the loop between project research and improved child-welfare policies and practices in Ontario.

## Looking After Children

Over the last decade, the international Looking After Children initiative (Parker, Ward, Jackson, Aldgate, & Wedge, 1991; Ward, 1995) has been an important influence in a number of countries on efforts to improve the quality of substitute parenting for young people in out-of-home care and to enhance their short-term and long-term developmental outcomes. Since 1995, LAC has been implemented in the UK, where it originated, and countries such as Australia, Canada, Hungary, and Sweden. LAC aims to improve young people's positive adaptation and outcomes in seven major areas of development: health, education, identity, social and family relations, social presentation, emotional and behavioural development, and self-care skills. It intends to accomplish this mainly by improving the quality of the "corporate" or substitute parenting that young people experience. LAC is imbued with developmentally oriented values and principles (Smith, 2000), including: a paramount concern with promoting the young person's well-being and success; standards of substitute parenting equal to those of well informed parents in the community who have adequate resources; strong partnerships among individuals and organizations charged with the young person's care; outcome targets on the same level as those for young people of the same age in the general population, even if the needs of young people in care may often be greater;

and a conviction that positive work is possible even in less than ideal circumstances.

### The Assessment and Action Record

The main instrument within the LAC framework for assessing the needs and monitoring the outcomes of young people in care is the Assessment and Action Record (AAR; Parker et al., 1991; Ward, 1995). The AAR has three complementary purposes, on three successively higher levels. First, on the level of the individual child or youth, the AAR has the *direct-service* (or “clinical”) function of helping child welfare workers, foster parents, or other caregivers to assess the young person’s needs comprehensively, prepare and implement high-quality plans of care, and monitor the young person’s yearly progress (Flynn, Ghazal, Moshenko, & Westlake, 2001). Second, on the level of the local child welfare organization, the AAR has the *managerial* function of enabling middle and senior managers and board members to monitor the progress of a group of children or youth annually, compare their actual developmental outcomes with those that have been targeted, and make data-based decisions to improve the relevance of agency services and the quality of young people’s lives (Flynn, Lemay, Ghazal, & Hébert, 2003). Third, at the level of an entire provincial or national child welfare system, the AAR has the *policy* function of encouraging decision-makers to monitor young people’s outcomes on a system-wide basis, evaluate their outcomes in light of expected progress, and formulate improved policies and practices.

In the OnLAC project, we use the second, “Canadianized,” adaptation of the Assessment and Action Record (AAR-C2; Flynn et al., 2001; Flynn, Ghazal, & Legault, 2004). Like the original version of the AAR developed in the UK (Ward, 1995), the AAR-C2 assesses needs and outcomes in the seven LAC developmental domains mentioned earlier. The AAR-C2 is available in English and French and consists of eight age-appropriate forms: 0-12 months, 1-2 years, 3-4 years, 5-9 years, 10-11 years, 12-15 years, 16-17 years, and 18-21 years. Since 2001, the AAR-C2 has been administered annually in the OnLAC project in the form of a conversational interview among the key partners involved: the child or youth in

care (when he or she is old enough), the foster parent or group home worker, and the child welfare worker.

To be able to compare the functioning of young people in care with that of children or adolescents of the same age in the general Canadian population, we incorporated into the AAR-C2 numerous standardized items and multi-item scales from the National Longitudinal Survey of Children and Youth (NLSCY; Statistics Canada & Human Resources Development Canada, 1995). This strategy allows us to interpret the findings from our Canadian LAC research from within the broader framework of the NLSCY, which has become the standard source of information on the long-term physical, social and psychological development of Canadian young people from childhood and adolescence into young adulthood. Our use of the large and nationally representative NLSCY sample as a normative comparison group is also consistent with the fundamental LAC principle that, as was mentioned earlier, outcome targets for young people in care should be set on the same level as those for young people in the general population, even though the needs of youth in care will often be greater on some dimensions.

### The Ontario Looking After Children (OnLAC) Project

The OnLAC project is an ongoing community-university partnership, with two broad goals: implementing LAC in local Children’s Aid Societies (CASs) across Ontario, and evaluating the success and child-level outcomes of the LAC implementation process. The project had its origins in the child-welfare policy-reform initiative of the Ontario government in the late 1990s, which foresaw the implementation of LAC across the province as one means of improving child welfare services. With funding from the Social Sciences and Humanities Research Council of Canada (Flynn, Angus, Aubry, & Drolet, 1999) and the former Ontario Ministry of Children, Family, and Community Services, the OnLAC project was launched in 2000 as a partnership among several stakeholders: the Ontario Association of Children’s Aid Societies (OACAS), Services to Children and Adults of Prescott-Russell and 22 other local CASs in the province, the Child Welfare League of Canada, the predecessor of the Ontario Ministry of Children and Youth Services, and the

Centre for Research on Community Services at the University of Ottawa.

Annual administration of the AAR-C2 began in 2001, with the fourth full year of data collection soon to be completed, on June 30, 2005. Between 600 and 800 children and adolescents in care, approximately, have been assessed each year with the AAR-C2 (Flynn, Ghazal, & Legault, 2004). Based on the accomplishments of the project and its partners during 2000-2004, the CAS Local Directors section passed a resolution on December 1, 2003 to fully implement LAC across the province by April 1, 2007. The OACAS Board of Directors endorsed this resolution in January 2004. A new OnLAC Council was established in the spring of 2004 and continues to meet monthly, with the task of guiding province-wide implementation. The Ontario Ministry of Children and Youth Services has been an important partner and ally in these recent developments, naming two Ministry representatives to the OnLAC Council and supporting implementation with financial resources.

In the early years of the project, most of our efforts were spent in constructing the AAR-C2 (in 2000-2001) and then revising it annually, in light of feedback from the field. The OnLAC project staff also gave numerous presentations at provincial, national, and international conferences. Since 2002, project staff have also provided annual confidential reports to each of the approximately 30 local CASs that, to date, have implemented LAC on either a pilot or universal basis. In these reports, the outcomes of the particular agency's young people, as measured by the AAR-C2, have been compared with the AAR-C2 outcome data for the Ontario in-care sample as a whole and with NLSCY data on the same outcomes in the general Canadian population of young people. Project staff have also written non-confidential reports, based on the Ontario AAR-C2 and NLSCY data, that have been distributed widely to interested parties, including local CASs that have not yet implemented LAC, the Ministry of Children and Youth Services, and child welfare organizations in other Canadian as well as foreign jurisdictions. During 2002-2004, staff of the OnLAC project also collaborated in a mutually beneficial partnership with the Child Welfare League of Canada,

which operated a national Canadian LAC (CanLAC) project, which also used the AAR-C2. This project was funded by Human Resources Development Canada. An overview of the CanLAC project may be found in Legault, Flynn, Artz, Balla, Cole, Ghazal et al. (2004).

### **Major Findings from Research Completed to Date in the OnLAC Project**

In the last two years, while continuing to refine the AAR-C2, we have begun to produce studies based on the cross-sectional and longitudinal data collected to date with the instrument. So far, we have completed approximately 10 OnLAC research studies, most of which are still "in press" (in the publication pipeline) and which we will summarize at this point. We will continue to turn out similar studies in the future, with an increasing focus on longitudinal results now that the year-three data set for 2001-2004 has been constructed. Earlier versions of most of the papers summarized here were previously presented at international conferences on LAC and outcome monitoring (Oxford University, 2002), child and youth care (University of Victoria, B.C., 2003), or resilience in child welfare (University of Ottawa, 2004).

### **Satisfaction of young people in care with their current placements**

Flynn, Robitaille, and Ghazal (in press) examined the level and selected predictors of young people's satisfaction with their current placements. The participants were 414 young people with whom the AAR-C2 had been completed during the first year (2001-2002) of the OnLAC project. They were currently living in either a foster home (89%) or group home (11%). Fifty-two percent were male and 48% female, and they ranged in age from 10 to 17 years years ( $M = 13.46$ ,  $SD = 2.17$ ). Placement satisfaction was measured with a nine-item AAR-C2 scale. We investigated several potential predictors of placement satisfaction: the young person's gender, age, physically aggressive behaviour, foster versus group-home placement, and perception of the quality of his or her relationship with the female caregiver and with friends. The young people living in foster homes were highly satisfied with their placements, considerably more so than those in group homes. The quality of the relationship (as rated by the young person) with the foster mother or female group



home worker was easily the strongest predictor of greater placement satisfaction, followed by residence in a foster rather than a group home and the quality of the relationship with friends.

### **Suggestions by young people in care for improving their placements**

In a companion paper to the one just mentioned, Robitaille, Ghazal, and Flynn (2004) classified the responses made by young people in care in Ontario to an open-ended question in the AAR-C2 about how their current living situations could be improved, a question consistent with the emphasis placed by LAC on listening to young people's opinions. The participants were 294 young people, aged 10-21, with whom the AAR-C2 had been completed during the second year (2002-2003) of the OnLAC project. Of the participants, 23% indicated that they felt no improvements in their current placements were needed, which is congruent with the high degree of satisfaction previously noted in the foster-home residents. Twenty-five percent of the participants said they wanted improvements to the social features or climate of their placements, such as more flexible rules or more privacy; 15% wanted improved physical features, such as their own room or a larger room; 10% said they would like to move to another placement, such as a different type of setting or one in a different location; 9% mentioned they would like better relationships with their foster families (e.g., with their foster parents or other foster children); 7% wanted to see improvements in themselves, such as in their school performance or interpersonal relationships; and 6% wanted improved relationships with their birth families, such as more frequent contact with their birth mothers. Similar analyses will be made of the responses to the same open-ended AAR-C2 question in future years.

### **Positive experiences reported by young people in care**

Legault and Moffat (in press) carried out a qualitative analysis of positive life events that young people in care aged 10 and over had identified during 2002-2003 in response to two open-ended question in the AAR-C2, namely, "What, to the best of the knowledge and in the joint opinion of [the child/youth], the foster parent, and

the child welfare worker, is/are the most positive life experience(s) that [the child/youth] has experienced in terms of promoting his/her positive development? (a) In the last 12 months? (b) Since birth but more than 12 months ago?" Positive events are important because they may function as assets that offset adversities encountered early in life and may thus promote resilience.

Although Legault and Moffat (in press) presented data for children aged 9 and under and for young people aged 10 and over, we restrict attention here to the findings for the older group for reasons of brevity. A total of 641 young people aged 10 and over (approximately 95% were living in Ontario, with the others residing in Alberta, Prince Edward Island, or Quebec) provided responses, in collaboration with their caregivers and child welfare workers. Seventy-eight percent reported that a positive life event had occurred in their lives during the past 12 months, and 63% said that such an event had taken place more than 12 months ago. In all, 1530 responses were analyzed and categorized. Of the 278 children aged 9 and under, 84% had experienced a positive life event during the past 12 months, and 49% a positive life event more than 12 months ago. A total of 599 responses were analyzed and categorized.

### **Qualitative data analyses yielded 7 main themes**

Approximately 24% of the young people aged 10 and over nominated positive events that consisted of activities or events (e.g., playing a sport, participating in clubs, and going to camp or on trips). Twenty-three percent named a relationship with a birth family (11%) or foster family member (5%) as a positive event. Eighteen percent flagged living in a foster home as a positive experience, with a smaller proportion (8%) naming living in their current placements as such. Approximately 13% identified education, particularly academic achievements (8%) such as graduating from school or receiving an award for good grades, or attending school (4%), as a positive occurrence in their lives. Another 8% nominated events that reflected personal growth, such as being in good health (3%), experiencing a life-changing event (3%), or belonging to a religion or possessing a sense of spirituality (1%). Six percent identified "coming of age" experiences, such as a

transition to adulthood, becoming employed, or acquiring personal possessions such as a bicycle or a stereo

### **Participation in structured voluntary activities by young people in care**

Many studies of young people in the general population have indicated that more frequent involvement in structured voluntary activities (SVAs), that is, in healthy extracurricular or community-based activities, is related to a wide range of positive outcomes, including better mental health and improved school performance. This issue, however, has rarely been examined among young people in care. Gilligan (2000), one of the few child welfare researchers to have done so, has urged that SVAs be made accessible to youths in care as an important vehicle of resilient development. Flynn, Beaulac, and Vinograd (in press) investigated the role of participation in SVAs in the psychological adaptation of young people in care. The participants were 442 members of the year-one (2001-2002) OnLAC sample. Fifty percent were males and 50% females, and they ranged in age from 10 to 17 years ( $M = 13.55$ ,  $SD = 2.20$ ). Most (82%) were living in foster homes, with another 9% in group homes, 3% in kinship care, 2% in independent living, 3% in institutional settings (e.g., psychiatric or young offenders' facilities), and 1% in unknown settings. The young people had experienced serious adversity in their families of origin, including parental incapacity, physical, sexual, or psychological abuse, neglect, or abandonment. About 90% were Crown Wards. Flynn, Beaulac, and Vingograd (in press) tested the hypothesis that with controls for two basic demographic variables (gender and age), a prevalent risk factor (substance use), and a resilience-oriented protective factor (the youth's perception of the quality of his or her relationship with the foster mother or other female caregiver), more frequent participation in SVAs would be associated with higher levels of self-esteem, pro-social behaviour, happiness about the present and optimism about the future.

The results indicated that playing sports or carrying out physical activities without a coach or instructor was easily the most common activity, with 47% of the sample reporting a frequency of four or more times a week and 78% a frequency of at least once a week. On the other

hand, half or more of the young people said that, outside of gym or others classes at school, they never took part in three of the six types of activities: art, drama or music groups, clubs or lessons (66% said "never"); dance, gymnastics, karate, or other groups or lessons (61%); and Guides or Scouts, 4-H club, community, church or other religious groups (50%). Regression analyses provided support for the study hypothesis, in that the frequency of participation in SVAs emerged as a positive and significant, albeit modest, predictor of better psychological outcomes (i.e., higher self-esteem, more pro-social behaviour, and greater happiness about the present and optimism about the future). The protective factor (i.e., the young person's relationship with the female caregiver) was also a positive and significant predictor of all three psychological outcomes. Finally, for two of the psychological outcomes (pro-social behaviour and self-esteem), the benefits of participation in SVAs were strongest among youth with low levels of substance use (cigarettes, alcohol, or marijuana), while virtually absent among frequent substance users.

### **Resilient outcomes among young people in care**

Flynn, Ghazal, Legault, Vandermeulen, and Petrick (2004) investigated the proportion of young people in care who experienced resilience (i.e., positive adaptation in spite of serious adversity; Masten & Reed, 2002) on selected outcomes. Drawn from the year-one OnLAC data base, the sample included 340 young people aged 10 to 15 years and 132 children aged 5 to 9 years. Most were permanent wards of the Ontario and resided in foster care. Each age group was compared on selected variables (as measured by the AAR-C2) with a larger sample of the same age from the general population (as assessed on the same variables in the NLSCY). Resilience in the young people in care was operationally defined as average or above-average functioning, relative to that of the general population sample of the same age. A relatively high proportion of the OnLAC sample had experienced resilient outcomes in health, self-esteem, and pro-social behaviour, compared with a moderate percentage on relationships with friends and anxiety and emotional distress, and a relatively low percentage on educational performance. This study provided a nuanced and differentiated picture of adaptation in the young people in

care and also highlighted the need for concerted action to improve school outcomes.

### **Educational resilience among young children in care**

Legault, Flynn, Lebel, and Ghazal (2003) explored the relative importance of protective and risk factors for educational resilience in an OnLAC sample of 5-9 year olds in care. Children who experience early academic success are more likely to pursue their education, and the early school performance of children in foster care is especially important. Although many foster children experience difficulties in school, some are successful despite the severe adversity they have may have faced. Such children may be defined as educationally resilient. Multiple regression analysis was used to identify significant factors associated with educational resilience and explained a total of 47% of the variance in educational performance. The results suggested that better academic performance was significantly related to foster children's lower levels of hyperactivity, better problem-solving skills, and greater placement stability, and foster parents' higher expectations concerning academic performance and greater encouragement of literacy-related activities (e.g., reading for pleasure, adult reading to child). These findings have obvious practical implications for improving young people's school performance.

### **Foster parenting practices and foster youth outcomes**

Despite the importance of foster parenting, there has been very little research, in Canada or elsewhere, on the actual parenting practices that foster parents use with their foster children or adolescents. To help fill this gap in knowledge, Perkins-Mangulabnan and Flynn (in press) drew on AAR-C2 data from the first-year (2001-2002) OnLAC sample. Based on the abundant literature on parenting in the general population, to which they assumed that foster parenting would be similar, they formulated three hypotheses: first, that foster-parenting practices would account for a statistically significant increment in the variance in foster-youth outcomes, beyond that accounted for by the basic demographic variables of foster-youth gender and age; second, that

more frequent engagement by foster parents in nurturant parenting practices and in shared activities with their foster youths would be associated with more frequent pro-social behaviour and less frequent emotional disorder, conduct disorder, and indirect aggression among the foster youths; and third, that more frequent engagement by foster parents in conflictual parenting practices would be associated with less frequent pro-social behaviour and more frequent emotional disorder, conduct disorder, and indirect aggression in the foster youth.

The participants were 432 young people living in Ontario foster homes (85%), group homes (11%), or kinship care (3%). Fifty-two percent were male, 48% female. They ranged in age from 10 to 20 years ( $M = 13.51$ ,  $SD = 2.22$ , Median = 13), with 99% 17 or younger. Most were Crown Wards (89%) or Society Wards (8%) and had been in care for an average (median) of two years. Overall, the results provided some support for the hypotheses. First, as hypothesized, the three foster-parenting variables, as a set, accounted for a statistically significant increment in the variance explained in each of the youth outcomes, beyond that accounted for by gender and age. Second, also as hypothesized, greater parental nurturance predicted more frequent pro-social behaviour and less frequent emotional disorder, conduct disorder, and indirect aggression. Third, again as hypothesized, higher levels of parent-child conflict predicted more frequent conduct disorder and physical aggression on the part of the foster youths. On the other hand, some findings were contrary to what had been predicted: more frequent parent-child conflict was not related to the frequency of the foster youth's pro-social behaviour or indirect aggression, nor was more frequent participation by foster parents in shared activities with their foster youth related to any of the youth outcomes.

### **Psychological adjustment among young people in care**

Few studies have examined contextual and personal factors in the psychological adjustment of young people in out-of-home care, and even fewer have tested formal models of their adaptation. Legault, Anaswati, and Flynn (2005) formulated an exploratory predictive model of psychological adjustment (i.e., anxiety and physical

aggression). The participants were 220 young people, aged 14 to 17, who were members of the year-two (2002-2003) OnLAC sample. The predictors consisted of the factors most commonly found to favour positive psychological adjustment among young people in general. Multiple regression analyses showed that a lower level of anxiety was associated with a higher-quality relationship (as perceived by the young person in care) with the female caregiver, a greater number of close friendships, and higher self-esteem. Less frequent physically aggressive behaviours were associated with a smaller number of primary caregivers in the past, a higher-quality relationship with the female caregiver, a greater number of close friendships, higher self-esteem, greater use of approach coping strategies, and less frequent use of avoidant coping strategies. The findings indicated the importance that rewarding relationships with caregivers and friends, placement stability, and approach (rather than avoidance) coping have for more positive psychological adjustment among young people in care.

### Hope in young people in care

Dumoulin and Flynn (in press) undertook what may be the first study of hope and its predictors among young people in out-of-home-care. Hope has been linked to many aspects of positive adaptation, including goal-oriented action, optimism, effective coping, academic and athletic achievement, adjustment, self-esteem, and problem-solving. Snyder and his colleagues (1997) define hope in terms of two main components, pathways and agency thinking. *Pathways thinking* is the self-perceived ability to generate feasible routes to desired goals and is manifested in internal thoughts such as "I'll find a way to get this done!" *Agency thinking*, the motivational aspect of hope, is the self-perceived capacity to use the pathways one has generated to pursue one's goals. Identifying a pathway without the motivation to follow through will not lead to optimal purposeful action. Thus, both pathways thinking and agency thinking are necessary.

The sample in the study by Dumoulin and Flynn (in press) was drawn from the larger year-two (2002-2003) OnLAC sample and consisted of 374 young people in care. Fifty-one percent were male, and 49% female. They were aged 10-17 years ( $M = 13.6$ ,  $SD = 2.12$ ) and living in

foster or group homes in Ontario. The level of hope in our in-care sample was similar to that observed in the normative groups whose data were reported by Snyder et al. (1997). A regression analysis indicated that higher individual hope scores were reported by participants who were male, younger, and less physically aggressive, and who lived in foster rather than group homes, experienced a more positive relationship with the female caregiver, and engaged in higher levels of active as opposed to avoidant coping. Overall, the predictive model was able to account for a substantial proportion (43%) of the variance in hope.

### Enhancing the utility of the AAR in implementing LAC

Pantin, Flynn, and Runnels (in press) conducted a survey in which they obtained responses from 146 child welfare workers or supervisors in local CASs involved in the OnLAC project, which represented a response rate of 64%. The purpose of the survey was to determine the degree to which child welfare workers and supervisors perceived the AAR as useful in their direct-service or supervisory work with young people in care and their foster parents or other caregivers. Pantin et al. (in press) assumed that a more favourable perception of the utility of the AAR would not only encourage the use of the instrument in practice but would also facilitate greater acceptance and implementation of the LAC approach as a whole. They predicted that four implementation-process variables--the amount of LAC training received, trainees' perception of the quality of the LAC training, the amount of experience gained in using the AAR in practice, and the frequency with which information from the AAR was discussed in supervision--would each make an independent contribution to a model predicting a more favourable perception of the utility of the AAR.

Of a sub-sample of 126 child welfare workers or supervisors who reported receiving at least some LAC training and having made at least some use of the AAR in practice, a clear majority saw the tool as useful in their work. (Note that in the context of the OnLAC project, the "AAR" referred in almost all cases to the AAR-C2; Flynn, Ghazal, & Legault, 2004). The percentage who rated the AAR as "very useful" or "useful" in helping

them accomplish various direct-service or supervisory tasks was, for example, 77%, in the case of helping them better understand the needs of the young person in care; 73%, for helping them collaborate more effectively (directly or through supervision) with the foster parent or other caregiver in implementing the young person's plan of care; and 70%, for helping them prepare (or contribute through supervision to) more useful plans of care.

Overall, the findings strongly supported the study hypothesis. Regression analysis showed that each of the four implementation-process variables—the amount and quality of LAC training, the amount of experience in using the AAR, and the frequency of discussion of AAR information in supervision—made an independent and positive contribution to the ability of the predictive model to account for more favourable evaluations of the utility of AAR. The most important predictor was the frequency of discussion of AAR information in supervision: those workers and supervisors who discussed AAR information regularly in supervision had a very favourable perception of the utility of the AAR, much more so than those who almost never discussed the information from the AAR in supervision. Pantin et al. (in press) recommended that future LAC training provide specific instructions to workers and supervisors on how to get the most out of the AAR in supervision.

### **Conclusion: Outcome Monitoring and Policy Development in the OnLAC Project**

As was mentioned earlier, the OnLAC project staff produce confidential annual reports for local CASs, and public reports for other interested stakeholders or audiences. The confidential CAS reports provide outcome information on each agency's looked after young people, on numerous indicators. These reports permit the local CAS to monitor the outcomes of the children in its care in a variety of ways. The CAS may establish an organizational baseline, for example, and compare its results in future years, to see whether outcomes are increasing or decreasing in desirable directions. The CAS may also "benchmark" its own performance against the provincial AAR-C2 average, on a given outcome, or on the Canadian NLSCY average for the same outcome.

The public reports enable the same kind of benchmarking to take place on the provincial rather than organizational level. As LAC and the AAR-C2 are implemented more widely, both within and across CASs in Ontario, it will be increasingly possible to establish rigorous and representative provincial baselines on many outcomes, against which improvements can be tracked each year. Regular feedback, the *sine qua non* of all ongoing learning, will allow the AAR-C2 data to provide the evidence basis for improved provincial policies.

The first steps have already been taken in this latter direction. For two consecutive years, individuals from local CASs and OACAS have gathered for one-day policy forums to review the provincial AAR-C2 data for the preceding year. The objective has been to engage in a collective discussion and interpretation of the data, share ideas about local service improvements, and suggest new directions for provincial service practices and policies. We think it is crucial to analyze the available data, to discuss it, and to determine what can be done about it on an ongoing basis.

These policy forums events have been successful in enabling a large number of participants to consider the rich information provided by the provincial data and to exchange ideas about interventions and performance-based management. In mid-2004, for example, the policy workshop identified three priorities for province-wide action during 2004-2005: education, permanency planning, and publicizing and distributing the OnLAC data. Eight months later, we found that many agencies had moved forward on the three provincial priorities. Some agencies, for example, had hired or purchased services from an educational consultant to ensure that foster parents and staff are more aware of educational laws, regulations, services and procedures and thus in a better position to advocate for the educational needs and to improve the school attainments of young people in care. Other agencies had taken a workshop on data analysis, to strengthen their capacity to analyze their own data for improved decision-making. Still others had taken initiatives such as establishing a permanency planning committee, drawing up a strategic plan to increase adoptions, presenting their own data within their local

agencies and to community partner organizations, or creating a newsletter for staff and foster parents in which OnLAC data will be publicized regularly. We find these developments encouraging. As LAC implementation becomes wider and deeper across the province, we expect that the OnLAC tradition of enabling local and provincial actors to monitor outcomes and discuss their service implications will bear much fruit. When further informed by the findings from focused research studies such as those reviewed earlier, these concerted actions are likely to lead to an increasing emphasis on evidence-based decision-making, practice, and policy development and, ultimately, to richer lives and futures for young people in care in Ontario.

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We thank all applicants for their interest in this position; however, only those selected for an interview will be contacted.

# Creating and Sustaining Research Partnerships between Academic Institutions and Service Agencies

*By Bruce Leslie*

Research studies advance knowledge and create a sound evidence base for practice. They are often developed initially through academic institutions. When they focus on applied perspectives, the involvement of service agencies is usually required. The ensuing connection between agencies and academic organizations can lead to a creative partnership, a collaborative union or a clash of worldviews. However, it is the service agency that must take an active partnering role in co-setting the research agenda, research questions, practice implications, dissemination plan, and tangible support or incentive for involvement. This article highlights perspectives that might be helpful in developing the more positive forms of cooperative research ventures between these organizations, such as Participatory Action Research (PAR).

Social service agencies like Children's Aid Societies are organized around the delivery of services. They are mostly practice oriented and implement learning. In contrast, academic institutions are organized to teach and generate new information and knowledge that will, in addition to other goals, guide practice. The cycle from study data collected, to innovation, to implementation in practice and positive client change is not always completed. The potential for a dynamic, productive reciprocal relationship between service delivery agencies and academics is, however, frequently not fulfilled due to competing demands, contrary perspectives and lack of mutual understanding.

Historically, the research-practice relationship has often been seen as more one-dimensional and linear, with research studies shaping and directing teaching and practice. The beneficial reciprocal and cyclical relationship has frequently been overlooked, resulting in a gulf developing between the two. Practice data and agencies were often viewed as passive donors who contributed the grist for the knowledge-producing research machinery, centred elsewhere. This one-way street has led to notions of the ivory tower of academia, and practitioners trying to make intervention models fit their practice.



Unfortunately, this linear pathway has been reinforced by the perceived limitations of rigorous research, including random assignment to study conditions. In the last twenty years, acceptable knowledge building methodologies have changed to become more applied-setting friendly. Although, control group comparison designs are still a critical gold standard for creating sound knowledge, additional information gathering approaches, like client and staff surveys, are being seen as credible, influencing the direction of practice, either directly or mediated through policy.

Agencies, with a wide variation in rigour and comprehensiveness of methodology, conduct evaluations of programs through a process of defining, collecting, and analyzing useful information to enhance decision-making and programming. Academic researchers generally initiate studies that involve the systematic collection and examination of data, involving the testing of hypotheses regarding relationships between variables. There are many areas of overlap for these two approaches to generating information and knowledge – program evaluation and research – but there are also many differences. They can be seen as connected on a continuum of scope, scale, methodology, depth and focus, with agencies more often focusing on the practice relevance of a few procedures and academics advancing rigour and clarity of process, involving more complex methodological considerations.

The focus of this paper is on research activities that usually involve the collection of new data in a prescribed manner or the analysis of existing data in new ways. Research is not all about numbers, something to be avoided at all costs, or merely a brief gathering and reflection on available information. From an agency perspective, it is something that is not normally part of the everyday activities, involving a more thorough and complete examination of an area of interest, where more information and understanding is sought (although more agencies are initiating studies and reaching out to partner with academics). Expectantly, new knowledge will be produced that will support more effective and/or efficient service practices. It tends to deal with ‘what we don’t know’, whereas, agencies on a day-to-day basis tend to focus more on ‘what we do know’.

Research in a practice environment is sometimes a source of frustration for front-line workers resulting from increased work demands or creating anxiety through questioning practices. Moreover, the discussion about definitions and meanings of measures can be very time consuming – participation means involvement and a time commitment. The process of data collection can also create stresses by raising issues about accuracy and completeness of data in agency systems. And all these activities take time away from the immediate delivery of service. Applied research is also a challenge for academics due to the large number of risks to reliability, validity and consistency of data collection and consequent variations in the potential meanings of the results.

Given these concerns the questions arise, ‘What are the areas of fit between research and practice?’ and ‘What are the benefits for agencies?’ A number of recent developments in the field of child welfare have encouraged a more positive fit.

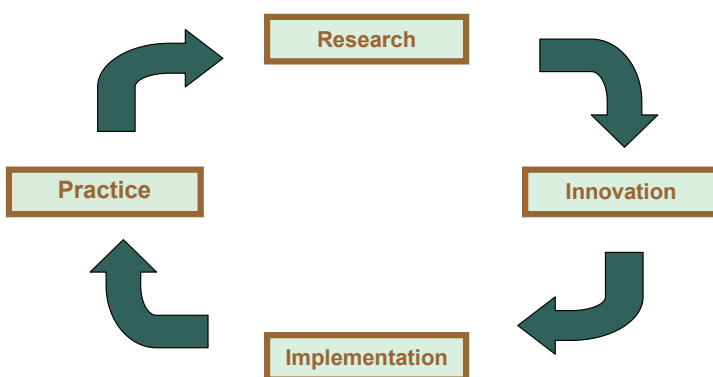
- 1) There have been stronger calls for the identification of best practices.
- 2) There have been louder requests for accountability and a rational evidence base for practice.
- 3) Child welfare reform put forward increased expectations for training and education of staff requiring a solid knowledge base.
- 4) Increased spending has led to increased calls for demonstrated effectiveness and efficiency.
- 5) Dissatisfaction with some practices has led to calls for innovation and change.
- 6) The implementation of electronic databases has created large sources of information about practice and outcomes.
- 7) The growth of Quality Assurance and Quality Improvement programs has highlighted the benefits of adapting research methodologies in service organizations to better meet the need to monitor effectiveness and efficiency more closely.

This fit between research and practice is further enlarged when consideration is given to three influential factors in the development of services. Firstly, on a more abstract

level, policies and ideologies exert tremendous pressure on the direction, span and intensity of a service, especially in a service area like child welfare that has such a high 'qualitative quotient' – increased sensitivity to findings with regard to vulnerable children and youth: the impact of the death of one child on practice can be extremely large while providing service to thousands. Secondly, on a more concrete level are the influences of resources: if resources are not available the service cannot be provided. Research is a third major contributor and aims to be a more concrete, verifiable, impartial influence on service development, providing a sound evidence base.

***Children's Aid Society staff are not empty buckets to be filled up or blank slates waiting to be informed. Staff are active learners influenced by the credibility of the source of the information, its content and how it is presented to them.***

Research completes part of the 'Innovation-Implementation Cycle' that links with practice by building knowledge out of service data and information and informing practice. Implemented practices are researched; creating data that supports knowledge building and innovations. But this cycle does not always operate smoothly and the translation of research-generated findings into practice knowledge and action does not consistently bridge the gap that can exist between practitioners and researchers.



Sometimes this gulf is created by a mis-attribution of learner roles. Children's Aid Society staff are not empty buckets to be filled up or blank slates waiting to be informed. Staff are active learners influenced by the credibility of the source of the information, its content and how it is presented to them (Barwick, Boydell & Ferguson, 2003). Another paper does not always get the attention it deserves and the opportunity to interact can facilitate integration. In a recent article by Peter Dudding and Margaret Hebert (2004), they describe a "Knowledge Mobilization Cycle for Child Health and Well-Being." This cycle is seen to promote an interactive approach to the mobilization of research and survey study findings into "Evidence based action." In this process, study findings are not merely transmitted to practitioners and a much more integrated approach to knowledge development is involved.

Researchers for their part can vary considerably in their approach to involving CAS agencies whether it is in developing collaborations or sharing findings. One extreme of the partnership continuum can be characterized as 'a parasitic shark attack' involving the relatively painless removal of a pre-defined dataset in a prescribed format that is whisked away to be analyzed with a paper produced two years later in a journal that staff might see. Little direct or coincidental learning ensues from this mode of engagement.

A more involving and collaborative form of partnering takes time to evolve, which is sometimes one of the major drawbacks to this productive form of enquiry and learning for both parties. Practitioners have a prime responsibility to deliver service based on the available models. Researchers' prime function is to enquire about those models.

To optimize the productivity of the relationship, researchers need to be willing to invest time in the engagement of service staff and the development of an appropriate methodology. A donor-recipient model limits possible gains in the short term and long term. On the other hand, agency staff need to be able to free up time from direct service activities.

Academic roles that do not facilitate partnerships involve too great a focus on creating quantitative meanings, through statistical analysis and other forms of 'numeric grazing'. Being OK only in theory or absorbing large amounts of time in search of a shared reality base can be disillusioning for practitioners who are looking for a sound evidence base to support action and interventions. Agency staff for their part need to be willing to step back from practice concerns, articulate service practices and their implications for a study methodology, and review implications of findings for programs.

Collaborative research projects between academics and child welfare agencies create bridges with two-way traffic. They stimulate creative conceptualizations of applied constructs, with a methodology more sensitive to service realities and with an appropriate operationalization matching the needs of children and families. Capacity building is usually viewed from the perspective of agencies learning about research, but much practice translation often needs to occur for a study design to fit an organizational structure. Child welfare services present unique environments and contingencies to be considered in the development of best practices.

In successful applied research studies there is a reaching out from both parties in recognition of the potential gains. In this context, competitiveness and territoriality become lessened. Staff involvement matches, not masks, study goals. The formation of a joint advisory committee is a useful adjunct and becomes an effective means of addressing group dynamics that can evolve as part of the study. Identified agency liaisons also create an advocacy link, especially for children in care, should questions arise in the study process.

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***A constructive partnering of CAS agencies and academic institutions can bring together resources and ideas through the medium of research fostering a greater readiness for change and capacity building - producing improved outcomes for children and families.***

A major goal of most applied research studies is the improvement of services – moving from evidence to action – a goal that is also easily embraceable by agency staff. This means that achieving these improvements through studies is greatly enhanced if a partnering relationship has been developed through the study process. There is greater ownership and understanding of the results and the means of informing staff has already been completed. There is no need for 'knowledge translation' as researchers and practitioners are speaking the same language.

The inclusion of staff in dissemination activities outside a particular agency can also increase the acceptance of findings. A constructive partnering of CAS agencies and academic institutions can bring together resources and ideas through the medium of research fostering a greater readiness for change and capacity building – producing improved outcomes for children and families.

### **About the Author**

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# Academic-Agency Research Partnerships in Practice: The MAP Study

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## Introduction

Child maltreatment may be one of the most preventable and modifiable contributors to child and adult mental illness (DeBellis, 2001). Society has come to understand the negative impact of child abuse and neglect, but its long-term impact on mental health, physical health, academic achievement, economic independence and quality of life is seen most vividly by frontline care workers of child welfare administrators. The preventable nature of this social problem suggests that research in this area should be a top priority. If we can understand the causes of maltreatment, the associated characteristics, and its impact on children and future generations, prevention and services go hand-in-hand.

Reviews of recent research in this area suggest that there is a disheartening lack of well-designed intervention studies, a dominance of single-focus rather than integrated research agendas, inattention to service utilization models and effectiveness, and gaps in knowledge of effective dissemination and training (Kaplan, Pelcovitz, & Labruna, 1999). The present state of practice and policy does not bode well for long-term positive client outcomes. For example, in a prospective study of substantiated abused/neglected children, only 22% were deemed resilient in adulthood. Resilience in this case was defined as having no period of homelessness, consistent employment, and no juvenile or adult arrests, as compared to demographically matched controls (McGloin & Widom, 2001).

The child welfare system is focused on protection and risk assessment, with little direct participation of the full range of child welfare clientele in relevant research that attempts to improve needs assessment and match service to family and child needs. There is current debate on whether a protection focus is the best fit for the majority of child welfare cases, since observable physical injury is in the minority (with perhaps unobservable emotional injury in the majority). It seems increasingly clear that many families require a multi-service approach, where health promotion is a necessary co-activity with injury prevention and ending violence. Presently, the need for accelerated research transfer exists. There is a current

momentum for the child welfare system to have an evidence-based practice foundation. We introduce you to a collaborative research venture designed to consider child welfare youth as a population for study, as they have been excluded or not uniquely considered in other population surveys.

The Maltreatment and Adolescent Pathways (MAP) initiative, launched in 2001, is a research project that was designed to first assess the ability to conduct this type of study, and secondly to work with child welfare representatives to build a relevant questionnaire and study objectives. The key goal is to evaluate the health and well being of adolescents involved in the child welfare system.

The project has used a Participatory Action Research (PAR) model. This model is based on a collaborative relationship between researcher and receptor, wherein those who are most affected by the research are actively involved in its goals, design, methods, and dissemination. With PAR, the research objectives are driven strongly by community priorities to meet needs, thereby enhancing the engagement, validity, and use of the research. A research-community alliance is especially important when research capacity-building in the community is a key target.

The researcher-community alliance seen in PAR models supports a number of positive initiatives, including (1) the co-development of theme and priority area strategic research plans, goals, and milestones, (2) facilitated access to community groups as resources and research subjects, and researchers as resources to communities and policy-makers, (3) community members who, as key opinion leaders, can actively seek community-based researchers and promote research interest in communities, (4) greater practice and policy sensitivities among researchers, (5) opportunities for student research in child welfare, related services, and policy sites, (6) joint decision-making, and (7) linkages to community dissemination and professional training mechanisms, allowing for a research practice to 'fan-out' across professional schools (e.g., social work, education, psychology, nursing, medicine), child welfare agencies, and related agencies and communities. Such collegiality among disciplines and sectors is critical to

solving pervasive and pandemic problems, like the maltreatment of children, where greater multidisciplinary networking between child welfare and other systems is essential.

Despite the great need for PAR models when investigating complex issues such as child maltreatment, numerous obstacles must be overcome when implementing such a collaborative method. These obstacles mostly result from the disparities in priorities, resources, and mission of academic research organizations versus care agencies. Whereas academic organizations are concerned with evaluating current services while developing new methods for service delivery under rigorous methodological control, care agencies are focused on delivering relevant services, including assessment and treatment, based on what is currently known. Change in academic organization is often systematic, long term, and well planned, whereas change in care agencies is often immediate, budgeted, practical, and continuous.

Complications can be commonplace when two organizations under such different operating circumstances attempt to collaborate toward a common goal. However, these organizational differences also provide a source of strength for such studies. Members from each agency come to the research table with a unique perspective, which stimulates creative conceptualization of constructs, and ultimately, more sensitive methodologies. Expertise can be easily transferred between agencies and favourable research results can be implemented within the care agency more rapidly. One practical example is the clinical reality of seemingly increased self-harm (especially) cutting behaviours. Currently, there is no population survey on Canadian youth or child welfare youth. The MAP study incorporates child welfare-initiated ideas into its research.

Based on experiences garnered during the MAP study, we have outlined five steps to implementing a Participatory Action Research model within the child welfare system:

1. Forming the union
2. Formulating the common ground
3. Building participation

4. Group dynamics
5. Sharing in Successes

Each of these steps to collaboration will be further discussed in the context of the MAP Feasibility project. The methods used in the collaborative study are discussed next, followed by a brief preliminary results section and a discussion section, in which the success of this study is reviewed in light of the collaborative steps for implementing a PAR model in the child welfare system.

## MAP Project Methods

### Participants

The study involved the participation of greater Toronto area youth between the ages of 14 and 17 who were randomly selected from active child welfare caseloads. All CAS youth were included in the study regardless of their status (e.g., crown ward, society ward, temporary/interim care, community family involvement, voluntary care). Youth were considered ineligible for the study if they could not feasibly be reached to complete the survey or if the survey did not apply to them. Most of the youth were tested in their homes and were paid \$28 for each session of the study. Those youth who traveled to the researcher's office for testing were also reimbursed for their travel costs. Beyond the initial feasibility study, a longitudinal study is in place where youth were asked to participate in five testing sessions spread out over a two-year period.

### Measures

Participants in the study completed the following surveys and instruments:

#### I. Commercially-available Published Instruments

- *Children's Inventory for Psychiatric Syndromes* (Rooney et. al, 1999)
- *The Childhood Trauma Questionnaire* (Bernstein et al., 1994)
- *The Trauma Symptom Checklist for Children* (Briere, 1996)
- *The Brief Symptom Inventory* (Derogatis, 1994)
- *Kaufman Brief Intelligence Test* (Kaufman & Kaufman, 1990)

#### II. Empirically Developed/Published Questionnaires

- *History of Child Maltreatment* (Walsh et. al., 2000)
- *Family History of Alcoholism* (Pokorny, Miller, & Kaplan, 1972)
- *Alcohol and Other Drug Use (OSDUS)* (Adlaf, 2001).
- *Rutgers Alcohol Problem Index* (White & Labouvie, 88)
- *The Drug Abuse Screening Test* (Skinner, 1982)
- *Conflict in Adolescent Dating Relationships* (Wolfe et al., 2001)
- *Comprehensive Effects of Alcohol* (Fromme & D'Aminco, 2000)
- *The Alcohol Expectancies Regarding Sex, Aggression, and Sexual Vulnerability Questionnaire* (Abbey, McAuslan, Ross, & Zawacki, 1999)
- *The Sexual Motives Survey* (Cooper, Shapiro, & Powers, 1998)
- *Angry Affect: State-Trait Anger Expression Inventory* (Spielberger et al., 1983)
- *Interpersonal Competence Scale* (Buhrmester et. al., 1988)
- *Self-Esteem: Six items taken from the OSDUS* (Adlaf, 2001)
- *Drinking Motives Questionnaire* (Cooper, 1994).

#### III. Lab-Developed Pilot Instruments

- *MAP Study Participation Impact*
- *Personal Background Questionnaire*
- *Modeling Influences, Parental Identification, and Community Involvement*
- *Involvement in Risky and Protective Behaviours*
- *Drug Outcome expectancies*
- *Emotionally and Physically Aggressive Outcome Expectancies*
- *Implicit Memory Associations for Risky Behaviours*

### Procedure

Lists of all active caseloads of youth between the ages of 14 and 17 were obtained. Case files for each agency were then randomly drawn using a numbers table, and lists of selected youth were returned to the appropriate branch of each agency. Branch liaisons then contacted the workers with randomly selected youth on their caseloads. Workers

explained the study to participants and obtained verbal telephone consent from the youth (or if under 16 years, the youth's guardian) for a member of the MAP research team to contact him/her and explain the study in further detail. Throughout the recruitment process, the voluntary nature, freedom to withdraw, and purpose of the study was emphasized to the youth. CAS workers then sent signed recruitment forms to MAP staff if the youth agreed to receive a phone call to further discuss the study, or an 'inability to recruit' feedback form if the randomly referred youth was ineligible for the study or refused to participate in the study. MAP research staff phoned eligible youth directly to explain the study in more detail and set up an appointment for data collection.

## Results

During the life of the MAP Feasibility study, CAS liaison workers (caseworkers, supervisors, agency researchers) from each agency were asked for feedback regarding their involvement in the study. The purpose of these feedback questionnaires was to partially assess the MAP Feasibility study as an effective PAR model. Overall, CAS liaison involved in the MAP Feasibility study reported that the research was relevant, educational, collaborative, beneficial to CAS youth, and took relatively little time to implement. Importantly, 90% of the workers believed that the workload for the project was not too heavy.

During the life of the MAP Feasibility Study, 314 youth ages 14 to 17 (mean age of 15 years) were randomly drawn. One hundred and sixty-four (52%) of the referred youth were ineligible for study for the following reasons:

- Case closed/discharged 66%
- Mental health issues 5%
- AWOL 10%
- Developmental delay 6%
- In secure custody 4%
- Not receiving child welfare services 9%

This suggests that such a study requires patience on all parts given the slow rate of gaining eligible youth as research participants. More than anything, it highlights that commitment to research is needed within a long-term perspective. Strategies for maintaining enthusiasm and

concentrated commitment need to be considered, such as a time-limited term for service on the guiding MAP Advisory Board, resource support for agency learning objectives, and study updates.

Of the 150 eligible youth, a 69% initial recruitment rate (N=96), an 86% retention rate at 6-month follow-up (N=68), a 75% retention rate at 1-year follow-up (N=30), and a 93% retention rate at 1.5-year follow-up (N=14) has been achieved. This includes a 78% recruitment rate among Crown wards, 93% among society wards, 66% among temporary care wards, and a 50% recruitment rate among those youth in community care. These findings confirm that a population study for in-care youth is feasible, as well as a good research study for community youth since a recruitment rate of 70% or more indicates access to a representative group of the population. The average time required by youth to complete the questionnaire package was 2.8 hours, with a range of 2 to 4.5 hours. Most youth (86%) chose to be tested in their homes, at an average cost of \$98.21 per testing session, taking into account researcher travel cost and participant payment. In total, MAP research staff traveled more than 20,000 kilometres to test youth in their homes during the life of the MAP feasibility study. This statistic reinforces the researcher commitment required for such a large undertaking.

Analyses of participatory experience indicate that youth do experience some minor stress and discomfort in completing the MAP questionnaire package (see Table 1). For instance, youth report being significantly less relaxed after (mean = 3.3) as opposed to prior to (mean = 4.3) filling out the MAP questionnaire,  $t=3.1, p<.01$ . Youth also report feeling less happy (mean = 4.1) after as opposed to prior to (mean = 2.9) filling out the MAP questionnaire package,  $t=4.1, p<.001$ . Despite this, participants show no differences in tenseness or distress levels as measured before and after completing the MAP.

Furthermore, it appears that youth remain interested in MAP research participation. For instance, when asked how important they think the research study is, the mean response remains steady at 4.8 and 4.9 on a scale of 0 (Not at all) to 6 (A lot) from pre to post-MAP

questionnaire completion. Youth also respond somewhat positively to the statement “I gained something by filling out this questionnaire”, with a mean response of 3.5 on the same scale mentioned above. Finally, when asked if they would still have agreed to take part in the study after completing the questionnaires, the average response was 5.2 on a scale of 0 (Not at all) to 6 (A lot). This suggests that the youth tolerate the MAP questionnaire package well and may help to explain our extraordinary 6-month and 1-year follow-up retention rates.

**Figure 1.**  
**Response Options:**

Not at all		So-so		A lot	
1	2	3	4	5	6

Question	Pre-questionnaire mean & (SD)	Post-questionnaire mean & (SD)	Significant difference?
How relaxed do you feel?	4.3 (1.2)	3.3 (1.7)	$t=3.09, p<.01$
How happy do you feel?	4.1 (1.5)	2.9 (1.8)	$t=4.13, p<.001$
How clear is this study to you?	4.8 (1.3)	5.1 (1.1)	-
How distressed do you feel?	1.9 (1.7)	2.5 (1.9)	-
How interested are you in this study?	4.6 (1.4)	4.6 (1.5)	-
How important do you think this study is?	4.9 (1.2)	4.8 (1.5)	-
How easy is it for you to breathe?	5.1 (1.2)	5.1 (1.3)	-
How tense are your muscles?	1.8 (2.1)	2.5 (2.3)	-
How high is your energy level?	4.1 (1.5)	3.8 (1.7)	-
How easy do you feel it is to express yourself?	4.2 (1.6)	3.9 (1.9)	-
How well do you think you could focus on things?	4.4 (1.2)	4.2 (1.6)	-
I gained something from filling out this questionnaire	N/A	3.5 (1.9)	N/A
Had I known in advance what completing this questionnaire would be like for me, I still would have agreed	N/A	5.2 (1.4)	N/A



## Discussion

The MAP Feasibility study provides an excellent example of what is possible in child welfare research when primary care and research-based organizations collaborate under a Participatory Action Research (PAR) model. By defining and following five steps to implementing a PAR model, we were able to carry out a unique study that demonstrates the feasibility of conducting epidemiological-type research with child welfare youth. Each of the steps and how they were implemented in the MAP Feasibility Study are discussed below.

### 1. Forming the union

The first step in forming practice and research partnerships is the formation of the union between these two groups. In other related fields such as school psychology, the PAR model posits that the relationship between researchers and front-line personnel drives the design and implementation of the program, as well as the planning of evaluation methods and the interpretation of data (Graham, 1998; Nastasi et. al., 1998).

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*...front-line staff truly become “co-researchers whose insider ‘local knowledge’ is as necessary for valid scientific sense-making as outsider researchers’ technical expertise and abstract general knowledge.”*

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The MAP study involved collaboration between researchers and child welfare workers from the start. Front-line CAS workers provided feedback and insight regarding all aspects of the study, from participants, measures to be utilized, procedure for recruitment, and management of results. Especially important were discussions of procedures to maintain youth confidentiality at all stages of the study. As such, researchers were able to integrate scientific methods with input from these key community stakeholders. We believe that the success of this partnership process is evidenced by the positive responses given by CAS workers on the Participatory Action Questionnaire, as well as the relative success of the feasibility study itself.

### 2. Formulating the common ground

An integral component of forming the union between research and front-line personnel is a clear statement of the common ground that binds these two groups together – a strong and comprehensive assessment of youth needs is required to plan for better intervention, on-going monitoring, and further assessment. PAR models are important in this process because dedicated researchers and front-line personnel may have different perspectives as to what exactly are the most pressing research questions. In this regard, front-line staff truly become “co-researchers whose insider ‘local knowledge’ is as necessary for valid scientific sense-making as outsider researchers’ technical expertise and abstract general knowledge” (Elden & Chisholm, 1993, p. 121-142).

A partnership model is a natural one for investigating the health and well being of adolescents involved in the child welfare system. Researchers have known for some time that impairment associated with a maltreatment history includes increased likelihood of psychiatric disorder (e.g., depression, post-traumatic stress, and substance abuse), suicidal ideation, risky sexual practices, early pregnancy, re-victimization, and involvement in violent teen dating partnerships. Research on protective factors mitigating negative outcomes among maltreated youth is very limited, and has indicated residential stability, academic achievement, and sports involvement as potential buffers. Both researchers and front-line workers are eager to further examine risk factors associated with a history of maltreatment as well as protective factors that may mitigate negative outcomes. It is very difficult, if not impossible, for researchers to examine these questions without partnering with CAS agencies. Simultaneously, community-based workers may lack the time and dedicated funding to examine such challenging long-term questions. By focusing on the common ground, these two groups of professionals can work together efficiently and effectively to examine critical research questions. The MAP Feasibility study provides one blueprint for such partnerships.

### 3. Building participation

After the common ground has been determined and the union formed between researchers and front-line workers,

the business of planning and conducting the research begins. This is where the expertise and abilities of each group complement each other and are utilized to accomplish the research goals. This is also where “supervisory” staff within the community agency recruit the assistance of “support” staff. To accomplish this without resorting to authoritarian measures, front-line staff must see the utility of the proposed research. Also, they must not be overwhelmed with extra duties and responsibilities in association with the study. As in many cases, front-line staff are already working overtime to fulfill required duties. The research funding needs to explicitly recognize this time and effort and provide a range of incentives, including financial honorariums, meetings with refreshments, researcher-as-resource available for training and clinical consultation, co-authorship on dissemination efforts, and support for greater research achievement by interested child welfare workers.

In the MAP Study, front-line worker participation was encouraged in three ways. First, project presentations and training sessions were conducted at each branch to introduce the project and its potential utility. Researchers explained the rationale behind the study, answered staff questions, and elicited feedback from staff regarding the study design. Secondly, front-line workers’ responsibilities in relation to the study were kept to a minimum. Where possible, research staff are recruited to support both the CAS liaison members from each branch as well as the front-line CAS workers. As such, CAS liaison workers reported that they devoted less than 1.5 hours per week, on average, to research activities associated with the MAP Feasibility Study. We have found that minimizing the amount of work required of CAS staff greatly facilitates the progress of the study. Lastly, a \$500 honourarium was paid to each branch of each CAS agency once that branch had referred ten eligible youth for the MAP Feasibility study.

#### **4. Group dynamics**

Research-community agency partnerships, as defined by the spirit of PAR models, necessarily requires flexibility. The size, structure, culture, and services of each agency need to be considered when designing the study. Once

the research has begun, both partners must continue to assess the project and propose solutions to any roadblocks that may emerge. Often, these roadblocks will involve human dynamics and interaction. One problem that we encountered in the MAP Study was the continued participation of CAS workers, who are often overwhelmed with required work, let alone completing extra work for a research study. As is discussed above, we worked around this issue by minimizing the work required of the CAS staffers, as well as offering financial and intrinsic incentives for participating in the study.

#### **5. Sharing in Successes**

An integral component of the PAR model is the sharing of research results and successes by both research and front-line agency staff. The sharing of results and success highlights the level of partnership involved in PAR models. In essence, no single group “owns” the data. The results of the study can be used by agency staff to evaluate their programs and by research staff to answer important theoretical questions. In the MAP study, preliminary results were presented to front-line staff to demonstrate the utility of the study and encourage further participation. In some cases, the results were counter-intuitive, which further solidified the importance of the study in the minds of front-line workers. The data remains accessible to both research staff and CAS staff, and important questions continue to be explored.

#### **PAR Model Challenges**

There are several general challenges to using a PAR model. The main challenge involved with such a research design is the time required to build relationships with key front-line partners and implement the study. The extra time is often the result of collaborating with numerous individuals. For example, the collection of data in PAR models often involves numerous steps and relies on the coordination between several individuals. Ensuring the continual flow of the data collection process is a major challenge. Often, front-line workers are so overwhelmed with daily tasks that research tasks fall to the wayside. We countered this challenge in the MAP Study by minimizing the amount of work required of front-line staff, promoting the utility of the study, encouraging communication between CAS branch liaison members

and front-line workers, and offering financial incentives for achieving certain target referrals. Lastly, some researchers may find it difficult to use a partnership model as dictated by the PAR approach, as opposed to taking the expert role as dictated by a more traditional medical model approach. We countered this challenge by partnering with CAS agencies early in the process and recognizing their expertise with the participant population involved in this study. Simply stated, without the support of CAS staff, the MAP study would not be possible. We are incredibly grateful to the dedicated professionals who extend themselves to commit constantly to the important, but not always easy, goal of evidence-based practice. Child welfare workers and researchers bring their devotion to children and youth, as well as their care and compassion for the vulnerable, to a focal point that research combined with practice knowledge can lead to the best that service can provide.

## Conclusion

In conclusion, the MAP study, while complicated, time consuming, and expensive, indicates that the epidemiological research of child welfare-involved youth using a PAR model is feasible. The information gleaned from such a study is invaluable to planning targeted assessment, prevention, and treatment for child welfare-involved youth across a number of key health risk areas. The success of adopting a PAR methodology for this study is measured by the feedback obtained from youth participating in the study as well as front-line CAS partners, the recruitment and retention rate of youth involved in the study, and finally, the quality and quantity of data collected so far. Eventually, we see four areas of benefit arising from the MAP study and PAR-based research in child welfare in general. These include 1) the direct bridging of research and practice in child welfare 2) more thorough operationalization and more sensitive methodologies 3) increased access to systems, clients, and data, and 4) the suppression of competitiveness and territoriality between researchers and direct care agencies.

## About the Authors

*The MAP research and advisory team has been partnering for over four years. For more information, contact Christine Wekerle: [cwekerle@uwo.ca](mailto:cwekerle@uwo.ca)*

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## Try it Yourself!

This task is completed by CAS youth as part of the MAP project. Try it yourself, then turn to page 38 for an explanation of why this task is included in the study.

INSTRUCTIONS			
<i>Write the first word you think of next to each word. For example, if the word is "doctor" you might write "nurse."</i>			
Moon		Tie	
Short		Dust	
Speed		Rock	
Scrap		Sand	
Park		Joint	
Nail		Line	
Sleep		Pencil	
Smack		Roach	
Draft		Light	
Key		Score	

## A Social Worker's View of Participatory Action Research

By Tara Nassar

As a member of the Maltreatment Adolescent Pathways (MAP) Project Advisory Committee, I was given the opportunity to attend the *Violence, Gender and Aggression Workshop* on November 5, 2004. The Canadian Institute of Health Research funded this workshop. Since 2001, it has funded research in the area of health, violence and gender. This has provided unique opportunities to look at relationships between such factors and to encourage the cross-fertilization of insights between researchers and direct service providers. In this article, I hope to share the value and practicality offered by research. Being part of a research study provides opportunities to attend such workshops and to initiate studies within your own agency.

The day was true to its name of "Workshop." It was a busy and very well organized day where approximately 200 people gathered for discussion of what each was doing in their area of research. My fear was that because I was not a researcher, I would feel left out. I would not be able to use the same language nor become sufficiently involved in some of the methodologies and comparisons that take place when researchers are together in the same room. I never found this to be the case. Perhaps this was in part because it quickly became apparent that those projects and studies highlighted were based on Participatory Action Research. Bruce Leslie, in his article on this issue (p. 19-21), describes some of the thinking behind this model and the commitments required for this kind of research model to be successful. The MAP and the Aboriginal Youth Substance Abuse Prevention Projects described in this issue are successful examples of action research, underscoring the activity and cooperation as key features. Front and centre issues at this workshop included: Are we asking the right questions? Are those being involved in a study given a voice? Are the direct service agencies being involved in a meaningful way?

The six morning presentations from each of the Institute of Gender and Health, Canadian Institutes of Health Research federally-funded Networks went quickly. The concept of the network was that several research projects were linked together much like a Local Area Network. But Network linkages do not consist of computers – they

consist of “researchers” and community partners. Each research project is self-contained. The researchers in a specific Network are regularly made aware of the progress of other linked research projects and are responsive to the ideas that each project generates and explores. Barriers are reduced so that each research project has the capacity to accept into its area of study additional questions from other “sister” projects as these fit into its mandate. Normative data can be incorporated across projects. The University based Research Nets that presented in the morning included: IGH (Institute Gender and Health), York University, Simon Fraser University, McMaster University, University of Victoria, Dalhousie University and University of Western Ontario.

The afternoon provided the opportunity for five of the Networks to present a total of fifty-two poster sessions. An individual who had worked on the specific research project being presented was at each poster. That individual might be an undergraduate student, graduate student, post-doctoral fellow or the lead researcher. They were from the fields of psychology, nursing, education and social work. I found it particularly valuable having the nineteen-page handout of the research project abstracts that was provided. I used this to track the themes presented during the workshop and where perspectives or findings differed between researchers. Major themes included: Intimate partner violence and health policies related to gender; dating violence and gender; bullying and gender; and the impact of childhood maltreatment on adolescent and adult outcomes. The interest and support the participants gave to one another was palpable. The use of the poster format not only allowed for cross-pollination of ideas; but also, provided recognition to the many people that carry out a research project, including the clients themselves.

Much of my present practice was supported by the findings provided. However, in the area of bullying, several causes of bullying behaviour were articulated and I was challenged in some of my assumptions. For example, my questions, when working with a family and school where this is an issue, will be much more focused and thorough in arriving at an intervention plan. In working with teens, I have gained greater depth in having

discussions with them around dating behaviour that provides an opportunity to engage youth in making choices significant to their wellbeing. For me, the most exciting piece of learning was the identification of Post Traumatic Stress Disorder (PTSD) as a mediator in the link between childhood maltreatment and adverse adolescent and adult outcomes as articulated in a number of the studies. I believe this preliminary research finding will be supported in future studies. It fits with what I have observed in helping some parents overcome their parenting deficits. It makes sense to address PTSD in order to support a child or youth to become more stabilized. There is the potential that this construct could have a major impact in how child protection work provides service.

Within the highly structured format of this day, there was ample opportunity to speak informally with others be it at breakfast, lunch or the long coffee breaks. Rather than my direct service focus separating me from those I was with, I found people eager to share their own direct client practice and how it enriched the considerable analytical skills they brought to bear in the areas they were researching. Participants actively sought out others, engaged in dialogue, and clarified points in this informal venue. The energy generated by this group of seasoned and novice researchers alike was remarkable.

A story was told at the workshop by one of the presenters, Wanda Bernard of Dalhousie University. In her moving address, she spoke of receiving funding to study the impact of individual and system violence on the health and wellbeing of black men. She was shocked and hurt by the level of anger directed at her by members of the community when this was announced. In despair, she spoke to a trusted friend and fellow researcher. His reply was that the harassment and anger engendered was precisely why she had to carry on and do the research. Her words to us were: “Research is politics.”

In the child protection field, we work with the marginalized members of society who have no voice. It is often the case that social workers themselves feel marginalized with no voice. Child protection works within the context of a very political environment where a

judgmental position is often taken by those who believe themselves “experts” in regards to parenting. As individual professionals, we need to stay informed if we are to be credible, balanced and effective in our work. Research is invaluable in enabling us to maintain this standard of practice. Research is also important to us if we are to be effective advocates for children and families.

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***Research that “steps back and takes a look” has the potential to free the practitioner to look at problems differently. It can articulate the world of the client from other perspectives so that there is increased understanding and respect. Potentially, it can inspire the worker to aspire to ever better service.***

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But how does someone like me bring research into my daily work? How do I work along with researchers so that together direct service and researchers can untie the Gordian knot of Child Protection Service? What is the hook so that workers will say that this work is valuable and therefore make it a priority to participate and utilize its results in their practice? We live in a time-starved world. Our large and bureaucratic structure moves slowly in responding to needed change. There are onerous demands, especially in the area of paper work, in accountability for the direct service worker. Furthermore, few child protection workers make a long-term career commitment to the field. Research that “steps back and takes a look” has the potential to free the practitioner to look at problems differently. It can articulate the world of the client from other perspectives so that there is increased understanding and respect. Potentially, it can inspire the worker to aspire to ever better service.

On the other hand, there are many barriers to research entering into the heart of our work. There is fear of the power of the traditional model of research. One difficulty is that, sometimes the researchers who provide the information and analysis from which policies are ultimately derived, are not sufficiently aware of the limitations of the settings where those policies are to be carried out. Furthermore, research, under many guises, is

often quoted in public debates on issues. Information becomes “disinformation.” Possibly laws are enacted as a response to the “public will” and judges adjudicate from the position that they represent the community standards in the interpretation of the laws.

How does participatory action research become a “partnership between the service agency and the researchers”? An important step identified in Bruce Leslie’s article in this journal is the implementation of an agency-academic advisory board. I represent one of the four Family Services branches at the Catholic Children’s Aid Society of Toronto on our committee. In addition, our Child and Youth Services department has a representative and the Manager of Quality Assurance participates. The research feels accessible to me as the researchers are working within the administrative structure of the Society. As well, there is a grass-roots flavour to our monthly meetings as we are part of setting the direction to the research. We speak to what we believe is feasible in view of our understandings of our structure and the pragmatics of service provision. We enter into discussions with the researchers to flesh out what’s important and what is a priority.

A recent example of this discussion was the inclusion of adolescent self-harming behaviours into the questionnaire administered to youth at the two-year mark of the MAP study. This came about from information collated in Serious Occurrence Reports at the Toronto Children’s Aid Society. When the researchers shared their findings with us from our sister agency, there was a strong “Aha” from our Committee. We too had the hunch that self-harming behaviour was an important area to explore further. The researchers then set about developing a methodology by which this could be done in a systematic way with the client sample.

There were many immediate benefits of this process to me as a practitioner. The researchers reviewed the current literature thereby locating two excellent articles on self-report self-harm inventories. They also arranged for us to meet a researcher who has done extensive work in this area. They further refined the draft questions they proposed based upon the pilot analysis of the Toronto

Children's Aid Society Serious Occurrence Reports. I believe that I now have a much better understanding and have credible tools at hand to explore this issue with youth and families than I had before.

Building the relationship between the researchers and direct service staff is incremental and step-by-step. The article in this journal on the MAP study describes and assesses the operationalization of the Advisory Committee. As a member of this Committee, "little things" are asked of me, so I am not burdened by "yet another task". I learn the reasoning behind what is being requested. My experience is solicited. I am challenged to more clearly articulate this experience so that it can be incorporated into exploring issues with clients. It is the rhythm of contact and the tone of interaction that is gradually binding us together in a community of mutual interest.

The next step will be to see that the insights from our learning as members of the Advisory Committee are shared with the larger staff group. I am looking forward to a Branch meeting where the preliminary results of the Feasibility Study on Maltreatment and Adolescent Pathways will be presented. This is staff's opportunity to live within the world of the young adult. I believe that those listening to the results will experience the empathy that can lead to action. For now that action will be to listen to the story of our youth and with increased sensitivity help them to move on in life. There are many other levels within our organization and in our community where the "voices must be heard". This again is an incremental process based upon respectful and frequent communication.

Hilary Clinton wrote that "It takes a village to raise a child" and by this she meant that parents as well as the community at large must incorporate the history of past experiences in this endeavor. We have not taken her message to mean how to support the very hard work of parenting so that children have maximum life chances. To do this requires that we vigorously pursue the goal of evidence-based practice with our "at risk" population. But will we, as a community, have the patience and will to truly develop evidence-based practice? This work is costly and time consuming. So far, we intervene in these fragile families' lives based on what we think works. But, how do I know that I am doing what I say I'm doing? How do I know that I am doing something that makes a difference to a child being safer or a child having more positive life chances?

We have only begun to mobilize the rigour of the scientific method to arrive at evidence-based practice. Describing the client group is stage one in this scientific process. Then we will have a standard by which to measure change flowing intervention. Maltreatment and Adolescent Pathways seeks to describe the in-care adolescent population. This study, carefully evolved over time with a team of practitioners and academics, is a rich source of insight into the world of these youth. Being part of research also means being part of the discovery of new knowledge and new ways to support children, youth, and their families.

### About the Author

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## Try it Yourself! *Continued from page 34*

This task is designed to tap "non-conscious" thought processes and provide a window into the thoughts that preoccupy youth's minds. This is determined by youth's responses to each of the items in relation to population norms. For example, here are four words and some standard word associations:

Scrap	<u>Metal</u>
Nail	<u>Hammer</u>
Draft	<u>Cold</u>
Line	<u>Straight</u>

Different associations with these words may provide clues to an individual's thought processes and preoccupations. For example, these responses to the same four words may be indicative of preoccupations with violence, drug use, etc.

Scrap	<u>Fight</u>
Nail	<u>Sex</u>
Draft	<u>Beer</u>
Line	<u>Cocaine</u>



# Community Collaboration in Developing a Culturally Relevant Alcohol Abuse Early Intervention Program for First Nation Youth

**By: M. Nancy Comeau**  
**Sherry H. Stewart**  
**Christopher Mushquash**  
**David Wojcik**  
**Cheryl Bartlett**  
**Murdena Marshall**  
**Jerry Young**  
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This paper details how researchers and community partners have combined results from quantitative and qualitative investigations to develop a program for preventing alcohol abuse in First Nation at-risk teens that are meaningful to the lives of these youth. This article focuses on the levels of theory and evidence which support the development of youth interventions. While this novel, innovative program attempts to nurture health and healing practices, work needs to be done at a level not often considered by academics: the “root” level or where you meet the client to be served before the level of crisis, considering youth development as an opportunity to support a healthy growth pathway. A metaphor can help convey the associated underlying meaning. Imagine a young person, with an inclination toward alcohol abuse, standing at the edge of a cliff. Interveners tend to grab the individual at the edge, if possible. In contrast, work at the “root” level considers youth who may be a mile away from that edge of the cliff.

The “root” level is a grounding level that encourages activities which speak to the creative Spirit. For example, arts, crafts, and puppetry can provide a re-vitalization of self-esteem important to achieving a sense of belonging and making a difference in one’s life. Some First Nation youth may lack a sense of identification or belonging. Root re-vitalization ultimately cultivates in First Nation young people a sense of pride in their own history, their own language and in themselves. The underlying assumption behind this research is that inclination toward alcohol abuse among First Nation youth can ultimately be reduced. The purpose of this project is to learn more about the drinking behaviour of First Nation youth at high personality risk of alcohol abuse.

Central features of this article include project aims and background of what this research is trying to achieve. Focus group activities, whereby a small number of youth provide their feedback and opinions about the issues and helpful processes, direct program facilitators and co-facilitators within the broad process of collaboration. The overall approach of this research is to work together with First Nation community partners to help prevent alcohol abuse by First Nation adolescents. In affiliation with the

Royal Canadian Mounted Police (RCMP), Dalhousie University, and the CIHR-IAPH (Canadian Institutes of Health Research – Institute for Aboriginal Peoples' Health) funded "Integrative Health and Healing" project at the Cape Breton University (CBU), this research is an effort to create a new path of mutual trust and respect that should optimally allow Mi'kmaq communities and health/science researchers to walk together in order to promote improvement of mental health, particularly among Aboriginal young people.

Another aim of this research is to support the development and training of First Nation students with respect to health and healing issues of great concern to First Nation communities. To this end, it is important to understand that the research proposes to use early interventions predicated on the notion that Anxiety Sensitivity (AS), Hopelessness (H) and Sensation Seeking (SS) are three behavioural-trait risk markers for the development of substance misuse (Comeau, Stewart, Loba, & Theakston, 2004; Comeau, Stewart, & Loba, 2001; Conrod, Pihl, Stewart, & Dongier, 2000a; Stewart, Conrod, Marlatt, Comeau, Thrush, & Krank, 2005).

These traits are thought to reflect differential sensitivities to certain rewarding pharmacological effects of substances. For example, AS and SS youth are thought to be most sensitive to the anxiolytic (anxiety reducing) and psycho-stimulant (excitement reducing) properties of alcohol, respectively. If the interventions that focus on the underlying distinct motivational bases for alcohol misuse in AS, H, and SS youth, respectively, do result in decreased "risky" or heavy drinking, this project would provide further evidence of the importance of these distinct etiological pathways in alcohol misuse and abuse. ('Five drinks per occasion' is usually considered heavy drinking; Poulin & Wilbur, 2002). While the substance abuse literature supports a relationship between these pathways and drinking behaviour in teen drinkers from the majority culture (Comeau et al., 2001; Comeau, 2004; Comeau et al., 2005; Conrod & Stewart, in press; Stewart et al., in press) it is unknown to what degree this approach might be useful in Aboriginal youth.

Our investigation attempts to demonstrate attention to diversity and sensitivity to cultural issues that affect Mi'kmaq teens' drinking behaviours. Motivational theories of substance abuse variability generally propose that individual differences in personality reflect different susceptibility to certain reinforcing properties of drugs of abuse (Cooper, Frone, Russell, & Mudar, 1995; Conrod et al., 2000a). Certain personality factors (e.g., AS, H, and SS) have been associated with unique reasons or motives for alcohol use (Comeau et al., Comeau, 2004; Conrod, Stewart, Pihl, Côté, Fontaine, & Dongier, 2000b; Theakston, Stewart, Dawson, Knowlden, & Lehman, 2004; Stewart, & Devine, 2000; Stewart, Loughlin, & Rhyno, 2001).

Recent research suggests that these personality factors are associated with unique reasons or motives for alcohol use (Comeau et al., 2001; Comeau, 2004; Conrod et al., 2000b; Theakston et al., 2004; Stewart, & Devine, 2000; Stewart et al., 2001). Quantitative research provides an empirical case for targeting personality factors as a means for reducing "risky" drinking motives in adolescents (Cooper, 1994). Coping, conformity, and enhancement motives are considered "risky" due to their established associations with heavy drinking and/or drinking related problems in majority culture youth (Comeau et al., 2001; Cooper, 1994) and adults (Conrod, Pihl, & Vassileva, 1998; Conrod et al., 2000b; Stewart, Karp, Pihl, & Peterson, 1997; Stewart et al., 2001; Stewart & Zeitlin, 1995). It is important to acknowledge that reasons for drinking differ among First Nation Youth and may not be the same as the majority culture. Thus, this research investigates associations between personality factors and drinking motives as applied to First Nation teens' alcohol use.

As co-authors, we share a concern about the interests of Mi'kmaq youth and what kinds of research methods will help illuminate those interests. Thus, we use the apparatus of quantitative and qualitative research to pursue understanding of drinking patterns, contexts, and consequences particular to at-risk First Nation adolescents. More specifically, there is a need to investigate whether personality factors matter in this cultural group and to further explore, through qualitative interviews with Mi'kmaq First Nation youth, to see how

the relations between personality factors and drinking motives manifest in this cultural group. This information can then be used to modify an existing, effective and personally-meaningful set of interventions (see Substance Abuse Prevention Network Program, 2003) for preventing alcohol misuse in high personality risk adolescents (Comeau, 2004; Conrod, Stewart, Comeau, & Maclean, 2005; Stewart et al., in press) to make them culturally appropriate for this group.

School-based partners and members of the RCMP Aboriginal & Diversity Policing Services, "H" Division, have indicated a need for culturally relevant, school-based programming that addresses problems of alcohol abuse and related mental health issues. Community and research partners acknowledge the disproportionately high levels of alcohol and other drug abuse and its associated suffering and tragedy among Aboriginal peoples in Canada, especially youth (cf. Kirmayer, Brass, & Tait, 2001). The abuse of alcohol and other substances is consistently reported as a major problem in Aboriginal communities (Chandler, Lalonde, & Sokol, 2003; The Public Health Agency of Canada, 2003), and these communities are well aware of the negative effect that alcohol has on the health of their people. For example, the Aboriginal Peoples Survey (Statistics Canada, 1993) found that 73% of First Nations respondents reported that alcohol was a problem in their communities. This research uses a novel methodology (Comeau, 2004; Stewart et al., 2005) to develop of a set of innovative, culturally relevant, early interventions for First Nation teens at high personality risk for alcohol abuse. While this program targets alcohol abuse, it might also be effective for substance abuse more generally.

## Method

This research involves a three study empirical investigation that uses quantitative and qualitative research methods within a context of First Nation community collaboration. Together, the three empirical studies were designed to add insight into our understanding of certain groups of at-risk First Nation teens' relationships with alcohol. Those involved in the research leading up to program development include Dr. Patricia Conrod (National Addiction Center, Institute of

Psychiatry, London, U.K.) and Pamela Collins, Dr. Sherry Stewart and Dr. Nancy Comeau, (Psychology Department, Dalhousie University, N.S., Canada). School and community partners at preliminary planning stages include: from Indian Brook Mi'kmaq First Nation community: Father Tom Kurudeepen and former School Principal, Jerry Young; and from Eskasoni Mi'kmaq First Nation Community: High School Principal, John Googoo and former RCMP detachment Staff Sergeant, John Ryan and S/Sgt. Jeffrey Christie.

Study 1 investigated associations between three personality factors (AS, H, and SS) and drinking motives using four categories of substance use motivations as applied to First Nation teens' use of alcohol (Comeu et al., 2001). In the first study, we expected to discover whether personality factors matter in this cultural group. Study 2 asks how First Nation teens at particular risk of alcohol abuse understand their relationships with alcohol. Three groups of drinkers were recruited through the screening sample to participate in qualitative semi-structured interviews: those with high AS, H and SS. Interviews were conducted with AS, H, and SS Mi'kmaq First Nation adolescents at particular risk of alcohol abuse by virtue of these specific personality factors associated with heavy drinking and alcohol problems. In the second study, we expected that open-ended, semi-structured interviews would yield results that enrich our understanding beyond that achieved with quantitative measures on the motives underlying alcohol use behaviour in AS, H, and SS First Nation adolescents.

After completing these two investigations, we tailored the development of personality-matched, motive-specific brief interventions to meet at-risk adolescents' needs by basing stories and images in the intervention manuals on these combined multi-method findings. The set of interventions comprise our culturally-relevant program entitled, "Nemi'simk, Seeing Oneself." This title was suggested by Darren Stevens, Mi'kmaq First Nation guidance counsellor at Eskasoni High School. The name conveys a journey inward toward personal gifts of the Spirit and the power of self-healing. The particular techniques used in the interventions were cognitive-behavioural in nature and were more developmentally

appropriate versions of techniques previously demonstrated effective in the treatment of non-Aboriginal youth (Comeau, 2004; Stewart et al., 2005) and adult substance abusers (Conrod et al., 2000b).

Traditionally, Aboriginal peoples recognized personality or human nature as having four aspects: emotional, physical, mental and spiritual (Sproule, 1994). By mindfully keeping these four aspects in harmony, humans live in harmony with Creation. Kenny (2004) presents a holistic model for Aboriginal research which includes honoring the spiritual, physical, emotional, and mental aspects of human beings. This view was similar to the original approach in previously proven effective personality-matched, motive specific early interventions with youth in the majority culture (Comeau, 2004; Stewart et al., 2005). In these interventions, aspects of personality were divided into physical sensations, thoughts and actions. With the assistance of Kenneth Paul, Maliseet First Nation, and Murdena Marshall, Mi'kmaq First Nation, as members of our manuals review panel, the current set of interventions mapped these concepts onto the traditional Aboriginal concepts to make the interventions more culturally relevant (e.g., by including a Spirit dimension). Adolescents who participate in the program learn skills to deal with everyday life situations from this traditional perspective.

The "Nemi'simk, Seeing Oneself" program was produced in handbook form including a manual for the facilitators and a student self-healing booklet for the participants that is a subset of the material found in the facilitator manual. The facilitator manuals include the participant self-healing booklet plus instructions for the facilitators. The manuals and booklets make use of the scenarios informed by the results of our qualitative study. Several of the scenarios captured the complexities of First Nation teens' social and personal relationships with alcohol as Mi'kmaq youth defined these relations. Some scenarios focus on maladaptive coping strategies in an attempt to document the interviewed teens' diverse experiences with and contexts of alcohol use.

Most First Nation youth are artists in some sense. The manuals and self-healing booklets also contain creative

images from Mi'kmaq teen artists which were based on stories from qualitative interviews conducted in Study 2. The artists were provided with concepts related to the Medicine Wheel as a creative tool to organize thoughts and images to convey knowledge gained through experience, since Mi'kmaq First Nation people are non-linear thinkers. This original artwork helps bridge Aboriginal and non-Aboriginal understandings through the use of a holistic form that includes the significance of colour in Aboriginal literacy (see Ningwakwe Priscilla George, 2003).

Since artwork of this form can represent the Mi'kmaq concepts of mese'k (wholeness), sa'se'wika'sik (change) and tetpaqjoqtesk (balance), it is used to represent the spiritual response to stories generated from one-to-one interviews with First Nation teens.

With the support of school administrators and teachers, original artwork was completed by Eskasoni Mi'kmaq First Nation High School students: Nikkita Dennis, Dale Andrew Poulette, and Riki Lee Dawson; and Indian Brook Mi'kmaq First Nation High School students: Janine Julian and Roddie Gould. First Nation community partners also involved in the development of materials used in the intervention sessions include undergraduate Mi'kmaq students in the Integrative Science degree program (CBU).

Finally, the upcoming outcome evaluation (Study 3) will ask how these tailored alcohol abuse brief early interventions work for at-risk First Nation teens. These interventions will be tested in an open trial study design with First Nation students from 4 high schools in two Mi'kmaq First Nation communities in Nova Scotia in April 2005.

## Results

In our first (quantitative) study, we investigated associations between personality factors and drinking motives using Cooper's (1994) categories of alcohol use motivations as applied to Mi'kmaq teens' use of alcohol (Comeau et al., 2001). Results indicated a distinction between three particular pathways of personality factors that increase the likelihood that a young person will

consume alcohol for specific maladaptive drinking motives (enhancement, coping, and conformity; Cooper, 1994) that in turn put a young person at risk for alcohol problems. Overall, findings supported differential pathways of anxiety sensitivity (AS) to conformity motives, hopelessness (H) to coping drinking motives, and sensation seeking (SS) to enhancement motives (see Stewart, English, Comeau, 2005).

Qualitative interviews with Mi'kmaq youth are necessary to determine the ways that personality risk and alcohol use relations surface in this cultural group. A second (qualitative) investigation further enlisted the engagement of Mi'kmaq youth at high personality risk for alcohol abuse (i.e., AS, H, or SS). Results of interviews investigating Mi'kmaq First Nation teens' motives for alcohol use, alcohol use contexts, and perceived relations of personality to drinking behaviour were consistent with and substantially extended our previous questionnaire-based (quantitative) study findings. For example, AS teens reported appreciating alcohol because drinking helped them feel less anxiety about fitting in with others in social situations. There was a strong theme of negative affect reduction in the H youth with teens reportedly drinking to help reduce their feelings of sadness about other immediate concerns in their lives. A predominant theme of positive affect enhancement was evident in terms of SS teens' specific motives for drinking.

In addition, the role of the physical, social, and economic environments in connection with alcohol use was apparent in the interviews in culturally-specific ways. Important issues such as First Nations teens' strength, agency and resistance to sexual exploitation, racial discrimination, and threat of violence surfaced in stories of Mi'kmaq adolescents' relationships with alcohol and their own conceptualizations about alcohol use in a social context. Such stresses as produced by powerlessness appear associated with some teens' reasons for drinking. Results point to the significance of underlying social conditions as well as psychological underpinnings of alcohol use. Effectively addressing these issues might be important in preventative and early interventions in this population.

## Outcome Evaluation

First Nation teens at high personality risk of alcohol abuse were invited to participate in the "Nemi'simk, Seeing Oneself" program. Delivery of the interventions involved trained guidance counsellors at Mi'kmaq First Nations' schools as program facilitators and trained members of the RCMP Aboriginal & Diversity Policing Services "H" Division, as co-facilitators. Program facilitators at the Indian Brook First Nation site include Jerry Young and Janice MacKenzie; facilitators at the Eskasoni First Nation site include Doreen Stevens and Darren Stevens. Co-facilitators include RCMP Constables Ron Lamb, Everett Joe, Lana Bernard, Darren Sylvester, Debbie Maloney, Steve Gloade, and Walter Denny.

After implementing this new program in an open trial with a group of high personality-risk Aboriginal teen drinkers, we conducted a focus group with the facilitators and co-facilitators to get their perspectives on what was working and what needed changing about the interventions and manuals. Focus group discussion highlighted the importance of taking into account community context, community history and participating school dynamics – all factors which can influence program delivery. It was recommended that the program be extended from 2 x 90-minute sessions to include 4 x 45 minute sessions to allow for flexibility of school schedules and retain student interest over-time. Facilitators and co-facilitators also recommended the participating students have the option of continuing to meet as a group following program delivery to assist with ongoing student support. This would be difficult to test in a controlled trial as the length of service delivery needs to be controlled in research; however, research needs to take up the challenge of rigorous evaluation within real-life practice. Monitoring of the content of such ongoing student support sessions would need to be measured and considered in assessing the program's effectiveness.

With respect to cultural relevance, the Medicine Wheel was regarded as an important and appropriate learning tool. In terms of working within the First Nation School system, facilitators and co-facilitators strongly recommended the "Nemi'simk, Seeing Oneself" (2004)

program continue in participating communities and that forthcoming student focus group evaluation, along with quantitative outcome results, guide potential program revision and future delivery. In general, two key learnings arose from researchers and community partners through this process of collaboration: first, to build trust, it is necessary to acknowledge and respect the diversity within First Nation communities; and second, this innovative initiative presents a valuable, culturally relevant option at the school level to assist with the prevention of alcohol abuse among First Nation youth. One commonly held belief is the promise of prevention.

Two First Nation graduate students (Doreen Stevens and Christopher Mushquash) will be participating in the outcome evaluation processes connected with the project. An important forum for presenting research findings will be oral presentations that are holistic in nature, i.e., presentations that honor past, present, and future and honor the interconnectedness of all things (cf. Kenny, 2004). Reflecting the deep value of Elders within Aboriginal communities, and the Traditional Knowledge of which these Elders are the keepers, our research is arranged to encourage meaningful participation by Mi'kmaq Elders. Elders are able to help create the desired multigenerational, community wide approach to facilitating and actively promoting knowledge dissemination in the Aboriginal academic and health research communities.

Every effort will be made to disseminate our project findings broadly, even to those who were not actual research participants.

Health is among the broad spectrum of policy implications that researchers address from Indigenous perspectives (Kenny, 2004). Assuming future controlled trials research establishes this set of interventions as effective, this program should optimally open avenues for school-based, substance abuse policy and procedure for innovative student assistance mechanisms while also strengthening partnerships among those First Nation community stakeholders with youth as their mandate.

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We acknowledge the commitment and participation of Aboriginal & Diversity Policing Services RCMP Constables as program co-facilitators. We also thank RCMP commanders and participating detachments for their support of this program which targets two national RCMP priorities: youth and Aboriginal communities. We are grateful to Alexa Thompson for her valuable contribution toward interview tape transcription, story development and manual layout. We also thank Vincent Walsh for consultation re: visual communication design.

Prior to program delivery, facilitator manuals and student self-healing booklets were reviewed for cultural relevance, therapeutic content, and developmental-sensitivity by a panel consisting of Murdena Marshall, Mi'kmaq First Nation, Kenneth Paul, Maliseet First Nation, Dr. Wade Junek, Dr. Elizabeth McLaughlin, Dr. Susan Buffett-Jerrott, Dr. Patrick McGrath, Dr. John Jacono, Brenda Jacono, Dr. Cheryl Bartlett, and RCMP Inspector David Wojcik. We are deeply grateful to each panel member for sharing their expertise and investing valuable time.

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# Responding to Disclosures of Child Maltreatment in Research Studies

By Louise Galego

In developing guidelines that would assist researchers in reporting child protection concerns, it became clear, that there is no one-size-fits-all answer to what constitutes a disclosure and specifically what constitutes a disclosure in the context of research. The researcher needs to be mindful at all times that each child and each situation is unique. Acting ethically demands continual self-examination, discernment, and a willingness to approach ambiguity by consulting colleagues and others knowledgeable about child protection issues (i.e. the local Children's Aid Society, professional association or regulatory body).

Researchers need to be aware of their professional responsibilities in responding to situations involving: child maltreatment, threat of harm to oneself, threat of harm to someone else and contagious illness (*Canadian Psychological Association Code of Ethics for Psychologists*). This paper will focus on the area of child maltreatment. Ontario's *Child and Family Services Act (CFSA 2000)* provides for a broad range of services for families and children, including children who are or may be victims of child maltreatment or neglect. The paramount purpose of the Act is to promote the best interests, protection and well being of children.

The Act defines "need of protection" for children who are under the age of sixteen years or are in the society's care or under its supervision. It also sets out what must be reported to a children's aid society. This definition (*CFSA s.72 (1)*) is set out in detail (*Reporting Child Abuse and Neglect*). This includes physical, sexual and emotional maltreatment, neglect and risk of harm.

In deciding when to report an incident, a researcher does not need to be certain that a child is or may be in need of

protection to make a report to a Children's Aid Society. A guideline is "reasonable grounds", which are what an average person, given his or her training, background and experience, exercising normal and honest judgment, would suspect – and is sufficient to prompt a report.

Professional persons and officials have the same duty as any member of the public to report a suspicion that a child is in need of protection (*CFSA s.72 (3)*). However, the Act recognizes that persons working closely with children have a special awareness of the signs of child maltreatment and neglect. Thus the legislation gives these professionals a particular reporting responsibility.

*A person, who in the course of their professional or official duties, has reasonable grounds to suspect that a child is or may be suffering or may have suffered maltreatment, shall forthwith report the suspicion and the information upon which it is based to a children's aid society. Failure to report is an offence under the Child and Family Services Act.*

The professional's duty to report overrides the provisions of any other provincial statute, specifically, those provisions that would otherwise prohibit disclosure by the professional or official. That is, the professional must report that a child is or may be in need of protection even when the information is supposed to be confidential or privileged. (The only exception for "privileged" information is in the relationship between a solicitor and a client.)

Research involving children and youth will need particularly careful consideration. All aspects of the research study needs to be considered with respect to the impact on children. Alderson and Morrow (2004) point out, "we simply do not have a culture of listening to children." In the course of the research, if the child seeks advise and/or discloses information to which the researcher is not qualified to respond (e.g. on educational, clinical, safety and legal), this should be acknowledged and alternate supports sought out. The researcher should, if reasonably possible, advise the child where professional advice can be obtained. In the event that the child has disclosed a situation in which the child appears to be in

need of protection then the onus rests with the researcher to ensure that a report to a CAS is made.

Anonymity in the form of not revealing names and other identifying information also warrants attention as it has the potential to effect reporting requirements. The extent of the anonymity and any potential areas where the confidentiality of the interview may be broken should be explained to the child at the outset of the interview. Consent agreements should explicitly note the circumstances in which there are limits on confidentiality in the researcher-client relationships (e.g. child maltreatment reporting requirements). The literature in this regard clearly states that confidentiality and anonymity should be explained in a way that children can understand, and it should also be made clear who will have access to the information and data and what will happen to the data when the research is complete (Rogers et al., 1999 *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, Canadian Association of Research Ethics Boards*).

The child needs to know what action may be taken in the event that he/she discloses any situation of maltreatment. Arrangements need to be made in advance, following professional advice, on agreed procedures in these cases, and for support for the child. It is also important to note that children are deemed to be in 'need of protection' not only when they have experienced 'significant' physical harm but risk of physical and/or emotional harm as well. Amendments to the *Child and Family Services Act* in 2000 have identified that adult conflict in the family home has a severe emotional impact on children and is a form of emotional maltreatment that is reportable. Adult conflict can involve any adults or combination of adults within the home. "Caregivers are responsible to protect their child(ren) from encountering adult conflict in the home and from suffering serious physical or emotional harm,/illness from the violence." (*Ontario Child Welfare Eligibility Spectrum, Revised 2000*).

Another form of reportable child maltreatment is when the researcher receives information where other children are at potential risk. For example, the research participant is a child who is seventeen years old and is no longer

residing with his/her parents may disclose a history of physical discipline by the parents. Although the child making the disclosure does not appear to be at risk, there may be younger siblings still residing in the home that may potentially warrant child protection services.

Researchers need to recognize their moral obligations as adults to protect children even when this may mean losing access to, or the trust of the children concerned if they do intervene. Children expect adults to behave responsibly and by not intervening in situations in which children may be at risk, adult researchers may lose credibility (Boyden & Ennew, 1996).

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