# Research-Community Partnerships in Child Welfare

edited by
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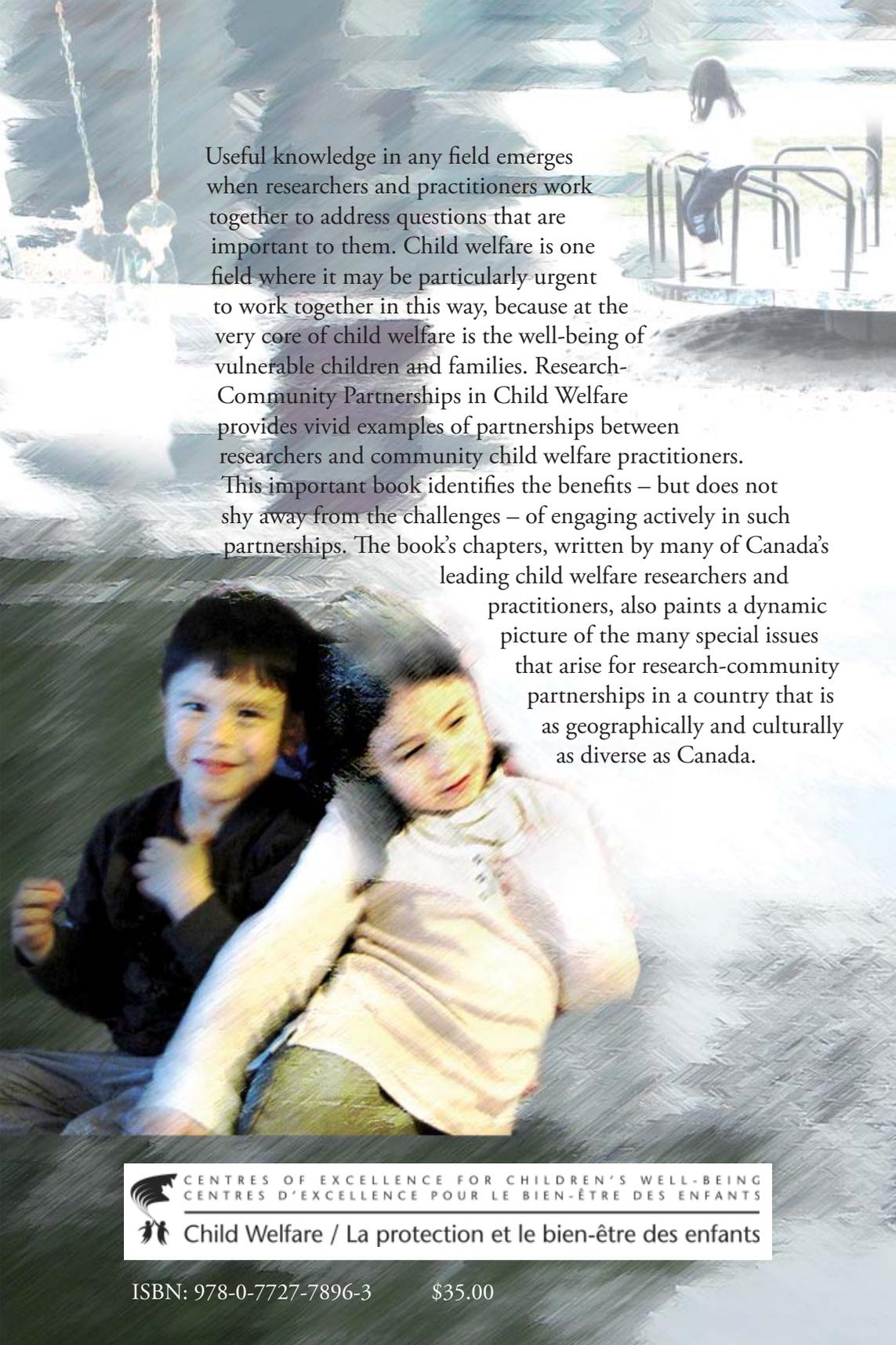
Useful knowledge in any field emerges
when researchers and practitioners work
together to address questions that are
important to them. Child welfare is one
field where it may be particularly urgent
to work together in this way, because at the
very core of child welfare is the well-being of
vulnerable children and families. Research-
Community Partnerships in Child Welfare
provides vivid examples of partnerships between
researchers and community child welfare practitioners.
This important book identifies the benefits – but does not
shy away from the challenges – of engaging actively in such
partnerships. The book's chapters, written by many of Canada's
leading child welfare researchers and
practitioners, also paints a dynamic
picture of the many special issues
that arise for research-community
partnerships in a country that is
as geographically and culturally
as diverse as Canada.

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CENTRES OF EXCELLENCE FOR CHILDREN'S WELL-BEING
CENTRES D'EXCELLENCE POUR LE BIEN-ÊTRE DES ENFANTS

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Research-Community Partnerships in Child Welfare

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Availability

Research-Community Partnerships in Child Welfare may be downloaded free of charge from the Canadian Child Welfare Research Portal http://www.cwrp.ca

Hard copies may also be purchased for $35 from Centre for Research on Children and Families, McGill University, 3506 University St. Montreal, PQ, H3A 2A7

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To the late Paul Steinhauer who was seminal both in the formation of the Centres of Excellence for Children's Well-Being Program, and the Centre of Excellence for Child Welfare.

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ACKNOWLEDGEMENTS

FOREWORD

Research funding structures are important drivers for change within our system. The transformative mandate for the Canadian Institutes of Health Research that is ensconced in legislation, has helped to create new models for funding and provides a constant reminder that research is a public good. A joint initiative of the Canadian Institutes of Health Research and the Social Sciences and Humanities Research Council led to the establishment of the novel Community Alliance for Health Research Program in 1999. This was an important funding source for the work described in these chapters. This research program was set up, in part, to provide the funding structure required for extensive collaborations and sustainable partnerships that would address priority social issues. This funding model was intended to support research partnerships of mutual engagement and shared vision, not partnerships of convenience. It was recognized that establishing and nurturing partnerships involved real costs and that these costs had to be part of the funding equation.

The focus of this book is a composite set of partnerships in six Canadian provinces that tackled child neglect and maltreatment. As the authors point out, these tenacious and complex social concerns demand an ecosystemic approach. This approach is illustrated through numerous examples of innovative service delivery approaches that were a source of inquiry. The inequities that underlie the overrepresentation of some population subgroups (e.g. Aboriginals, disabled) in the child welfare system were of particular concern to the research teams and the prominence of their research studies in these areas is noteworthy. Partnership models are especially important if we are going to successfully address the layered social inequities that are reflected among vulnerable population subgroups in the child welfare system.

This book makes an exceptionally strong contribution in several ways. The exploration of partnerships is especially critical and the range of settings, the variations in policy and practice, and the distinctive origins and evolution of partnerships are all of interest.

This collection helps make tangible what really makes a partnership work. The authors describe the softer dimensions of triadic partnerships. Discussions of integrity, trust, like-mindedness, and the authentic recognition of complementary expertise are surfaced with helpful illustrative examples. There are also important discussions of essential structures that supported these "softer" dimensions. The development of partnership policies and guidelines, and the establishment of advisory boards and forums are just a few of the examples provided. There is some critical learning regarding partnerships that arise from the experience of these authors. Discussions of how to lead partnerships and how to achieve philosophical joining are welcome additions to the literature. The importance of uncovering divergent ideas and perspectives, and using these as a source of innovation and as a basis for risk-taking are considered. The identification of normative responses that may adversely influence partnerships, and the perceived elitism of research and researchers and thus the need for researchers to take a decentred position are amply described.

"Walking the talk" is evident throughout the book, making for a compelling read. The insights and voice of service delivery partners complement those of the research team members. The models that were established to facilitate and nurture these partnerships, plus the range of outcomes that are reflected, provide important guidance for others who are also working to realize the benefits of partnerships that involve researchers, service providers and clients. Importantly, the authors do not gloss over the difficulties encountered in their partnerships. The pragmatic challenges of competing demands on work time, information complexity, difficulties encountered in trying to get timely access to data and evidence, and threats to sustainability are all addressed.

Beyond the emphasis on partnerships, the book makes other contributions as well, bringing into focus the real life challenges of action-oriented research. Issues of recruitment, ethical tensions, research situated within major systems reorganization and the challenges of staff continuity will resonate with many readers. The lengthy timelines that are required for significant change processes are also highlighted.

Finally, this collection provides an important source of questions for research funding agencies on several fronts. The sustainability dimension is clearly an issue, bringing into question realistic timelines for research funding that is directed at substantive systems change. The importance of mechanisms to track the longer-term impact of partnerships funded through the Community Alliance for Health Research Program is

highlighted, as the partnerships forged and strengthened through such a program should provide a foundation for a continuation of programmatic research. The seeds for these important discussions have been planted in this book.

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PREFACE

Research-Community Partnerships in the Canadian Child Welfare Context

The literature on the benefits, as well as the challenges, of researchers collaborating with community partners (citizens, stakeholders, service providers, policy makers) to adddress important issues has emerged from several disciplines. It has only been recently, however, that the field of child welfare has focussed on the benefits and challenges of such collaborations. This may seem surprising for a field that, by its very nature, has close ties with community practitioners. In fact, it may be that so much research in child welfare has been carried out alongside community partners over the years that we have not felt a strong need to explore the benefits and challenges of using such methods.

Still, examining the process of research collaboration in child welfare has gained considerable importance in recent years. One reason for this is the growing trend to base policy and practice on the best knowledge available. 'Best knowledge' may emerge from a variety of sources, but we are more confident that it is the best available if it has emerged from sound research and program evaluation methodology that includes real child welfare practice. Another reason is that funding agencies often require the participation of community partners in applied research, and they sometime encourage knowledge transfer activities to make knowledge gained readily accessible to the broader community of stakeholders.

Research-community collaborations, then, have become important to child welfare in Canada, but the available literature may not be fully relevant to the field of child welfare or to the way research can be carried out in child welfare in Canada. There are 13 separate child welfare systems in Canada in our two official languages – one for each province and territory – and they are responsible for child protection issues that are sometimes very serious, and that occur over large tracts of land and

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among numerous subcultures and language groups. In putting this book together, the editors recognized that this is only one of several dealing with this subject, but we sought to add a unique contribution to this literature by capturing the experiences of researchers and community partners about the benefits and challenges of conducting child welfare research in various regions of Canada. In particular, we wanted to capture both Aboriginal and non-Aboriginal experiences, and French-language and English-language experiences.

The book's chapter authors have readily shared their experiences based on the research-community partnerships in which they were involved. In each case, they briefly describe their projects and present their main findings, and refer the reader to the full results that are published elsewhere – all available on the Canadian Child Welfare Research Portal (http://www.cecw-cepb.ca/home). The main purpose of this book, however, is to provide an opportunity for them to share their own ideas about the benefits and challenges of Canadian research-community partnerships. Thus, the reflections of the researchers themselves function as one type of data that stands on its own merits, although we do provide an analysis and summary of it at the end of the book. It is our intent that the material we present in this book will form a helpful basis for researchers, practitioners, and policymakers across Canada and elsewhere who wish to engage in effective research-community collaborations in child welfare.

How the Collaborative Research Projects Were Developed

In the fall of 2000, the Government of Canada announced research funding in the amount of $20 million over a five-year period for the improvement of life for young children and youth across the country. Five Centres of Excellence for Children's Well-Being (eventually four) were launched with funding from Health Canada, and later from the Public Health Agency of Canada. The mandate for these Centres of Excellence was to: analyze existing health data, conduct targeted research, provide policy advice, disseminate knowledge, and foster networks. The Centre of Excellence for Child Welfare (CECW) focussed engaged in all five of these functions, beginning in late 2000.

In early 2001, Nico Trocmé who at the time was Director of the CECW and based in the Faculty of Social Work, University of Toronto, obtained additional financial support of $1.8 million from the Canadian Institutes of Health Research (CIHR), within the framework of their Community Alliance for Health Research Program. This grant,

for a program or research entitled Canadian Child Welfare Research Partnerships, supported rigorous collaborative community research that brought together researchers, practitioners, managers and decision-makers to work on four research projects over five years in both Quebec and Ontario. The project guidelines included an evaluation of the research partnerships.

The year following the launch of these four large-scale projects, the CECW established its own funding program available to partnerships between child protection organizations and university researchers to evaluate promising interventions already in place within the participating child protection organizations. In total, 11 such partnerships in five provinces each received $25,000 from the CECW for their 18-month intervention evaluation projects. The researchers and community partners engaged in these 11 collaborative projects were asked to track the benefits and challenges of their work together.

In addition to these core research activities, the CECW also initiated the *Prairie Child Welfare Research Program* with additional funding from the Public Health Agency of Canada. This 3-year program made it possible to work directly with members of the Prairie Child Welfare Consortium (including researchers, government representatives, managers and practitioners) from Manitoba, Saskatchewan, and Alberta. Four separate research projects were carried out, two of which were structured around Aboriginal communities.

This ambitious set of research initiatives was then put into practice by the CECW and its 20 affiliated research teams across Canada. The research teams sought to help Canada's most vulnerable Canadians by striving to achieve the CECW's goal of improving the capacity of communities to protect their children and to enhance knowledge, research and policies within university settings.

In addition to promoting the production of high quality research results, the CECW wished to acquire an in-depth knowledge of how collaborative research partnerships functioned and how they can function most effectively within the context of Canadian child welfare. The idea for producing this book came at the moment when we were assessing the results of our research projects and the knowledge we had gained from them about partnerships. All of the research projects used research-community partnerships to generate evidence to examine the effectiveness of child welfare practices. We considered that the process for generating such evidence – both the benefits and the challenges – should be shared. Thus, our goal in producing this book was to gather,

translate and disseminate the knowledge generated by the partnerships. On a wider scale, we focussed on assessing current knowledge of the effectiveness of the strategies in coming to the aid of children in need and their families.

Purpose and Contents of the Book

The collection of chapters that make up this book aims to identify factors associated with successful research-community partnerships in the Canadian child welfare context that provide evidence for examining the effectiveness of child welfare practices. Its originality lies in its timely focus, its broad approach to research and research partnerships, and the way it sheds light on the various facets of youth protection. It includes 12 chapters divided into three sections.

Table P.1. Overview of the Book's CECW-Supported Collaborative Projects

Research title	Principal Investigator	Partners	Funded by	Book chapter
Large-scale collaborative researches				
Maltreatment and adolescent pathways (MAP) project	Christine Wekerle University of Western Ontario	Catholic Children's Aid Society (CCAS) Centre for Addiction & Mental Health (CAMH) Children's Aid Society of Toronto (CAST) McGill University McMaster University University of Toronto University of Western Ontario York University	CIHR CECW subgrant	3
Data analysis of services provided by youth protection: Secondary analyses of data from the CIS	Nico Trocmé, McGill University	CAST CCAS First Nations Child & Family Caring Society of Canada (FNCFCS) McGill University University of Toronto	CIHR CECW subgrant	5

Table P.1 Continued

Data analysis of services provided by youth protection: Secondary analyses of data from the EIQ	Micheline Mayer, Institut de recherche pour le développement social des jeunes (IRDS)	Centre Dollard-Cormier Centre jeunesse de Montréal – Institut universitaire (CJM-IU) IRDS	CIHR CECW subgrant	N/A
Evaluation of an emerging multidimensional model of intervention with neglecting families	Carl Lacharité, University of Trois-Rivières	Centre jeunesse de Laval Le Centre jeunesse de la Mauricie et du Centre-du-Québec Les Centres de la jeunesse et de la famille Batshaw University of Montreal University of Trois-Rivières	CIHR CECW subgrant	9
Intervention with attachment disordered children in the child welfare system	Nitza Perlman, Surrey Place Centre	Surrey Place Centre University of Calgary University of Toronto	CIHR CECW subgrant	10
Intervention evaluations				
Self-managed care: evaluating partnership, social networks and community-capacity building in the provision of a respite services	Valerie Barnby, Winnipeg Child and Family Services and Alexandra Wright, University of Manitoba	University of Manitoba Winnipeg Child and Family Services	CECW intervention evaluation grant	N/A

Table P.1 continued

Evaluating the effectiveness of the Beyond the Basics Parenting Groups for parents/caregivers of young children involved with child welfare	Deborah Goodman and Sharron Richards, CAST	Aisling Discoveries Child and Family Centre CAST CCAS Jane Finch Community and Family Centre Jewish Family and Child Service of Toronto Lakeshore Area Multiservice Project Native Child and Family Services of Toronto Toronto First Duty - ACTT-Second/ Dawes Project	CECW intervention evaluation grant	N/A
Evaluating factors that contribute to positive outcomes in the Awasis Pimicikamak Cree Nation's Kinship Care Program	George Muswaggon, Awasis Agency of Northern Manitoba Janet Mirwaldt, Office of the Children's Advocate Diane Hiebert-Murphy & Alexandra Wright, University of Manitoba	Awasis Agency of Northern Manitoba Office of the Children's Advocate University of Manitoba	CECW intervention evaluation grant	N/A
Evaluation of the parental capacity reinforcement program entitled Éduquons nos enfants sans correction physique	Marie-Ève Clément, Université du Québec en Outaouais (UQO)	Centre Mariebourg CJM-IU UQO	CECW intervention evaluation grant	N/A
Evaluation of the process and impact of the IRI-Accueil du Centre jeunesse de Montréal program	Christian Dagenais, Centre de liaison sur l'intervention et la prévention psychosociales (CLIPP); University of Montreal	CJM-IU CLIPP University of Montreal	CECW intervention evaluation grant	N/A

Table P.1 Continued

Family Group Conferencing: assessing long-term effectiveness of an alternative approach to child protection	Sandra Cunning, George Hull Centre for Children and Families	CAST CCAS Etobicoke Children's Centre George Hull Centre for Children and Families Jewish Family and Child Service of Toronto Native Child and Family Services of Toronto University McGill	CECW intervention evaluation grant	N/A
Impact of service provider change on the protection of children	Terry LeBlanc, Children's Aid Society of Simcoe County	Children's Aid Society of Simcoe County York University	CECW intervention evaluation grant	N/A
Lessons learned from the Changing the Script Program: Supporting Foster Parents to "Go the Distance" with the Children in their Care	Jacqueline Mankiewicz Smith, The Circle of Children in Care	CCAS Surrey Place Centre The Circle of Children in Care	CECW intervention evaluation grant	N/A
The use of family conferencing and Circles in child welfare in the Mi'kmaq community in Nova Scotia	Joan Glode, Mi'kmaw Family & Children's Services (MFCS) of Nova Scotia	Dalhousie University MFCS of Nova Scotia	CECW intervention evaluation grant	6
Effectiveness of a respite care program for young children living at home and followed by child welfare	Marie-Andrée Poirier, University of Montreal	CJM-IU Maison Répit-Providence University of Montreal	CECW intervention evaluation grant	7
Addressing the effects of child maltreatment through the lens of domestic violence: Wood's Homes Habitat program	Ann Lawson, Wood's Homes	University of Calgary Wood's Homes	CECW intervention evaluation grant	8

Table P.1 continued

Prairie collaborative researches

Determinants of children with disabilities (including FASD) coming into the care of mandated child welfare agencies	Don Fuchs, University of Manitoba	Child Protection Branch, Manitoba Child and Family Services Prairie Child Welfare Consortium (PCWC) University of Manitoba	PHAC/ CECW prairie project	4
Evaluation of the Baby First Home Visiting program to determine the impact of prevention in cases reported to youth protection	Noreen Ek, Brandon University and Sid Frankel, University of Manitoba	Brandon University Centre for Manitoba Health Policy Research Healthy Child Manitoba PCWC Regional Health Authorities University of Manitoba	Health Canada	N/A
Leadership Development Forums in Aboriginal Child Welfare- Alberta	Jean Lafrance, University of Calgary	Alberta's Métis Settlements Blood Reserve Métis Child and Family Services Region PCWC Surgeon Lake First Nation University of Calgary	PHAC/ CECW prairie project	N/A
Leadership Development Forums in Aboriginal Child Welfare- Saskatchewan	Sharon McKay, University of Regina Shelley Prokop-Thomas, First Nations University of Canada	First Nations University of Canada PCWC Saskatchewan Indian Child and Family Services (ICFS) University of Regina	PHAC/ CECW prairie project	N/A

The first section consists of two chapters that provide an overall empirical framework within which to consider research-community partnerships in child welfare. In Chapter 1, Michael Saini and Sophie

Léveillé report on the results of a systematic synthesis of qualitative empirical research conducted between the research and user communities. The findings highlight the obvious need to develop and put into place the necessary tools to evaluate the strategies and outcomes of research partnerships in the field of youth protection. In Chapter 2, Nico Trocmé, Wendy Thomson and Claude Laurendeau propose a model for the dissemination of knowledge that was put to the test in a Montréal community. It focusses on placing university research resources and expertise at the disposal of managers in a child welfare agency to support an evidence-based approach to developing and monitoring its programs and policies. The chapter provides a description of the model and the preliminary results of its evaluation.

The second section of the book outlines eight instances of the process of successful research-community partnerships by describing the methodologies and results of several different types of research projects. It includes four research partnerships over five years: three intervention evaluation projects and one study from the Prairie project. The eight chapters are arranged according to the focus of the research: whether it is an evaluation of the needs of a specific clientele (needs assessment), an evaluation of the impacts of an intervention, or an innovative social program. The researchers begin with an explanation of the research and with an analysis of the nature, benefits, and challenges of the research project. The analysis of the research partnership is then followed by an assessment by a frontline worker; our intention was for a user of the research findings to have the last word.

Within this second section, a Needs Assessment sub-section is composed of chapters 3, 4, and 5. Chapter 3 reports on a collaborative community action study involving university researchers and the child welfare service provider community in Ontario, including executive directors, supervisors, and frontline workers. The various authors (Chris Wekerle, Maria Chen, Eman Leung, Randall Waechter, Anne-Marie Wall, Harriet MacMillan, Nico Trocmé, Michael Boyle, Bruce Leslie, Deborah Goodman, Brenda Moody, The MAP Project Advisory Board, and Tara Nassar) describe a longitudinal study designed to fill some of the knowledge gaps that currently exist regarding the transition of child welfare-involved youth through the critical period of adolescence. The chapter reports research conducted on behaviour of at-risk youth between 14 and 17 years of age.

Chapter 4 outlines the results of an exploratory descriptive study of children with disabilities in the care of the child welfare system

in Manitoba. Don Fuchs and Linda Burnside discuss the multi-level research-practice partnership among government policy makers, service providers, and university researchers that took place.

In Chapter 5, Barbara Fallon, Nico Trocmé, Bruce MacLaurin, Della Knoke, Tara Black, Caroline Felstiner and Cindy Blackstock provide evidence that the richness and the breadth of a unique Canadian epidemiological dataset makes it applicable to academics and professionals from diverse backgrounds such as health, law, social work and psychology. They further illustrate that such a platform is conducive to the creation of community networks across Canada.

The Impact Evaluation sub-section consists of three chapters. In Chapter 6, Fred Wien and Joan Glode describe a Nova Scotia research project to evaluate the implementation of family group conferencing by an Aboriginal agency, comparing it to the way in which child welfare cases are handled in mainstream child welfare systems. They highlight the distinctive characteristics linked to conducting collaborative research in Aboriginal communities.

In Chapter 7, Marie-Andrée Poirier, Danielle Lessard and Isabelle Perreault emphasize the need to reflect prior to undertaking research in partnership in order to define the collaborative nature of partnership research. They provide an example of the evaluation of a community project in Montréal devoted to very young children in need by coming to their aid with short-term shelter or respite care from their family environment.

In Chapter 8, Susan Gardiner, Bjorn Johansson, Ann Lawson, Bruce MacLaurin and Janet McFarlane share their research-community partnership experiences during the evaluation of an intensive residential treatment program in Calgary for adolescent boys who have witnessed domestic violence and who are experiencing serious behavioural disturbance.

The Innovation sub-section of the book consists of two chapters. In Chapter 9, Carl Lacharité and Guylaine Fafard present a new approach to child neglect, and offer strategies to reduce its incidence. They illustrate how various communities in Québec have worked together in defining, applying and evaluating the program. They propose methods for overcoming the numerous challenges faced by community development centres.

In Chapter 10, Nitza Perlman, Barry Isaacs, Anne Pleydon and Kevin Sullivan express the point of view of the main players in youth

protection. They outline the results of qualitative analyses of interviews with treatment foster children in Ontario to explore relationships between a treatment outcome/success and the children's perceptions of their experiences in the program.

Finally, Chapters 11 and 12 make up the third and last section of the book. In Chapter 11, the authors set out the factors associated with successful partnerships, their quality criteria and the relation between the two, as they emerged from the results of our overall analysis of the effectiveness of the 20 projects. The research led them to develop a typology of the effectiveness of partnerships.

Chapter 12 synthesizes and analyzes ideas presented in the first 11 chapters by pointing out key "musts" for effective research partnerships and by offering a unique checklist for putting research partnerships into practice. The chapter also sets out important work to be addressed in developing effective research-community partnerships in the future.

It is our hope that the book will lead the way to open dialogue between members of the research community and research users in the field of child and youth protection; that it will foster response to our network projects; and, in particular, that the information in it will be discussed as baseline knowledge for methods of gathering evidence for effective child welfare practices in Canada through research-community partnerships. To paraphrase a saying by French writer Jean Cocteau "*Un beau livre, c'est celui qui sème à foison les points d'interrogation*" – "A good book is one which poses many questions."

We wish you happy reading!

Sophie Léveillé
Nico Trocmé
Ivan Brown
Claire Chamberland

CHAPTER ONE

Research-Community Partnerships: A Systematic Synthesis of Qualitative Research

Michael Saini and *Sophie Léveillé*

CONTEXT OF CHILD WELFARE IN CANADA

Researchers and community members acknowledge that the traditional approach to providing and managing services for children in Canada has reached its limits (Léveillé and Bouchard 2007a). Child protection agencies are being challenged to respond to the numerous incidences of child maltreatment and neglect reported to them without additional resources (Provincial and Territorial Directors of Child Welfare 2003) and to adequately address the complexity of the existing, diverse, and inter-related issues regarding children and families within their jurisdictions (Léveillé, Chamberland and Tremblay-Renaud 2007). This acknowledgment is coupled with the emerging holistic paradigm in child welfare services, which views the child both in terms of protection and well-being (Trocmé and Chamberland 2003).

Within this paradigm, child well-being is seen as human development resulting from ongoing and reciprocal interaction between a child and his or her environment (Bronfenbrenner 1979, 1996). Issues of child maltreatment are viewed as symptoms of individual, family, community and societal problems. As such, foremost solutions to address child maltreatment should focus on building the necessary conditions for children to be able to develop within an optimal living environment. For example, adequate income, housing, and high quality early child education and care have been found to be essential components of an optional living environment for children's healthy development

(Raphael 2009). Furthermore, this presupposes that all individuals within the immediate or distant circle of a minor child, who are directly or indirectly concerned in child or youth issues, together form a safety net for the prevention, easing or countering of adversity (Léveillé and Bouchard 2007b).

The new model of intervention, therefore, calls for a community-based collaboration: continuous multi-tiered (income, housing, education, health, social services, protection, sports and activities, etc.) and multi-strategic (awareness, opportunities, intervention, mobilization, repression, etc.) modes of intervention that target not only children but their families, schools and neighbourhoods as well (Trocmé, Knoke and Roy 2003). As the ancient African proverb instructs, "It takes a whole village to raise a child."

Within this context of child welfare redefining itself, collaboration between the various players is also in a state of change. Members of academia, governments, practitioners in the field, and citizens at large are being called upon to work together on common goals of protecting children and aiding their families. There is an emerging movement within the field of child welfare to find ways to collaborate on these important issues. Public health policy reforms in Canada and incidence studies are also calling for all involved to work together in partnership for the well-being of children and their parents (Comité sur le continuum de services spécialisés destinés aux enfants, aux jeunes et à leur famille 2004; Government of Canada 2004; Groupe de travail pour les jeunes 1991; Ontario Ministère des Services sociaux et communautaires 1998; Québec Ministère de la Santé et des Services sociaux 1998; Ministère de l'Éducation du Québec 2003).

Collaboration between researchers and community members is considered vital as various social agencies are being required to renew, adapt, refine, revise and evaluate the services they provide for children and their families to ensure these services are based on best available evidence of effectiveness and efficiency. By focusing on the impact of services, practitioners are reaching out to researchers to help frame protocols to choose the best methods to complete these evidence-based evaluations. This focus provides researchers with the opportunity to conduct applied social science studies in the community while being mindful of some necessary adjustments of the research designs to ensure they are congruent with the reality of child protection in the practice setting. This framework provides the researcher in child protection agencies with an opportunity to establish a culture of ongoing knowledge acquisition

for the various dimensions of the social agency (Desgagné et al. 2001). In order to be relevant, researchers within these collaborations need to be aware of the field conditions most favourable to the development, implementation, and durability of innovative practices. In brief, it is important that research, both in its comprehensive and evaluative forms, reflects a partnership between researchers and service providers (George, Daniel and Green 1998-1999).

The Canadian government has endorsed a partnership-based orientation by promoting research programs for which the participation by academic institutions and community organizations is a requirement. For example, CURA programs (Community University Research Alliance) and the SSHRC (Social Sciences and Humanities Research Council of Canada) Strategic Knowledge Clusters, as well as the Knowledge Translation Strategy and other CIHR (Canadian Institutes of Health Research, 2004, 2008) partnership programs reflect this shift. The Canadian government has adopted a collaborative focus within the public health sector to augment the relevance, applicability and availability of research findings to multiple stakeholders.

In child welfare, we are witnessing the growth of partnerships between researchers and members of the community in all aspects of research development, implementation and dissemination. Collaboration between researchers and community partners is now more common in developing priorities and services to vulnerable children and their families. This increased use of partnership models for researchers and community members requires a corresponding increase in the examination of the process and outcomes of integrating various stakeholders for a common purpose. This chapter begins to explore the dynamics of researcher-community member partnerships by considering the history, growth and current use of these partnerships. We then present the results of a qualitative synthesis of studies that explore the facilitators and barriers of effective researcher and non-researcher collaborations. Although we set out to explore collaboration within the context of child welfare, we included collaborations across a diverse spectrum of disciplines and sectors to gain a broader perspective of the experiences of collaboration.

A SHORT HISTORY OF RESEARCH PARTNERSHIPS

Although the connection between theory (abstract knowledge, conceptualization) and practice (concrete knowledge, experience) dates back to the era of Greek Antiquity (Lombard 2006), it is only in the past 30 years that the union of science and practice has deeply made

its mark. This evolving approach for collaboration is a meeting of the worlds of research and practice. The worlds of consumers, practitioners, strategists and researchers come together to provide better services to patients and/or clients.

Viewed within an "evidence-based practices" context, the integration of research and practice was first acknowledged within the field of medicine, in 1993, through the founding of an organization, now known worldwide as the Cochrane Collaboration. Its founder, Dr. Archie Cochrane, a British epidemiologist, established the framework of the systematic process in a 1972 published work. His belief was that all health care users should assume responsibility and play a decision-making role in their health, and have an influence in the development of the effect and effectiveness of medicine.

The integration of research and practice has since gained momentum across disciplines. In 2000, an international network of scholars founded the Campbell Collaboration specifically to address research for practice in the fields of education, crime and justice, and social welfare. The Campbell Collaboration was founded on the principle that systematic reviews on the effects of interventions will inform and help improve policies and services. Through its reviews and annual Colloquiums, the Collaboration strives to make the best social science research available and accessible. Campbell reviews provide high quality evidence of "what works" to meet the needs of service providers, policy makers, educators and their students, professional researchers, and the general public (campbellcollaboration.org).

There are now several organizations in Canada that promote the collaboration between research and community members. In Canada, the Canada Health Services Research Foundation (CHSRF 1997), for example, was established in 1997 to bring together applied research funding with health service delivery, and ensure that health services are better informed by research evidence. The CHSRF develops and supports research partnership projects. It promotes the involvement of both researchers and decision makers and facilitates the exchange of information.

RESEARCH PARTNERSHIPS WITH THE COMMUNITY

What are They?

In the last 20 years, a large number of conceptually-based reviews of collaboration have been published to explore collaborative efforts at

various levels and between different constellations of researcher and community member partnerships. In child welfare, there have been a number of pleas in the field to conceptualize, develop, and evaluate methods of researcher-community member partnerships to improve services to children and their families. However, the impact of these calls have been dampened by the lack of uniformity in the conceptualization, process and outcomes of researcher-community member partnerships.

A partnership

Within a general approach to team work, most authors use expressions such as "collaboration," "participation," "cooperation," "coordination," and "partnership," interchangeably. Others view the terms as distinct and with explicit relationships between and among them. For example, Zimmerman (1998) proposed a functioning partnership model based on a hierarchy of networking, coordination, cooperation and collaboration. Networking (exchanging information) is the most basic form of partnership communication, followed by coordination (adapting individual activities), then cooperation (sharing mutual resources), and finally collaboration (increasing individual strengths) as the most complex level of a partnership.

Landry, Savoie-Zajc and Lauzon (1996) suggested eight determinants of collaboration with an emphasis on the various roles within a partnership that moves from increasingly close links to a fusion among its members. The eight determinants include: mutual information, consultation, coordination, communication, cooperation, partnership, and co-management.

Despite these variations, the term "partnership" is the most frequently and commonly used term, and it has been applied across various disciplines such as economics, business, politics, management, health care (nursing sciences and medicine), education, and the social sciences. Although there is no consensual definition for the concept of partnership, most publications suggest that it consists of a sharing of knowledge, skills and resources (Mayer et al. 1998; Morrison 1996).

A research partnership

The literature on research partnerships suggests that there are various types of partnerships with different partnership structures and functions (Frank and Smith 2000). Some of these include: "research-action," "research partnership," "partnership/collaboration research-intervention," "partnership/collaboration research-practice," "partnership/collaboration university-community," "collaborative research," "community-

based research," "cooperative research," "participatory research," and "participatory action research."

Action Research (Lewin 1948), *Participatory Action Research* (Freire 1970), *Community Research* (Rappaport 1977) and *Participatory Research* (Hall 1975) are the commonly used partnership models used in both French and English publications within various human and social sciences disciplines. In addition, some titles are combined (e.g. *Community-Based Participatory Research*) but the subtle differences are rarely made apparent (Dallaire, 2002; Reason 1994; Stoecker 1992, 1993).

In addition to the confusion with the terminology, there are also multiple ways of defining partnerships. Generally, research partnerships are presented as either an approach to an alternative form of research or as a consideration of explicit goals. What distinguishes more current types of research from traditional research is the specificity of the process and the resulting product (Boutilier et al. 1997). Within this context, research utilization is both process and product (Hagey 1997), and anticipated results fall within the framework of the process in general (Hall 1981). In other words, research partnerships encompass two fundamental dimensions that must be clearly defined: their function (process) and their outcome (results). The function mode is the theoretical link for the four major designations, whereas it is the anticipated results that distinguishes one from the other (see Table 1.1).

Table 1.1. Distinctions between the Various Concepts Of Research Partnerships In the Community

Title	Anticipated results (goals)
Action Research	Improve the quality of life within the community
Participatory Action Research	Produce knowledge and applicable practices for impoverished segments of the population
Community Research	Understanding of a given phenomenon and of the underlying social issues; Implementing new research with the goal of improving the well-being of the community
Participatory Research	Responding to the needs of the community; Increasing know-how within the community.

A research partnership with the community

All of the above mentioned research partnership approaches also acknowledge the participation of non-researchers (practitioners, users, citizens, decision makers, etc.) in the scientific research process. The community can be defined as follows:

- Researchers from all disciplines; decision makers, planners and managers in health care, public health, and health care policies,

- Health care service providers from both formal and informal networks, and

- The public at large, patient groups, and those who aid them in enunciating their point of view and/or who address their best interests, notably the media, educators, non-government organizations and the volunteer sector (CIHR 2002).

How do They Collaborate?

Partnership models differ based on when and how the "non-researchers" become engaged in the research process (e.g. question formulation, data collection, data analysis and knowledge transfer). Most models do emphasize the sharing of results. Sharing of knowledge or information (also known as "knowledge transfer") is considered a collaborative effort between researchers and members of the community, from frontline service providers, to managers and government policy makers (CHSRF 2008). It is therefore a process of knowledge transfer (skills, experience and understanding) between researchers, strategists and frontline service providers (Tsui et al. 2006).

What is the process and what are the results?

The increased need to narrow the gap between knowledge and know-how requires that all players collaborate "together" in carrying out research so that the results may be of use to all concerned. Partnerships between researchers and non-researchers play an important role in the acquisition, evaluation, adaptation and application of shared knowledge (CHSRF). Although research partnerships remain in their early stages, the field of child welfare can draw from past successes and failures in the fields of medicine, nursing, and education. It is also important to determine the overall impact of collaboration to find out about "what works" and whether such partnerships are feasible.

A SYNTHESIS OF QUALITATIVE STUDIES

Rationale

Although it may appear commonsensical to engage researchers and community members in partnerships to plan, implement, analyze and disseminate mutually important research issues, there is unexpectedly little evidence to suggest the efficacy of this approach and even less attention specific to child welfare.

To determine the scope and depth of the literature regarding researcher and community member partnerships, we conducted an initial scoping review of existing studies. Surprisingly, we found no effectiveness-based designs (e.g. random control trials, quasi-experimental designs with comparison/control groups) to determine whether these partnerships are actually successful at meeting the intended outcomes. This lack of scientific evidence from effectiveness-based designs suggests that we know little about whether these partnerships actually improve the process and outcomes of research. This represents a major gap, given the current emphasis that has been placed on these partnerships by governments, funders, service agencies and research communities. This gap also provides no direction on the "preferred" outcomes for this collaboration. Most articles written about partnerships are either conceptual or informal reflections about the process of these partnerships. Although these articles provide some insight, more systematic information is needed to help guide the complex interactions within these collaborations.

The initial scoping exercise did find a number of qualitative research studies that have explored the characteristics, process, benefits and limitations of the researcher and the community-member collaborations. Qualitative studies often provide rich descriptions about the context and process of experiences (Sandelowski and Barroso, 2006), so there is merit in bringing these studies together in a comprehensive plan to sift and sort themes as a preliminary step towards building knowledge about researcher and the community-member collaborations. This chapter therefore provides the results of a qualitative synthesis of qualitative studies that have explored the views and preferences of researchers, practitioners and community in the creation and delivery of partnership-based research initiatives. This qualitative synthesis was organized to be comprehensive, systematic and transparent. The review included a comprehensive information retrieval strategy, a detailed screening system for the inclusion and exclusion of articles, a critical appraisal of quality, and a synthesis that explored the methods, theories and

substantive themes related to researcher and the community-member collaborations.

Objectives

The main goal of the synthesis of qualitative research was to gain a thorough understanding of the empirical qualitative literature regarding researcher and community partnerships across a broad spectrum of disciplines. The integration of qualitative evidence provides rich description of emerging themes based on the reflections, views and preferences of participants involved in researcher and community partnerships. The interpretation of these themes allows for the consideration of whether the themes are transferable to a child welfare context and whether the findings can improve partnerships within child welfare. The project also set out to identify gaps in evidence, highlight priority areas for further exploration, and to help strengthen the evidence regarding researcher and community partnerships.

Research Questions

Since our overall goal was to gain a thorough understanding of researcher and community partnerships across a broad spectrum of disciplines, our primary question that guided the synthesis included an exploration of process and outcomes of researcher and community partnerships as expressed by the participants involved in these activities. This overarching question was further separated into the following sub-questions:

1. What are the different approaches of research and community partnerships?

2. What are the processes and outcomes of these various approaches?

3. What 'within themes' and 'between themes' from each of these approaches move us closer to understanding the full complexities of research and community partnerships?

4. Based on data synthesis, what are the research and community partnership strategies that look promising?

5. How can we improve research and community partnerships?

Methodology

There is growing interest in the use of systematic synthesis strategies to integrate qualitative studies (Paterson et al. 2001; Sandelowski and Barroso 2006), which largely emerged in response to the undervaluation and underutilization of an enormous accumulation of qualitative studies (Sandelowski and Barroso 2006) and the understanding that a full range of existing evidence is often needed to establish effective practices in dealing with a specific problem or issue. Compared to a narrative literature review, a systematic synthesis provides a more systematic and rigorous strategy to search for qualitative studies, an explicit and transparent criteria for including and excluding studies, a framework for appraising the quality of qualitative studies and an explicit way of establishing the comparability and incomparability of different studies (Saini and Shlonsky in press).

Qualitative synthesis is distinguished from quantitative synthesis (e.g. meta-analysis) because of its focus on the interpretive integration of qualitative data to explore events, concepts, or phenomenon. These integrations offer more than the sum of the individual data sets because they provide new interpretations of the findings (Bertero and Chamberlain Wilmoth 2007).

Information retrieval strategy

The literature was reviewed using the electronic databases PsychINFO, MEDLINE, EMBASE, ASSIA, Social Work Abstracts, Social Sciences Abstracts and Social Service Abstracts. To ensure maximum sensitivity and a high level of specificity, subject headings and word text were searched in a systematic process using search strings for each database. The search terms for OVID included:

1. (research* partnership* or research* coalition or research* consortium or cooperative research* or collaboration research* or coalition formation or community research* or community coalition or community consortium* or community based coalition or community based consortium* or community based research or action research or particip* action research or particip* research* or community campus partnership* or campus community partnership* or community-academic partnership research or community university collaboration or university community collaboration or community university cooperation or university community cooperation or research* collaboration or research* cooperation or community research* partnership* or research* community partnership* or community research* collaboration*

or research* community collaboration or community research* cooperation or research* community cooperation or research* practi* collaboration or research* practi* cooperation or research* practi* partnership or practi* research* collaboration or practi* research* partnership* or practi* research* cooperation or practi* research* cooperation or cooperative inquiry or collaborative inquiry).mp. [mp=title, original title, abstract, name of substance word, subject heading word]

2. Qualitative/

3. "exp" Qualitative

4. (process evaluation or process assessment or mechanism evaluation or mechanism assessment or outcome evaluation or outcome assessment or quality evaluation or participatory evaluation or impact evaluation or impact assessment or effect evaluation or program evaluation).mp. [mp=title, original title, abstract, name of substance word, subject heading word]

5. "2" or ""3" or "4"

6. "1" and "5"

In addition, we used the following terms to access qualitative studies written in the French language: ((coalition communautaire or coalition de recherche or consortium de recherche or consortium communautaire or recherche-action or partenariat de recherche or partenariat recherche-intervention or partenariat recherche-pratique or collaboration recherche-intervention or collaboration recherche-pratique or partenariat université-communauté or collaboration université-communauté or recherche collaborative or recherche communautaire or recherche coopérative or recherche participative or recherche-action participative) et (qualitative)).

Based on the terms specific for each electronic database, 889 titles and abstracts were included in the first level of screening. Table 1.2 provides the number of hits and duplicates for each of the eight electronic databases used for the information retrieval strategy.

Table 1.2. **Electronic Databases Search Results**

Database	Hits	Duplicates
PsycINFO	181	/
MEDLINE	310	30
ASSIA	33	17
Social Work Abstracts	4	0
Social Sciences Abstracts	29	0
Social Service Abstracts	81	30
Ageline	3	0
ERIC	337	12
Total	978	89
Total titles for first screen = 889		

Criteria for considering qualitative studies

The screening process was conducted in three stages (See Figure 1.1).
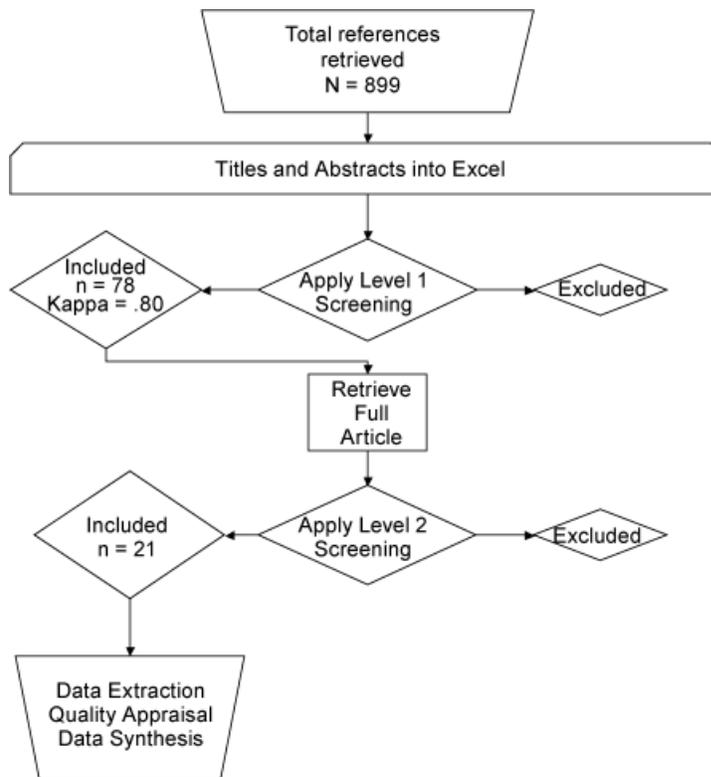

Figure 1.1. Screening process.

The first stage consisted of retrieving the titles and abstracts and then applying an initial screen to determine whether the titles would be included or excluded from the review. To be passed to the second level, the following two questions needed to be addressed in the title or the abstract: 1) did the study address a researcher non-researcher partnership (non-researcher partnership included practitioners, users, citizens, decision makers, etc.); 2) did the study include a qualitative methodology. Two reviewers (MS and SL) individually screened all titles and abstracts at level one. Interratter reliability was measured by the kappa statistic with a score of over .80, acceptable for the interrater reliability of screeners.

During the second stage, full papers of the selected studies were retrieved and then rescreened for relevance. Second screening accepted studies that included: 1) participants of researchers and community members (including practitioners, service providers, community affiliates), 2) original research data, 3) qualitative data derived from interview data, text or artifacts, 4) samples greater than 4 participants, and 5) demonstrated sufficient detail of rigor and quality. The third phase consisted of data extraction of studies that passed the two previous stages. Data extraction for qualitative studies involves capturing data regarding the studies' methods, theories and findings.

Data extraction of selected studies

Full articles of qualitative studies included in the final inclusion were inputted into NVivo 8, a computer program for qualitative analysis. The meta-study method for qualitative synthesis was chosen for this review (see Figure 1.2) because we expected that the included studies would cover a range based on theoretical frameworks, primary methods, sample settings, and the quality of the designs. Meta-study includes three processes: meta-data analysis, meta-method, and meta-theory (Paterson et al. 2001), which provides a unique process for considering the heterogeneity found in the included qualitative studies.
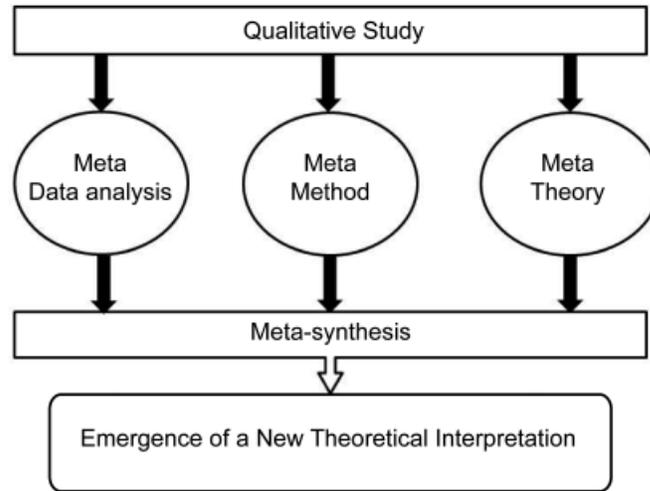
Adapted from Paterson et al. 2001

Figure 1.2. The process of a meta-study systematic synthesis.

According to the meta-study model, meta-method analysis focuses on critically evaluating the rigour and credibility of the qualitative methods used in each of the studies to assess the potential influences of the methods on the findings. Meta-theory analysis involves the scrutiny of the theoretical perspectives of each study to assess the findings in relation to theoretical formulations. Meta-data analysis, the third method, considers the findings of the primary studies but also requires the researcher to critically examine the various events, concepts and phenomenon to reveal similarities and discrepancies of the findings within and between the included studies. As shown in Figure 1.2., the synthesis then involves the reintegration of all the ideas that had been deconstructed in these three processes to realize a new interpretation of an event, concept or phenomenon that accounts for the data, method, and theory (Bertero and Chamberlain Wilmoth 2007).

To further augment the qualitative synthesis, we also conducted a meta-summary (Sandelowski and Barroso 2006) of the selected studies to count the frequencies of emerging themes. Meta-summary consists of quantitative orientated aggregation of qualitative findings to discern the frequency of each finding (Sandelowski and Barroso 2006). Higher frequency of findings are sought to claim the discovery of themes (Thorne et al. 2004). The combination of aggregation of themes with interpretive

integration of findings across studies provided this synthesis with a comprehensive yet flexible method for exploring the essence of research and community partnerships. The frequency of themes provides another layer of analysis and interpretation for the findings. These findings were considered with the findings of the meta-study so that both frequency and relevance of the themes were considered in the final analysis.

Results

The findings are presented within the three processes of the systematic synthesis used in this review. The integration of meta-method, meta-data analysis and meta-theory with the frequency of themes derived from the meta-summary are then presented to consider new interpretations and frameworks for creating and maintaining positive collaborations between research and non-researchers.

Meta-method

As indicated in the inclusion criteria, the qualitative synthesis included studies where it was clear that the authors used a process of data collection for the experiences of collaboration (as opposed to reflections on the part of the author). Once studies were included, they were not screened out based on the quality of the design but, rather, we included the assessment of quality in the meta-method analysis. We also decided to include all methods of conducting qualitative research (e.g. grounded theory, phenomenological, case study, ethnography, participant action research, etc.) so that we could consider the various designs that have been used to explore research and non-research collaborations. Whether to include different types of qualitative methods within a qualitative synthesis remains open to question, as some are against combining methods (Estabrooks, Field and Morse 1994; Jensen and Allen 1996) while others suggest that the combination of multiple methods contributes to the depth and breadth of the phenomenon (Bertero and Chamberlain Wilmoth 2007; Paterson et al. 2001). We decided to include different types of methods because the meta-study method supports the inclusion of various methods and integrates the influence of different methods into the overall analysis.

As depicted in Table 1.3, included studies were identified as qualitative reflection, case study, qualitative content analysis, grounded theory, ethnography, comparative qualitative analysis, qualitative, and qualitative methods. Critical appraisal revealed a range of quality and rigour in the primary studies. Perhaps the biggest difference found in

the primary studies was the range in providing direct quotes from the individuals involved in the studies. This has implications for the overall findings given that it is not always clear whether the findings in the primary studies actually emerge from the participants, whether these are interpretations by the researchers or both.

Table 1.3. Qualitative Method of Included Studies

Qualitative method	Number of Studies
Reflection	7
Case study	54
Content analysis	3
Grounded theory	2
Ethnography	2
Comparative qualitative methods	1
Qualitative & qualitative methods	1
Total Studies	21

Meta-theory

Meta-theory analysis involves the scrutiny of the theoretical perspectives of each study to assess the findings in relation to theoretical formulations. In reviewing the included studies, it became quickly apparent that only a few studies were explicit about the theoretical perspective that guided their work. Borthwick (1995) commented that the literature regarding collaboration has consisted mainly of brief descriptions of individual experiences by one of the key stakeholders and there has been far less emphasis on theoretical frameworks for considering the collaborations. The "insider" view depicted by Borthwick (1995) was further supported in this review, of the included studies, as the majority of studies included an inside perspective (see Table 1.4).

Table 1.4. Position of the Researcher Evaluating the Collaboration

Position of the researcher	Number of studies
Inside	16
Outside	5
Total	21

Flocks et al. (2001) used a community-based approach within an ecological framework that recognizes that individuals are embedded within social, political and economic systems that shape behaviours and access to resources. Borthwick (1995) used an organization and inter-

organization theory to link organizations and relationships. Viewing a partnership as a linkage of organizations that negotiate and renegotiate their relationships as they work together to solve a problem of common interest suggests the complex and dynamic nature of such associations (Borthwick 1995). This focus further supports the analysis of barriers and facilitators of collaborative efforts since the theory focuses on the factors needed to address organizational and interpersonal issues to promote workable partnerships for shared visions.

Meta-data analysis

The meta-data analysis identified a number of categories used to describe the partnerships. These categories have been placed in umbrella categories of collaboration characteristics, collaboration processes and collaboration outcomes. Within each of these broad categories, many sub-categories emerged that are presented within the umbrella categories. As well, meta-summary results are presented in table format to provide information regarding the frequency of categories within the 21 qualitative studies considered in this review. Although 889 titles were initially located for this review, the vast majority of titles were excluded because they were either opinion pieces or conceptual papers. This demonstrates that, although there is a wealth of literature on collaboration, very little is empirical.

Collaboration characteristics

Purpose of research community collaboration. Ensuring that there was a clear purpose for collaborative teams seemed to be instrumental in ensuring that differences and shared commitments were addressed at the onset and then revised throughout the entire collaborative process. For example, participants in Borthwick's (1995) study talked about the importance of the "joint vision" and to focus on "where we're headed." The key commitment of working on the shared goals repeatedly assisted teams to work together and to mend conflicts when they occurred (Bowen and Martens 2006; Campbell et al. 1999; Flocks et al. 2001).

The most frequently cited purpose for collaboration was to build community capacity, followed by improving policy, practice, research and funding opportunities. Other purposes included improving population health, building stronger community relationships and finding a better mechanism for ways to disseminate and use research findings in policy and practice settings (see Table 1.5).

Table 1.5. Purpose of Collaboration

Purpose of collaboration	*Number of Studies*
Improve community capacity	5
Improve policy	3
Improve practice	3
Improve relevance of research	3
Improve funding	2
Improve population health	2
Improve utilization of research	2
Improve community empowerment	1
Improve community learning	1
Improve community relationships	1
Improve knowledge transfer	1
Total Studies	11

* Studies included multiple purposes so the total number of all purposes of collaboration is higher than the total number studies.

Specific purposes were: to involve the end-users of the research data in the actual research process so that they would be more likely to integrate the results into new policies, procedures, and education programs for practice (MacDonald et al. 2006); to make end-uses self-sufficient following the collaborative project (Smith and Bryan 2005); to ensure research outcomes become more relevant to the community members than would be the case for more mainstream, traditionalistic approaches to research (Boydell, Jadaa and Trainor 2004); to create new knowledge (Bowen and Martens 2006); to ensure a wide range of attitudes, beliefs, experiences, thoughts, and opinions would be uncovered (MacDonald et al. 2006); to increase the capacity of individuals within organizations and, through them, to develop effective networks with participating organizations (Bowen and Martens 2006; Cotter et al. 2003; Lantz et al. 2001); to improve access to community health information and, in so doing, enhance knowledge of the development of community health information resources and community/university collaboration (Buckeridge et al. 2002); and to improve the research design, inform the research questions, enhance the quality of the data, and assist in knowledge translation (Boydell, Jadaa and Trainor 2004; Schulz et al. 2001). In addition, some teams were formed with clear goals of attempting to change "small policies" by playing a key role in the development of research specific to client problems and issues (McCrystal and Godfrey 2001), or changing how these teams themselves viewed these issues and problems (Oakes, Hare and Sirotnik 1986).

Type of collaboration. The studies included in this review suggest that collaborations operate at varying levels of interdependence including cooperation, coordination, and collaboration (Landry, Savoie-Zajc and Lauzon 1996; Zimmerman 1998). Table 1.6 displays the variety collaborations found within the included studies. Three broad frameworks include community participatory models, community collaborative models, and community action models, which were distinguished by the level of participants' involvement in the collaboration, the various entry points for members' participation (e.g. planning, development, delivery and dissemination), and the types of goals that participants shared for knowledge creation, knowledge action and knowledge evaluation.

Table 1.6. Type of Collaboration

Type/name of collaboration	Number of Studies
Community-based participatory research	6
Community-based research	3
Action research	1
Collaborative inquiry	1
Collaborative research	1
Community-academic research partnership	1
Community-university collaborative research	1
Educational partnership	1
Participatory action research	1
Participatory research	1
Research-practitioner collaboration	1
Research-practitioner partnership	1
School-university collaboration	1
University-community partnership	1
Total Studies	20

* Studies included multiple types of collaboration so the total number of all types of collaboration is higher than the total number studies

Key players in the collaboration. Although collaborations can include a variety of members, the review found some key players that seem to be involved in the majority of the collaborations. For the most part, most collaborative teams had a project coordinator, university affiliates, community partners (e.g. collations, community-based organizations, advisory committees, etc) and some representation of users of research (e.g. practitioners, communities, families, CBOs and government).

The Project Coordinator was described as assuming primary responsibility for implementation of grant activities and portrayed as

the person most in touch with the entire scope of the project (Borthwick 1995).

University partners represented tenured and non-tenured faculty (including department chairs and a senior academic administrator), university staff and graduate students. It was suggested in one study that the university professors can benefit from this collaboration by increasing the relevance of their research and the collaboration also alleviates some of the stress that university staff often encounter as a result of their academic isolation (Kremer-Hayon 1994).

Community partners included front-line workers as well as senior administrators. It was further suggested that community partners can benefit from being involved in collaborative teams by receiving up-to-date information from the relevant literature, which is considered to be an important element in every profession (Kremer-Hayon 1994).

Although it was uncommon to include users in the research process, users did provide a unique perspective when they were included as their participation added to the relevance and applicability of the study (Boydell, Jadaa and Trainor 2004; Campbell et al. 1999). The collaboration involving users was viewed as a potential bridge of cultural disparities (Boydell, Jadaa and Trainor 2004). However, the limited involvement of users, as further demonstrated from the frequency counts of key players in the collaborations (see Table 1.7), more work is needed to ensure users are active and equal members within collaborative teams.

Table 1.7. Key Players in Collaboration

Key players in collaboration	*% de doc.* *(N = 21)*
Research and coalition	8
Research and community-based organizations	4
Research and government	3
Advisory committee	2
Research and schools	2
Research and professional board	1
Research, CBOs and government	1
Researchers and family members	1
Researchers and practitioners	1
Total Studies	21

* Studies included multiple key players so the total number of all key players is higher than the total number studies

Collaboration processes: Facilitators and barriers

Facilitators. Facilitators of collaboration include factors that assist in promoting positive experiences for the entire team, thus making significant progress towards their shared visions and goals established at the onset of the collaboration. Based on the frequencies of the qualitative studies, Table 1.8 highlights the factors identified for effective collaboration. The most frequently cited factor to promote positive experiences in the meta-summary was good communication and relationships within the team. This was followed by strong leadership capable of making decisive decisions, a commitment by all members towards the process of the collaboration, a positive history of working together, diversity and fit of all team members, appropriate supports from research and funding bodies and knowing that the results of the collaboration would be considered meaningful.

The meta-data analysis touches on many of the same themes found in the meta-summary, but expands on the following: clear direction, embracing ambiguity, attention to the relationship, communication, bi-directional respect, bi-directional trust, constant contact, commitment, involvement of a diverse team, mutual benefits, leadership, characteristics of the team members and lucky connections.

Table 1.8. Facilitators to Collaboration

Facilitators to collaboration	*Number of Studies*
Good communication / relationships within the team	17
Strong leadership to make decisive decisions	14
Commitment by all team members	11
Previous positive collaborative experiences	6
Complimentarily of diverse team members	8
Financial issues	3
Research support	2
Making results meaningful	1
Total Studies	20

* Studies included multiple facilitators so the total number of all facilitators is higher than the total number studies

Decisiveness and explicitness: clear direction and embracing ambiguity. A number of studies (9 of the 20 studies included) indicated that clear direction of the collaboration was very important to ensure that the team was working towards shared visions and goals. When the team lacked clear direction, it was felt by some co-investigators that increased

decisiveness and explicitness could have helped them to feel more comfortable and/or helped to accelerate the process. Others noted that developing "a loose consensus" without much discussion of the decision sometimes created a lack of clarity in expectations (Borthwick 1995, Lantz et al. 2001). Clarification of members' roles at the beginning of the project was found to be critical as ill-defined roles created confusion, discomfort and frustration (Bowen and Martens 2006; MacDonald et al. 2006).

Although these studies pointed to the need for clear directions, Buckeridge et al. (2002) highlighted the importance to consider the indeterminate nature of the research process and its outcomes. They found that this uncertainty and ambiguity was difficult for all the partners. However, those who had continued with the project from the early pre-funding years through to the completion of the funded project acknowledged that this uncertainty and ambiguity was an essential part of learning to trust each other and work together. As indicated by this study, successful community collaboration demands from all partners a patience with and tolerance for the uncertainty and ambiguity of a necessarily emergent research process.

Attention to relationships. Paying attention to the relationships of the team members was found to be very important to the collaboration. Studies found that relationship building required conscious and continuous effort, because it was easy to allow other demands to interfere with communication such as deadlines, time constraints, workloads, and politics. Not providing enough attention to the relationships in turn could affect the respect and trust each other needs to develop to negotiate workable solutions when issues arise (Lane, Turner and Flores 2004).

Good communication. Participants in the included studies seem to value timely, clear communication within the collaborative teams (Bowen and Martens 2006). Generally, the studies suggest that time is needed to cultivate a teamwork atmosphere that facilitates open, clear and productive communication. The importance of open and flexible communication styles was most apparent for sharing decisions and finding consensus. Findings revealed that it is imperative team members present their concerns and suggestions in a sensitive manner. This point becomes even more poignant when communication between members is via e-mail where tone, emotion, and other non-verbal cues are lost (MacDonald et al. 2006).

Enhancing communication took both time and commitment within team activities such as personal contact, small group meetings, written information, and contact via telecommunications (Borthwick 1995).

Others noted that communication was further enhanced by building trust and becoming friends through the process such as having meals together, talking at times when there were no difficulties, and riding together to meetings (Lane, Turner and Flores 2004). Enhancing communication was also found to be best facilitated by the principle investigator with strong leadership skills and knowledge about communication styles, conflict resolution and group dynamics.

Bi-directional respect. Respect for differences of opinions and differing priorities and pressures helped facilitate the communication between members and has been considered critical to the success of the collaboration (Lane et al. 2004). Teams need individuals who are interested in understanding the perspectives and accommodating the needs of the other instead of approaching the collaboration with the assumption that one way is better or that compromise is detrimental.

Bi-directional trust. Building trust was also mentioned as both an accomplishment and a facilitator (Lantz et al. 2001; McCrystal and Godfrey 2001; Schulz et al. 2001; Smith and Bryan 2005) Trust building is a process that takes place over time and, once established, trust cannot be taken for granted; researchers must continually prove their trustworthiness (Borthwick 1995; Campbell et al. 1999; Maciak et al. 1999). Buckeridge (2002) found that trust developed slowly over time as each co-investigator came to recognize the strengths, commitment and knowledge of the other co-investigators and as the group worked to resolve conflicts and make joint decisions.

Constant contact. Regular meetings with the full team were essential not only for the communication of roles and expectations, but also so partners could discuss any frustrations or concerns they had about ongoing issues. Team meetings were used to update all partners on the activity's progress, to encourage and support interviewers, and to reassure academic partners about meeting deadlines (Flocks et al. 2001; MacDonald et al. 2006)

Commitment. Most studies suggested that commitment by all members was a key factor for successful collaboration (Bowen and Martens 2006; Cotter et al. 2003; Lantz et al. 2001; Maciak et al. 1999; Mercer, MacDonald and Green 2004). Commitment included levels of interest and support, ownership, and attendance at meetings by participants. A respondent in Borthwick's (1995) study expressed that "it would have been nice to see the same people all the way through. I just think it would have been easier on the administrators to not have to explain everything over." However, it has also been noted that attendance

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itself is not always a good measure of interest and/or commitment and so lack of attendance may not provide the team with the most accurate information about the level of commitment by the team. Others have noted that other types of commitment include support for the project (financial, services outside of meetings, resources). Others viewed commitment not only to the collaboration but also to the activities of the collaboration. For example, Campbell et al. (1999) expressed that commitment in their study was related to the shared goals of advocating for battered women and their families, which created the beginnings of mutual respect.

Involvement of a diverse team. Effective partnerships were seen as including members of political diversity, geographic diversity, professional diversity, racial diversity and social diversity (Borthwick 1995; Campbell et al. 1999; Smith and Bryan 2005). The involvement of these diverse teams were most effective if they included the various team members at the early stages and continued their involvement. User input seemed to strongly influence design decisions, which provided for a more comprehensive and relevant action plan to address the various concerns, issues and perspectives of the different team members (Buckeridge et al. 2002). Schulz et al. (2001) suggested that initiating this process early also facilitated the equitable engagement of members of the involved communities in the design, implementation, and evaluation of interventions

The study by MacDonald et al. (2006) commented on all members having decision-making power to avoid tokenism. It aslo suggested   all members have a voice within the collaborative team, given that the collaborative partnership allows the research problem to be viewed from multiple perspectives and resulted in a better understanding of the various issues being investigated.

Characteristics of the team members. Characteristics of team members as factors for effective collaboration and identified as desirable in partnership representatives included: good ideas, good sense, dedicated, motivated, leaders, powerful within their domain, visionary, actively involved, energetic, task-oriented, and giving of their time (Borthwick 1995).

Leadership. Although it was important for the participants in the studies to create a collaborative process so everyone had a strong voice, it was equally important that there was strong leadership to help guide the process (Oakes, Hare and Sirotnik 1986). For example, in Borthwick's (1995) study, it was found that strong leadership was complemented

by active members with good ideas and the time to remain involved. Likewise, Buckeridge et al. 2002 found that vision and leadership of one of the partners was crucial in sustaining continuing commitment. Interview data revealed that this person's leadership style facilitated a forum for open dialogue, for the exploration of ideas, and for the development of mutual respect. This set in motion a process for working together across many disciplinary and institutional boundaries both within the university as well as between the university and the community. The theme of strong and active leadership was presented as an important factor by many studies included in this review (Lantz et al. 2001; Maciak et al. 1999; Minkler et al. 2006).

Mutual benefits. Studies also found that is was important to all members to receive concrete benefits in return for their involvement in research partnerships, noting that without such tangible benefits the partnership may not views as advantageous to all members of the collaboration.

Lucky connections. Although considering the many factors that facilitate effective collaboration provides information for those considering creating a collaborative project, Lane, Turner, and Flores (2004) also contributed the idea that it is sometimes just by chance that people get "lucked" into a partnership where the people involved liked each other and had compatible personalities.

Barriers / challenges of collaboration

Barriers and challenges of effective collaboration include factors that interfere with the working dynamics of the team. Based on the frequencies of the qualitative studies, Table 1.9 highlights the factors identified in the meta-summary as barriers for effective collaboration. These include cultural and organizational differences of team members, uncertainty and ambiguity among team members, restraints (e.g. time, funding, research, etc.), the challenge of maintaining user involvement, finding the right balance between research and action, communication problems, moving beyond past negative experiences with members within the collaboration, and problems with logistics.

The meta-data analysis touches on many of these themes and expands on the following: differing cultures, uncertainty and ambiguity, time and funding issues, inequality, and competing tensions.

Table 1.9. Barriers to Collaboration

Barriers to collaboration	*Number of Studies*
Cultural and organizational differences of team members	13
Uncertainty and ambiguity among team members	12
Restraints (Time issues, funding, research)	12
Maintaining user involvement	5
Achieving balance between research and action	2
Miscommunication	2
Previous negative collaboration experiences	2
Logistic	1
Total Studies	16

* Studies included multiple barriers so the total number of all barriers is higher than the total number studies

Different cultures. A key realization for many participants in the studies was the distinctive cultures with differences in expectations, values, outcomes, reward systems and work styles. Recently, researchers from many fields (e.g. death studies, domestic violence, families, health, health psychology, mental health, medicine, organizations, substance abuse, social work) have reported on the challenges inherent in collaboration between researchers and practitioners (Altman 1995; Anderson, Herriot and Hodgkinson 2001; Broner, Franczak, Dye and McAllister 2001; Jensen, Hoagwood and Trickett 1999; Jordan 2000; Levin 1999; Mullen 2002; Myers-Walls 2000; Rawson et al. 2002; Rawson and Branch 2002; Reback et al. 2002; Shapiro and Rinaldi 2001; Silvennan 2000; Spear and Rawson 2002; Telleen and Scott 2001).

In the studies reviewed, meetings were often difficult to schedule and were variably attended. Furthermore, team members coming from different disciplines and sectors tended to use different vocabularies and concepts while working within these groups (Bowen and Martens 2006; Buckeridge et al. 2002; Campbell et al. 1999; Lane et al. 2004; Flock et al. 2001; Maciak, et al. 1999; Plumb, Price and Kavanaugh-Lynch 2004).

For the university partners, there was enormous professional tension and individual anxiety in participating in a long-term project with uncertain academic reward, product or output, particularly for the untenured university partners. Feeling unsupported by academic culture, which places more value on individual rather than collaborative research, university partners also believed their concerns were not well understood by their community partners. For practitioners, there was

very little time available that could be devoted to providing immediate services to the team, including writing articles, conducting research, or reading about research.

Another barrier that presented challenges included differences in ethnicity and language between some partners, which made communication challenging (Flock et al. 2001; Maciak et al. 1999; Plumb et al. 2004).

Uncertainty and ambiguity. In some cases, even when project goals were clearly articulated before the project began, expectations of team members were unknown. It was discovered, for example, in the study by Bowen and Martens (2006) that participants were confused about their role in the project, sceptical about the authenticity of the proposed partnership, and largely unconvinced that research (or researchers) could be useful to their work. Other studies similarly found that in spite of clear project goals and objectives, the collaborative process itself engendered considerable uncertainty and ambiguity. Many of the co-investigators indicated that learning to accept and work with the uncertainty and ambiguity about where the project was "going" as it developed and unfolded was the most difficult aspect of participating in this collaboration (Buckeridge et al. 2002). Flocks et al. (2001) also found that there were difficulties in establishing roles and expectations for project partners, despite the elaboration of major roles in the grant proposal. In addition, role definitions for each project activity changed somewhat over time, so establishing confidence in new roles took further time and communication. Oakes, Hare, and Sirotnik (1986) found that unclear project goals directions and expectations were related to conflicts in the process among team members.

Insufficient time. Most studies acknowledged that collaboration takes time and moves slowly. It takes time to engage in meetings, plan activities, review analyze and sift through information, complete accountability processes, and resolve problems (MacDonald et al. 2006). It became apparent that many participants did not feel they had adequate time to navigate within the collaborative process. Most of the co-investigators had not anticipated the length of time required for the collaborative research process itself. Individual partners had ambivalent feelings about the time they had devoted to this project, expressing frustration at its seemingly slow progress (Buckeridge et al. 2002). This time restraint was acknowledged by both the researchers and community partners (Bowen and Martens 2006). Others admitted that compromises were made regarding the quality of the design because of the lack of time and

they felt pressures of timelines to complete the project by a specific date (MacDonald et al. 2006).

Funding issues. Multiple references highlighted the concern regarding the collaboration dependent on funding (Borthwick 1995; Plumb et al. 2004). Minkler et al. (2006) noted that funding in many ways determined the success of the collaboration because the team needed to acquire funds in order to exist as a collaborative team. One project had to discontinue until funding could be found, and this was frustrating for all team members (Campbell et al. 1999). It was also noted that there is a lack of adequate funding for the development of initial activities to foster the collaboration (Maciak et al. 1999), making it difficult to establish the foundation necessary to sustain partnerships and systematically plan collaborative initiatives. Not enough funding also impacted the teams' ability to hire adequate staff, which was difficult on the collaboration given the time constraints of volunteers (Minkler et al. 2006).

Inequality. Issues of power were seen to derive from differences in status, resources, skills, and personal commitment to the project. Real differences in the perception of the sources of power was found in one study and this left members feeling overwhelmed, disempowered, and frustrated with their collaborative experience (Buckeridge et al. 2002).

Like the feeling of disempowerment, participants who viewed the collaboration as unequal also expressed concerns. This inequality of resources was most often between the principal investigator by virtue of being the primary recipient of the funds and other team members who wanted greater input into the expenditures of funds and decisions regarding the allocation of resources (Lantz et al. 2001). Oakes, Hare, and Sirotnik (1986) found that, contrary to the collaborative ideal of participants having parity within the collaborative structure, project team members were unequal in significant ways. These included perceived professional value and status, and the time available by various team members assigned to the project. Researchers often had more time, given that their salaries were tied to the work on the project.

Competing tensions. Although tension developed from the competing demands of everyday life in overburdened service delivery agencies (Buckeridge et al. 2002), this was compounded by the competing tensions created by collaborative teams for research purposes. Cotter et al. (2003), for example, pointed to major competing tensions between researchers and service delivery agencies, as they had very different views about recruitment into the study versus on-going service delivery.

Outcomes of collaboration

Several outcomes were identified in the meta-summary that provide some direction on how best to evaluate researcher and community-based collaborative teams (see Table 1.10). In this section, we will focus on a few of the more salient outcomes, such as improved knowledge of both researchers and community members, improved relationships within teams, improved practice, research and/or policy, increased number of dissemination products and tools, and whether teams were refunded at the conclusion of the projects.

Table 1.10. Outcomes of collaboration

Outcome of collaboration	*Number of studies**
Increased knowledge by members of the collaborative team	12
Dissemination / Knowledge Transfer	8
Improvement in communication - relationships	6
Improvement in practice	6
Improvement in research capacity	6
More networking opportunities	4
Recognition of others	3
Community empowerment	3
Improvement in funding	1
Improvement in policy	1
Total Studies	14

   * Studies included multiple outcomes so the total number of all outcomes
   is higher than the total number studies

Increased knowledge by community members. Outcomes related to community members focused on increased knowledge, capacity, and skills of conducting research. For example, Bowen and Martens (2006) stated that through development and interpretation of the collaborative research reports and evaluation activities they also gained practical experience in using newly acquired research concepts. Community members often reported that the collaboration increased their own understanding of outcomes and evaluation and it assisted in making program improvements (Campbell et al. 1999). Three types of learning identified in the studies were: 1) increased knowledge of research concepts; 2) better access and awareness of tools and information needed to conduct research; and 3) a better appreciation of research and a more positive attitude towards the purpose and process of research.

Relationship-based outcomes. Boydell, Jadaa and Trainor (2004) found reciprocal benefits of collaborative research included increased research capacity, self-esteem and empowerment, and a sense of ownership in the research. Flocks et al. (2001) found an enhanced mutual trust between the researchers and community partners. Both researchers and community partners expressed that the collaboration helped to build and maintain relationships with the team members and also with new organizational relationships, including other community-based organizations, governments, and funders. Working together seemed to facilitate better networking opportunities, more recognition of work completed by individual team members, more focus on improving communication between team members, and more opportunities to disseminate knowledge gained from the research studies. Communication between community members and researchers, although also relevant to the process of collaboration, was found to be an important outcome to measure the overall success of the collaboration.

Increased knowledge by researchers. Outcomes of collaboration for researchers were mostly related to researchers increasing their understanding of community politics, dynamics, and contexts. This provided them with an inside perspective to the realities of the communities, and it provided the researchers with opportunities to work with community members to ensure that the research findings would be relevant and applicable to the community key stakeholders. Researchers also focused on the collaboration increasing their credibility to funding bodies, and this had positive effects of both funding and refunding at the conclusion of the initial project.

Improved practice, research and/or policy. Participants also judged the success of the collaboration by exploring whether the collaboration actually improved practice, research and/or policy. Although it was not always clear how collaboration improved practice, research and/or policy, the overall sentiment was that it did improve each of these areas by making them more relevant and applicable to their target audiences.

The number of dissemination products. Studies also pointed to the number of tools and/or products that were created and distributed based on the results of the project. The frequency and intensity of dissemination by the collaborative team seems to be a consistent way for studies to try to find outcomes to measure in quantitative terms. Lantz et al. (2001), for example, noted that their study included, as indicators of success, publishing scientific papers and making presentations at professional meetings, and these were both highlighted as important markers to

evaluate the effectiveness of the collaborative team. During the first four years of the collaboration, 10 articles were published in peer-reviewed journals, and over 40 presentations were made, even though none of the evaluations of specific interventions had been completed yet. In virtually all of these publications and presentations, non-academic partners served as co-authors and as co-presenters. Others noted similar deliverables. For example, McCauley et al. (2001) noted that national and international presentations have been made on the work and scientific manuscripts were in various stages of publication or review.

Further funding. Further funding at the conclusion of the initial project was considered to be a positive outcome for the collaboration because it was implied by the team that being successful in getting funds demonstrated the positive gains made by the collaboration.

Summary Of Results

The qualitative synthesis screened 889 titles to uncover 21 qualitative studies that were included in the analysis of research-community partnerships. Based on published qualitative studies, a number of themes emerged regarding the positive facilitators of effective researcher-practitioner collaborations. Although research and non-research collaboration focuses on integrating various organizations together to better the lives of children and families, we found that it is the individuals within these organizations and the relationships among them that helps make collaboration possible. When these individual relationships form dense networks of positive relationships within and across organizations, those organizations can appear to have positive relationships with each other and work together productively.

Based on the synthesis of qualitative studies, several lessons learned from this review process are shared below. The applicability of these lessons to other collaborative initiatives will depend on the local context of the collaboration and many of the factors that have been identified within this review. It is important that these lessons are not considered as recommendations, but simply as reflections based on a review of the current empirical evidence.

1. Goals of collaboration are best when they are shared by all team members. Goals should be neither too broad nor too specific.

2. A principal investigator is needed to provide leadership in maintaining the research focus without undermining a participatory process.

3. Clarify members' roles at the beginning of the project.

4. Participants involved in collaborative teams should focus on building and maintaining successful relationships.

5. Develop and maintain relationships throughout the project.

6. Leaders can enhance the effectiveness of collaborations by monitoring and managing the collaborative process, including focusing on shared visions and goals, maintaining continuity and commitment of members; providing timely, clear communication, and facilitating exchanges for mutual benefits for collaboration (Borthwick 1995).

7. The collaborative team should be complemented by its members based on members' strengths, knowledge, skills, and expertise.

8. Sufficient time is essential for the collaboration to develop.

9. Participants involved in collaborative teams should see themselves as equal partners.

10. There needs to be an environment and structures that support collaborative research initiatives.

11. University systems should support collaboration with community members by giving adequate credit for work focused on building community capacity and collaborative relationships.

12. Provide concrete benefits for community members in return for their involvement in research partnerships (Macdonald et al. 2006).

Future studies exploring the effectiveness of collaboration could focus on the outcomes that have been identified in this comprehensive review, including:

1. Community members improved knowledge of research to gain capacity to complete the collection, analysis and reporting of data relevant to the community.

2. Researchers' improved knowledge of working with the community to ensure research is both relevant and applicable.

3. Improved communication and working relationships between researchers and community members.

4. Improved practice, research and/or policy by carefully determining how improvements in these areas will be explored captured, and assessed.

5. Increase in key deliverables identified by the collaboration including such things as presentations, information sheets, summary reports and published studies in peer-reviewed journals.

DISCUSSION AND CONCLUSIONS

This chapter is an attempt at an aggregation and interpretation of qualitative research, applied to the issue of researcher and non-researcher collaborations. It stems from the need to systematically synthesize the current literature on collaborative teams as more funding bodies and institutions are requiring the use of collaborative teams. The choice for qualitative data aggregation and interpretation methods in the present review was to gain further insight into collaborative teams. Although there are wide variations of methods and underlying theoretical assumptions of the included studies, the review provides some important information about the factors for effective collaboration.

This systematic synthesis of qualitative studies provides a substantial contribution to researchers and non-researchers coming together to collaborate on shared visions and goals. This study provides key facilitators and barriers that have been identified in the qualitative literature of included studies.

On the other hand, several important limitations of this review and of the existing evidence of collaboration are important to note. Regarding the design of the review, our choice of English-only papers and not involving other sources for the information retrieval strategy (hand searching, references checking, grey literature, and expert consultation) could potentially have excluded some important publications. Also, the literature regarding collaborative teams tends to be descriptive rather than analytic, and our chapter reflects this limitation. Since this is a relatively new field of scientific inquiry, more efforts will need to be made in future studies to improve the methodological designs established to evaluate the process and outcomes of researcher and community-based collaborations. Future studies should consider evaluation of the collaboration at the beginning planning stage instead of waiting until the end of the collaboration to provide reflections of the process and whether any gains were made by coming together as a group.

The systematic synthesis of qualitative studies provides information about the expectations, evaluations, roles and responsibilities, and reasons for staying involved within collaborative initiatives between researchers and non-researchers in the community. Meta-data analysis revealed several elements that seem critical for successful collaborations including involvement of a diverse team, mutual benefits, leadership, clear direction, embracing ambiguity, constant contact, commitment, attention to the relationship, communication, bi-directional respect, bi-directional trust, characteristics of the team members, and lucky connections.

For collaboration to be effective it must be a joint venture of researchers and community members coming together for shared purposes and goals and it should be a cooperative process in which the participants willingly participate and share in planning and decision making from the onset. All team members should share responsibility for the process and the outcomes of the collaboration while ensuring that the venture has strong leadership and clear roles for all members.

Several of the analyzed collaborations were aiming at building a community's capacity to act, then at improving practices, research development and policies. A closer look at the impacts of these collaborations reveals that several also indicated a better understanding by community members of the problem at hand and of doing research. However, very few mentioned the impacts on the population's well-being. Although targeted and reached themes were necessary, we do not know to what extent they were sufficient in addressing various aspects of the population's well-being.

In a context of child protection, future collaborative research projects should ultimately aim at improving the well-being of children, at measuring various aspects of this well-being, with the objective of getting intermediate results and analyzing how they relate to one another, namely through path analysis. Also, future assessments of collaborative research should measure what types of outcomes are linked to what types of processes. Finally, they should also consider an ecosystemic approach with an external assessor.

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CHAPTER TWO

Evidence-Based Management in Child Welfare: Researchers and Decision-Makers Working Hand in Hand

Nico Trocmé and Wendy Thomson
Community partnership comments by *Claude Laurendeau*

INTRODUCTION

The Evidence-Based Management (EBM) project was conceived and developed jointly by McGill University's Centre for Research on Children and Families (CRCF) and Batshaw Youth and Family Centres (BYFC), following a request by BYFC for assistance in developing the agency's capacity to make better use of research, to monitor the impact of its services, and to support the development of more effective services.

The EBM Project is supported by a three-year Social Sciences and Humanities Research Council (SSHRC) grant under the SSHRC Knowledge Impact in Society program designed to support "university-based strategic knowledge mobilization initiatives that systematically enable non-university stakeholder communities to benefit from existing academic research knowledge in the social sciences and humanities" (SSHRC 2007). Additional partners include the Centre of Excellence for Child Welfare (CECW), l'Institut de recherché pour le développement social des jeunes, the Association des centres jeunesse du Québec (ACJQ), University of Toronto, University of Calgary, and the Alberta Ministry of Children Services. This chapter describes the EBM model and presents findings from a baseline survey used to examine how BYFCs managers use various forms of evidence to support their work.

The initiative is designed to develop and evaluate a child welfare knowledge mobilization model to support management and service delivery decisions in a child welfare agency. The EBM initiative is

being deployed at BYFC, Montreal's anglophone child welfare agency, and focuses on the management group that includes approximately 80 managers, ranging from front-line supervisors (managers) to program coordinators and directors. Focusing on a single agency is the best approach to ensure that the knowledge mobilization model is fully implemented throughout the management structure of the organization and does not develop as a satellite project (Lomas 2003; Sharp 2005). The overall objective of this first phase was to develop a management culture at BYFC where the question of evidence was at the forefront of all decisions. That is, the project endeavoured to develop a culture of practice in which decision makers make more use of research, develop quality assurance and outcome tracking mechanisms, and eventually create a demand for more research on effective services to help abused and neglected children. Managers, rather than front-line workers, are being targeted, given that studies evaluating the effectiveness of knowledge mobilization initiatives in the health and education sectors show that shifting to an evidence-based organizational culture hinges on the extent to which managers value and use research (Hemsley-Brown and Sharp 2003).

The specific research mobilization objectives for the project were to:

1. Improve service providers' capacity to access and analyze service and client information data to inform service and policy decisions;

2. Develop systematic mechanisms to integrate clinical expertise in service and policy decisions;

3. Assist service providers in accessing and appraising research findings to inform service and policy decisions;

4. Develop a joint research agenda that addresses high-priority knowledge gaps;

5. Support the development of a national knowledge mobilization network of child welfare service providers, policy makers, and researchers. At the time of writing, objectives 1, 2 and 3 were well underway.

RESEARCH SUMMARY

The EBM Model

The EBM model is designed to fully integrate the research team into the management decision making process at BYFC. Traditionally, the role of researchers in social service agencies takes on two forms: 1) academics with independent programs of research who approach agencies as sources of data or hosts to evaluate a particular intervention, or 2) consultants hired by the agency to address a specific question. While academic research usually includes a dissemination component and, increasingly, includes a consultation process in adapting the research question and design, the research is nevertheless designed to serve academic purposes first and foremost. In the case of consultation research, the research questions are formulated by the agency. In both instances, the researcher retains an external role as an independent expert and is expected to take responsibility for the findings as such.

The EBM model seeks to establish a less formal relationship, whereby the researchers are integrated as members of the agency's management team and bring their expert opinions and technical expertise to the decision making process. An informal relationship allows the researchers to share their expertise without having to formally endorse recommendations as independent experts, thus leaving the weighing of the evidence and the accompanying decisions to the whole team. To illustrate this less formal integrated approach, we use a backyard deck construction analogy by contrasting the immediacy of the informal opinion of an engineer friend who is helping with a weekend project to the cost and time required to obtain a signed engineering report. In this manner, we are developing a model where academic researchers are integrated into the management process and can respond in a timely and less formal way.

Building on existing models, including the National Health School Standard (NHSS) action-research experience (Sharp 2005), the Evidence-Context-Facilitation model (Kitson et al. 1989; Rycroft-Malone et al. 2004), and the work of the Canadian Health Services Research Foundation (CHSRF; Lomas 2003), the EBM initiative is based on the assumption that to develop a strong agency based research culture, knowledge mobilization must be driven by an understanding that: 1) the questions are ones that decision makers are faced with in their day to day activities (i.e., are relevant), 2) responses to these questions must be provided in a timely fashion (weeks or months, not years), 3) these responses answer the question(s) being asked (i.e., are accurate), and 4)

they make as much use as possible of local expertise and information, avoiding wherever possible time consuming and resource intensive supplementary data collection procedures. In other words, the research implementation loop must be timely, relevant, accurate, and local.

The "timely, relevant, accurate and local" model is being used to assist Batshaw in making better use of three forms of evidence: 1) service and client information systems, 2) clinical expertise, and 3) existing research and emerging practices.

Tracking Client and Service Outcome Indicators

Client and service information is tracked at BYFC in a fully computerized client information system that is part of the province-wide Plateforme Intégration Jeunesse (PIJ). PIJ is one of the most comprehensive child and youth services information systems in North America, but to date its full capacity has been underutilized (see http://www.cecw-cepb.ca/DocsEng/PIBE20E.pdf). PIJ is primarily used by agency social workers to track individual client information. Managers have made limited use of its capacity as a management tool beyond case volume and case processing statistics. Following a preliminary analysis of the data fields available through PIJ, a number of key child welfare outcome indicators (National Outcomes Matrix: Trocmé, MacLaurin, Fallon et al. 2009) have been identified and are being extracted and analyzed. With the support of a programmer and a data analyst and input from a reference group, this information is being used to develop an agency-level public "status report" which, in turn, will become a key management tool in setting measurable targets for agency-wide and team-specific service improvements. Since the outcome indicators are being developed using the provincial client information system and in collaboration with other provinces using the National Outcomes Matrix (Trocmé, MacLaurin and Fallon 2000), the BYFC status reports will eventually allow for comparisons with child welfare agencies across Québec and the rest of Canada.

Systematic Use of Clinical Expertise

Clinical expertise is often disregarded as a source of evidence in monitoring the quality of programs. While a number of well-developed clinical review procedures are in place across the agency to provide case-specific consultation to social workers, there is no mechanism to aggregate this information at an agency-wide level. The primary strategy being developed to capture this expertise is an iterative series

of consultations and surveys—named "Clinical Voices"—designed to identify emerging clinical trends and issues. During the first stage, a group of clinicians is identified through senior management; involving senior management from the outset is designed to ensure that the results of the consultations are integrated into the agency's strategic planning. Consultation meetings are then held with the selected clinicians, at which time emerging clinical issues are identified, and the research team helps them develop methods for further exploring and documenting these issues. Tools for gathering data could include tracking information using short data collection instruments as well as secondary analysis of administrative data or file surveys. The data collection portion of the strategy is designed to be time limited and specific to the issues being documented. Once collated by the research team, results are discussed with the clinicians and fed back to senior management for further consideration. A second method for capturing clinical expertise is being developed through Clinical Integration Groups (CIGs), as described further in this chapter.

Knowledge Brokers

In addition to assisting BYFC to make better use of the information it generates (i.e. administrative data and clinical expertise), knowledge broker teams have been deployed to assist BYFC in accessing and interpreting relevant research literature and identifying emerging practice models. Knowledge broker teams include a content expert, typically an academic, and a graduate research assistant. The knowledge broker team is assigned to committees or working groups developing or reviewing agency policies or practices. They assist in 1) formulating policy and practice questions, 2) accessing and interpreting relevant client service statistics from the administrative data system, 3) accessing and interpreting relevant published and unpublished research, and 4) where appropriate, linking decision makers to experts who can provide more specialized consultation through EBM partners such as the Centre of Excellence for Child Welfare's researcher network or the Association des Centres jeunesse du Québec.

The brokering model provides an interactive approach that tailors research and best practice reviews to the needs and timeframe of the users (Clark and Kelly 2005). The format of the briefings includes a short summary of the relevant material, an appraisal of the state of knowledge (including major methodological limitations), and copies of the most relevant studies and/or program descriptions. The format is

similar to what the CHSRF refers to as a research summary, as opposed to a synthesis or a systematic review (for more details, see http://www.chsrf.ca/keys/glossary_e.php).

Baseline Evaluation of the EBM Model

The effectiveness of the proposed strategy – including tracking service outcomes through the agency client information system, making more systematic use of clinical expertise, and embedding knowledge brokers in management teams – is being evaluated by examining changes in the managers' use of research and client outcome data in making decisions about policies and programs in the agency. To help guide the project and provide a baseline measure of information needs and use, we surveyed and held focus groups with managers from across the agency. The key findings from these surveys and focus groups are summarized in this chapter.

Baseline Survey Methodology

Focus groups were held in June of 2007 with 76 managers assigned to 9 groups on the basis of their roles and responsibilities in the agency. These included 2 senior management groups (Directors & Coordinators); 2 groups of intake and family service managers; 3 groups of residential and group home managers; and 2 groups of a range of managers, including reviewers, foster care, adoption, human resources, and professional services. At the beginning of each group, participants were asked to complete a four-page questionnaire that included questions about their professional experience and educational background as well as questions about their use of agency statistics, clinical expertise, and published research.

Results

BYFC managers are a highly experienced group of professionals with an average of almost 23 years of child welfare experience. Ninety-five percent have a university degree, including an MSW (41%), other MA/Sc (22%), and BSW (22%). For the purposes of this chapter, responses to the questionnaires are presented in terms of five managerial subgroups: Directors and Coordinators (D&C), Front-line Intake and Family Service Managers (Evaluation/Orientation & Application des Mesures: EO&AM), Residential Service Managers (Residential), Case Reviewers (Reviewers), and all other managers (Other).

Use of agency statistics

Use of agency statistics, primarily through PIJ, varied significantly by managerial position and function. Whereas over 90% of front-line managers and reviewers primarily used information systems to track individual clients, directors and coordinators were more likely to use information to track agency trends over time. Nearly two-thirds (63%) of EO&AM managers reported using statistics to compare staff performance within their team, but only 38% reported making comparisons between teams or with other agencies, compared to 61% for directors and coordinators. Residential managers reported the most difficulty in accessing PIJ and also made the least use of agency statistics, with only 58% using information systems to track client data and none reporting using data for comparative analyses. Other than the access difficulties noted by residential managers, there were few significant differences in responses to questions about ease of access, relevance of statistics, and expectations with respect to use of statistics by managers. The EO&AM managers, followed by the directors and coordinators, reported the greatest satisfaction although, overall, even these two groups only reported moderate satisfaction, with averages ranging from 3.5 to 4.5 on a scale of 1 to 7. One noteworthy difference was that directors and coordinators reported having access to more help in interpreting agency statistics, although during the focus group interviews they noted that the available support was not sufficient to meet their needs.

Clinical expertise

On average, respondents reported making greater use of clinical expertise than other types of evidence, with responses averaging 4.5 on a scale of 1 to 7 with respect to inclusion of clinical expertise in decision-making, value given to clinical expertise, and inclusion in program planning and policy development. This positive inclusion of expertise was echoed in the focus group discussions, although many participants noted that consultation was selective and that they did not feel it was easy to bring emerging issues to the agency's agenda.

Use of published research

Responses to questions about accessing research were fairly uniform across all groups. On a scale of 1 to 7, the average response was 3.7 with respect to ability to keep informed and ease of access to research. Directors and coordinators, as well as EO&AM managers, reported hearing reference to research and the importance of research evidence more often than other groups. The three most often cited barriers to

accessing research were lack of time (90%), difficulty locating studies (50%), and unclear implications for practice (34%). Most BYFC managers accessed research via the internet (71%), through the BYFC Library (69%), and at conferences (66%). The BYFC library was also cited by many during the focus groups discussions as a key resource. Interestingly, there appears to be very limited access to research through other libraries, with only 13% of respondents identifying other libraries as a source of information.

Overall, we were struck by the thirst for better access to relevant research and interpretable agency statistics. Lack of time, complexity of information, difficulties accessing pertinent information in a timely fashion, and limited communication and sharing of expertise between departments and programs, were repeatedly cited as barriers. The objectives of the EBM project appeared to resonate strongly with managers, although there was little sense that managers were routinely expected to include agency statistics or research evidence in their activities. The baseline consultation confirmed, in particular, the importance of implementing within the agency a knowledge mobilization model that is "timely, relevant, accurate and local" as reflected in the EBM initiatives, including knowledge brokers, to facilitate access to research and agency statistics, support clinical consultation groups, and develop annual client and service outcome indicators.

PARTNERSHIP: VIEW OF THE AUTHORS-RESEARCHERS

Nature of the Partnership

From the outset, the EBM initiative has developed out of a partnership model. The impetus for the project came from BYFC. The agency approached McGill for help in developing their capacity to ensure that their work was informed by the best available evidence. The researchers, in turn, were looking for an opportunity to develop and test a knowledge mobilization model at an agency level.

All activities have been jointly planned and have involved staff from BYFC and McGill. The Principal Investigator, the BYFC Director of Professional Services, and the EBM Manager meet monthly to coordinate and evaluate all activities. Similar collaboration characterizes every aspect of the project from developing the knowledge brokerage model to analyzing data. In addition to the close partnership between the research

team and senior management, agency staff members are involved in a number of different reference groups, giving feedback on the various knowledge mobilization tools being developed. For instance, a group of eight to ten staff representing the key service delivery programs at BYFC are consulted regularly as outcome indicators are developed, both with respect to options for operational definitions and issues related to interpretation.

The SSHRC's Knowledge Impact in Society (KIS) granting program, which funds the EBM initiative, required significant financial contributions from SSHRC (50%), McGill (30%) and the community partners (BYFC + ACJQ = 20%). This stipulation required a more extensive level of engagement on the part of the university and community partners than is typical and served as an important institutional test of their commitments. In the case of BYFC, for example, written approval from the Board of Directors was required. It is important to note as well that the level of funding for this project is unusually high (approximately $200,000 / year over three years). This has meant, in particular, that the project has been able to provide staffing funds directly to the agency. Without such an investment, it would not be possible to sufficiently protect staff time to allow for the intensity of involvement required by such an active partnership. It has also meant that we have been able to provide academics who become involved as content experts (e.g. knowledge brokers) with research assistants who perform the literature searches, organize and summarize the materials, and keep minutes and arrange all meetings This ensures that the content expert's time is used as efficiently as possible. For the students who act as research assistants, this is an opportunity for focused applied research training.

Beyond the KIS funds, the partnership also benefits from infrastructure support from the BYFC, CRCF and the McGill School of Social Work. This will be particularly important, since the project must be self-sustained after the first three years of funding. The benefits of Evidence-Based Management will need to be sufficiently tangible for BYFC to absorb some of the data-extraction and analysis costs currently covered by the EBM grant. The Knowledge Broker model will need to be well-enough developed to be transferable to a format that can be integrated into Theses and Independent Studies Papers for McGill Master's students and their supervisors. With its endowed infrastructure, the CRCF is in a good position to provide the support needed to integrate the academic needs of McGill students with BYFC's information needs. As we approach the half-way point for the EBM project, sustainability is rapidly becoming a

key objective. Each component of the project will need to be adapted to ensure that it is sustainable by partner organizations.

Challenges

Supporting the use of research has proven to be more complicated than we had originally thought. BYFC has a well-established library infrastructure staffed by a part-time librarian. Feedback from staff was universally very positive about the library and the librarian's ability to respond to requests for information. Expanding on this resource, however, we ran into a number of unexpected obstacles. Although BYFC is the primary field placement agency for McGill social work students, we were surprised to discover that BYFC supervisors have not been given access to the McGill library. Negotiating access to a McGill library card for the librarian took close to three months. Navigating our way through the BYFC internet firewalls took another three months.

We then organized a journal club to assist staff interested in learning how to read journal articles more efficiently. The journal club was perceived by participants to be stimulating, and successful in teaching them more efficient and effective research reading techniques. However, because the group was researcher-facilitated, discussion focused far more on theory and methodology and less on practice and policy implications. To address this limitation, we have developed an alterative approach – attaching journal readings to practitioner groups organized around specific clinical issues. These "Clinical Integration Groups" are forums for discussing emerging clinical issues around a focal topic (e.g. sexual abuse) that includes both summaries from a systematic scan of leading research journals and clinical examples from BYFC. Each CIG is supported by a knowledge broker team, including an academic content expert and a graduate student research assistant.

We also discussed providing material to one of the standing committees with whom the research team has been working. However, it rapidly became evident that the committee members felt so overwhelmed by stacks of unread "interesting readings" on their desks that it was not realistic to start by adding even more material. We have offered instead to have research assistants summarize and organize their existing stacks of material, and then dedicate a meeting to reviewing the results of this exercise.

Delays and difficulties with respect to accessing administrative data through PIJ are typical of such projects: it takes longer than expected to extract data and, once extracted, the data often need more cleaning

than was anticipated; and missing data, common especially in historical files, is always a challenge. As expected, we also found at times that EBM data requests had to take a second place to more urgent agency data needs, ranging from ministry information requests to server problems, to the frequent introduction of new software modules. To free up the BYFC client information systems manager's time, the project ended up funding an extra position in his department.

Although these types of delays are to be expected in any agency-based project with frequent data requests, we also found that, at a conceptual level, developing indicators that were perceived to be understandable and useful for managers was more complicated than anticipated. For instance, we spent a whole year developing a method for tracking the number of placement moves experienced by children living in out-of-home care. Originally the research group had proposed a measure based on exit cohorts, the method used most often in the literature. This method measures moves in care by the average number of moves for children and youth leaving care in any specified year. In presenting preliminary findings to BYFC staff, however, a number of concerns arose about the utility of this indicator as a management tool, since the retrospective exit cohorts include children who had been in care for 10 or more years. Managers felt that, as a result, the data reflected practices that were not current enough to be useful to them. We then explored a number of alternative strategies over different timeframes and finally agreed to use three-year prospective cohorts, tracking moves in care within three years of a placement. A three year timeframe provided the right balance between the need to focus on relatively current practice and tracking placement moves over a long enough period of time to be meaningful from the child's perspective.

Overall, the challenges have been of the type one would anticipate from a partnership between organizations with different cultures and with access to different types of resources. These examples emphasize the critical importance of close collaboration and provision of enough resources to allow for experimentation with a range of different approaches in a limited enough timeframe to allow for meaningful feedback about the utility of the proposed approaches.

Benefits

The long-term benefits of the relatively intense EBM partnership model described in this chapter will be best evaluated upon completion of the project. We anticipate that the agency's use of information—administr

ative data, clinical expertise and existing research—will have increased, and that a sustainable research mobilization partnership will have been established between McGill and BYFC. We also anticipate that the agency's capacity to engage in and support research will have expanded, allowing the research team to engage more efficiently in research projects at the agency. Finally, we hope that the knowledge mobilization partnership will give McGill social work students opportunities to develop their research papers in an applied context where their work can have an impact beyond a strictly academic setting.

The short-term benefits of the partnership have been highlighted in several of the examples provided earlier in this chapter. Working in close partnership has meant that initiatives can be evaluated to ensure that they are meeting objectives. When redefining outcome indicators or adjusting the journal club format, both timely feedback from end-users and joint planning with senior managers are proving to be invaluable in implementing the EBM model at BYFC.

Conclusion

The EBM project is designed to adapt knowledge mobilization strategies developed in health care settings to the social service sector where there is a limited tradition of using research to guide practice. As with many social service agencies, BYFC does not have a research infrastructure. Although the agency provides training for a significant number of McGill social work interns, it does not have access to the types of resources nor partnerships that one typically finds in teaching hospitals. Recognizing the need to develop such structures in social service agencies, the Government of Québec has funded several agency-based research institutes, two of which are located in large francophone child welfare agencies. Although the agency based institutes have many benefits, the cost of developing such infrastructures is prohibitive for smaller agencies. In addition, there is always a risk that the research agendas of the institutes may not support the management needs of the agencies.

The EBM project is designed to develop a model for a sustainable research mobilization partnership between McGill and BYFC without necessarily having to develop a separate research infrastructure within the agency. The key measure of success for this initiative will be the extent to which the question of evidence is consistently posed and re-posed, at all levels of BYFC. If the project proves to be successful, it could provide a useful model for other social service agencies seeking

to gain better access to research and to academic institutions seeking to increase the impact of their work.

PARTNERSHIP:
A MANAGER'S POINT OF VIEW

Claude Laurendeau

If one were to ask managers in Batshaw whether it is a good idea to increase our capacity to integrate evidence into decision making processes, the answer would likely be a resounding, maybe even a unanimous but not an unconditional, "Yes!"

Managers would need to be confident that evidence is reliable, readily accessible, meaningful, and useful. They would need to sense a strong agency commitment and witness the allocation of the necessary resources. They would have to be willing and ready to alter the way work is organized, revise the allocation of tasks, and deal with potential disruptions. They would need to know that they can still manage the day-to-day pressures of service delivery.

Early on in the project, it became apparent that EBM would require a change in our culture—our way of doing things and our way of thinking about the complexities of child welfare issues. This would not happen overnight; it would require time and energy and an approach that is multi-pronged, interactive, and strength-based.

The multi-pronged aspect of EBM is the various spheres of activities (as previously described). The interactive component seeks the participation in these activities of managers and front-line staff knowledgeable about field issues as well as administrative and clinical processes. The strength-based approach challenges us to find potential leaders who will happily struggle to make the links between evidence and clinical interventions and programming. In an agency of over 1000 staff (700 of whom are "clinical"), such leaders most certainly exist but, often, they work in isolation.

The Clinical Integration Groups are a good illustration of the strength-based aspect of EBM. They build on clinicians' initiatives, passion for and interest in a clinical issue that they already care about (e.g. sexual abuse). Their thirst for knowledge, commitment and deep desire to seek and apply best practices are enhanced by the input of researchers and Knowledge Brokers. They benefit from management support and recognition that Clinical Integration Groups constitute a legitimate,

integral part of their work—not an activity they "do on the side" on their own time and only when waiting lists are down! Their work is further validated as they contribute to training, service, and program development.

The Knowledge Brokers are gradually infiltrating the organization; they have taken us a step further from the already much appreciated library services. The research summaries they provide serve to heighten managers' confidence in the quality of research findings they consider and, subsequently, in the decisions they make. For example, following our Accreditation process, my service took on a mandate to develop a system for surveying client satisfaction. The research summary helped establish a baseline for this work and identify both potential pitfalls and useful strategies. Knowledge Brokers respond to an individual manager's request on a given topic for the formulation of clinical policies or the development of a service. They can also act as integral members of committees, help formulate research questions, and retrieve useful information for the committee's consideration. This is the case, for example, in our agency's standing committee overseeing Permanency Planning. A year ago, the very concept of Knowledge Brokers was a foreign one; now, they are quickly becoming the subject of popular demand!

The Reference Group on Indicators brings to the table managers from all levels, front line staff, information systems experts, and researchers. As they interact, they struggle to develop indicators that are clinically and scientifically sound. Together, they decide on operational definitions; for example, for the indicator on recurrence we asked, "Will we measure every new report of abuse or a substantiated report? Do we measure reports coming in while services are provided or after and if so, how long after closure of the case?" Arguments could be made in support of one choice or another but, once the group settles on one definition, the need to go deeper and make each indicator "speak" some more emerges as do questions related to the implications for service delivery. The potential for generating research questions, for giving us a common starting point, and for questioning our practices has become increasingly evident.

Finally, the "Clinical Voice" project challenges our creativity and commitment to drawing out evidence from our own clinical expertise. In this new adventure, clinicians who review up to 1800 cases a year draw upon their "impressionistic" data and areas of preoccupation (i.e. permanency planning and family involvement) with respect to the needs of our clientele and our services. These "impressions" are transformed

by researchers into specific means of documenting what they see and subsequently the aggregation of this data is expected to point to areas of service delivery requiring attention. At the onset of this project, clinicians greeted the researchers with a "Where have you been all our life?"

With increasing clarity, I can see the day when the material generated through our indicators linked to PIJ (our client information system), the work of the Knowledge Brokers, the Clinical Integration Groups and "Clinical Voices" as well as other areas of activity likely to emerge as our project evolves will strengthen our ability to incorporate evidence into decision making. The potential for EBM to promote continuous quality improvement to our service delivery with respect to permanency planning, sexual abuse, and domestic violence, to name but a few of the challenges we in the field of child welfare face on a day-to-day basis, is endless. An EBM project that is multi-pronged, builds on strengths, and creates opportunities for researchers and service providers to interact may well meet the conditions put forth by managers and develop a culture where evidence becomes an integral part of service delivery.

ENDNOTES

i. A description of the project and results of the follow-up survey and evaluation are available at http://www.mcgill.ca/crcf/projects/outcomes/ebm/

ii. Launched in 2002, the focus has been on deployment of the original system and adapting upgraded modules.

iii. To date only one clinical voice project has been launched, it brings together the group of mandated case reviewers who are clinical managers at BYFCs.

iv. An 88% participation rate. All managers were invited, but 10 of 86 were unable to attend.

v. Even then, the project funds cover only a portion of agency staff activity.

vi. Academics are not compensated above their university salaries. While the principal investigators and co-investigators receive credit for their roles, it can be more difficult when asking for help from a content expert who was not initially part of a proposal, especially in a community partnership project where the expert must then participate in a series of on-site meetings. To date, we have approached two colleagues for such assistance and have tried to maximize efficient use of their time by providing as much research assistant support as possible.

vii. In contrast, a one-year follow-up timeframe while having the advantage of being even more current was not considered to represent a long enough period to judge the stability of a placement.

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CHAPTER THREE

The Maltreatment and Adolescent Pathways (MAP) Project Feasibility Study: Are Youth Involved with Child Protection Services a Feasible Sub-population for Study?

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[2] See Appendix for names of Children's Aid Society Advisory Board.

INTRODUCTION

Human destructiveness is a problem so pressing that all others pale beside it. (Twemlow 1995 p. 545)

Children everywhere have basic human rights: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. (UNICEF 2003 p. 10)

> We need to move from the notion of "child welfare" to the "welfare of children." This is a responsibility we all share as members of a society. (Underwood, Lewis and Thomson 2010 p. 6)

In Canada, child maltreatment is a pervasive, high priority issue. The Canadian Incidence Study of Reported Child Abuse and Neglect (Trocmé et al. 2005) provides an estimate of 22 per 1000 Canadian children at serious risk of physical and emotional harm, where only a small number of these children receive services from the system mandated to support and protect them from further assault. Those who come to be identified by the Canadian child protection services (CPS) or child welfare system are subject to system impacts. This may include multiple changes in caregivers, residences, and CPS caseworkers, the provision of services and exposure to new development opportunities, and a sustained financial commitment to those who are deemed wards of the provincial government or state, variably, but generally, supported to age 18. While CPS system involvement is intended to prioritize child safety, it also seeks to enhance caregiver and residential permanency and youth well-being in relationship situations that are often complex.

The developmental period of adolescence is an important window of risk to health, but also an opportunity for positive change (Wekerle, Waechter, Leung and Leonard 2007). In meeting with normative stress (e.g. entry to the work force, learning to drive, developing relationships, romantic involvement etc.), all adolescents are presented with opportunities for resilience and revision of their understanding of themselves and of others. We develop mainly in a relational context, and CPS youth have experienced a significant relational insult to their development and have often had to contend with loss and multiple opportunities for an attachment relationship, where there is no promise at the outset for sustained, long-term commitment.

The developing brain of the adolescent allows for increased capacity in abstract or conceptual thinking (i.e. what is a healthy relationship?) that can facilitate the imagining of consequences, taking of different perspectives, and developing alternate problem-solving scenarios. In adolescence, there is the youth's natural interest in new learning opportunities and, thus, the potential for a lasting impact of positive, guided personal and social learning. As with the early years, adolescence is an important developmental window with brain growth and refinement reflecting the cognitive and emotional needs to date. However, with exposure to and engagement in new developmental

challenges, opportunities for shifting stylistic response sets and learning more adaptive, healthful behaviours exist.

Considering the brain-specific issues and the issues that pose a challenge to maltreated youth, adolescence can be thought of as a "developmental crossroad" among this population. This crossroad is a period in which a window of opportunity exists for effective intervention timed with a natural interest among adolescents to learn about relationships, emotions, and ways of processing information or understanding their world (Wekerle, Waechter, Leung and Leonard 2007; Wekerle et al. 2009). A general truism is if you use it, you don't lose it, and this may translate into learning a new way of relating (i.e. non-maltreating) becoming a preferred way of relating. Experiences and opportunities seem especially critical for adolescence and one way for us to understand the normative teen behaviours that are risky.

The impact of maltreatment often exceeds the chronological duration of the maltreatment episode. For the adolescent, maltreatment, as an event, may have ceased, but it may live actively in terms of its negative affective burden or "load," which impacts managing emotions and thinking clearly and proactively. Research has established a robust link between childhood maltreatment and impaired functioning in adolescence and adulthood, most notably in the mood/anxiety and aggression domains (e.g. Gilbert et al. 2009; Wekerle, MacMillan, Leung and Jamieson 2008). Mental health seems to be a key issue for maltreated teens. For example, an Ontario case file review study showed that 22% of Crown Wards (i.e. youth for whom the government had assumed parental rights) had psychiatric diagnoses; and one-third of these youth had two or more such diagnoses (Burge 2007). Also, for women, this extends into increased need of care, such as a greater number of emergency room visits, hospitalizations, and use of a variety of specialists. For example, an Ontario survey of community residents 15 years of age and older found that women with physical and sexual abuse histories had at least double the self-reported health care and ambulatory costs of women with no self-reported maltreatment history (Tang et al. 2006). In this study, it is noted that, while 27.5% of participants endorsed a maltreatment background, less than 10% of abused women reported a historical involvement with child protection services. Thus, CPS can be expected to interact with a number of co-interventionists in supporting the best interests of the child in such areas as education, primary care, mental health, substance abuse, and justice, including the management

of maltreatment-related chronic diseases such as obesity, hypertension, and asthma (MacMillan 2010; Torres and Gushurst 2009).

Although child maltreatment may seem to be a child issue and a CPS issue, it really is a family and community issue of foundational importance. How are we setting up maltreated youth for success in living a normal (expectable) life? This is a significant policy issue. The federal government is concerned with maternal and child health (and, therefore, illness prevention), child and youth mental health, special populations who are at high risk for poor outcomes, being relatively under-served within child welfare (i.e. adolescents versus younger children; adolescents without formal status versus Crown Ward youth; youth transitioning from child services [18 years and under] to adult services [older than 18 years]). Further, some youth within child welfare are highly vulnerable by virtue of their contexts (i.e. Aboriginal youth, engaged in violent dating relationships, addicted youth, homeless youth, youth with intellectual disability [especially mild to moderate]).

Importantly, provincial governments are directly responsible for those youth for whom the government has become their legal guardian. As such, they take on the parental role, with the CPS agency representing them. This responsibility is greater when parental rights have been officially terminated (as is the case in Ontario, where the 2010-2011 fiscal year budget for its 53 CPS agencies is \$1.4 billion; for a review of Ontario's child welfare system, see Underwood, Lewis and Thomson 2010). This is the knowledge base and needs context into which the MAP Project was located.

For all teens, and child welfare teens in particular, setting adaptive life goals (e.g. graduating school, getting a full-time job, residential safety and stability, healthy lifestyle) remains one important route towards off-setting physical and mental health limitations. For example, an Ontario survey of community residents found that remaining in school was linked with a lower probability of adulthood externalizing disorders (MacMillan et al. 2006). Unfortunately, very little is known about the mental health and long-term outcomes of youth involved in the child welfare system. Prospective, longitudinal studies are one of the gaps in child welfare research that the MAP Project attempts to address.

The importance of daily living routines such as good nutrition, adequate sleep, adaptive coping with stress, and balanced work and leisure activities cannot be over-stated as part of living a normal life. CPS agencies may be burdened with crisis responding and, with adolescents, the focus may become residential stability, as youth exercise

their independent learning motives. Adolescents, normatively, provide many challenges to adults as they move through their developmental task of establishing independent thought and behavior (e.g. Smetana 2005). Such activities during identity formation may challenge established rules and routines and disrupt functioning in the normative youth (e.g. sleep onset, quality of sleep). However, the establishment of these daily living routines may be equally important for mental health promotion (Lund, Reider, Whiting and Prichard 2010). These routines establish a protection focus and structure for moving through the day. For maltreated youth, developmentally, their task is to be self-reliant in daily care, despite a possible lack of adequate models for such self-care, self-structuring, and self-reinforcement.

The MAP Longitudinal Study considers daily living issues by measuring such key areas as sleep, exercise, leisure activities, and engagement with primary healthcare. For example, preliminary data from the 3-year time point in the MAP indicates that 55% of the youth (n=96, mean age=19.4 [SD=.88]) reported having a passport, 94% reported having a social insurance number card, 94% reported having a health card, and 88% reported having a birth certificate. These relatively high percentages were offset by employment data. Only 31% of the youth reported having at least one job (whether part-time or full-time), and the average monthly income from all combined sources was $1,132. More specific to health care, 86% of the youth confirmed having a doctor and 70% confirmed having a dentist that they visited regularly. Almost one-fifth (18%) said they had been diagnosed with a psychological/psychiatric disorder and 16% said they had been prescribed medication to treat that disorder.

Another unfortunate daily living experience may be school bullying. For the CPS youth, bullying engages them in practising the victimizer and victim roles, since youth who bully are very often also bullied (e.g. Mohapatra et al. 2010) and are also at higher risk for teen dating violence (e.g. Wekerle et al. 2009a; for perspectives on the victim-victimizer dynamic, see Twemlow 1995; Wekerle and Wolfe 1999).

Preliminary analysis of data collected at the MAP 3-year testing time point indicates that in order to support their developmental transition to young adulthood and independent living, it is crucial that we have a thorough understanding of the issues that CPS-involved teens are facing, including describing them with respect to the broader population, looking for within sub-population differences, and testing for constructs that help explain the maltreatment-impairment and maltreatment-resilience relationships. It is recognized that, normatively,

modern-day adolescents are developing over a number of years in an adolescent-early adulthood period, called the "emerging adulthood," defined at its broadest range as ages 15 to 30 (Arnett 2000; Goldstein and Wekerle 2008; Wekerle, Waechter, Leung and Leonard 2007). With this in mind, CPS-involved youth appear to be a high priority sub-population to consider, particularly as they move from CPS support to potentially an end of foster home involvement, financial assistance, and caseworker-facilitated negotiation of external resources, such as housing, career/work, education, and health care. The available research shows that youth who remain in care have better outcomes, including greater access to mental health services (Courtney and Dworsky 2005).

The MAP project, which partnered with large Ontario CPS agencies, was designed to fill some of the knowledge gaps that currently exist regarding the transition of child welfare-involved youth through the critical period of adolescence. CPS youth are a substantial sub-population. Ontario's Children's Aid Societies (CAS) – with The Children's Aid Society of Toronto (CAST) being the largest – have about 20,000 children in care. About 40% of these are teens (age 13-17 years), with 1,500 in the process of being transitioned out of CPS care (OACAS 2006).

This chapter is based on our experience in conducting the MAP Feasibility Study from 2002 to 2004. The MAP Project includes studies that developed in a stepwise fashion. The project is guided by a MAP Advisory Board comprised of researchers and nominated representatives from every region governed within participating CPS agencies, including supervisors and front-line workers. A key consideration for CPS agency participation was investment in the research process and a strong valuing of evidence-informed practice (Wekerle, Aekins and Braun 2009; also see the MAP-KT website: http://www2.oacas.org/home.php). Although reseachers collaborating with CPS providers is not a new idea, the MAP started with a Feasibility Study that addressed key research tasks such as questionnaire-building, setting the clinical and ethics protocols, pilot testing the procedures with at-risk youth, vetting the questionnaire with content specialists (e.g. Lesbian Gay Bisexual Transsexual [LGBT] advisors; youth teams; CPS agency legal representatives) and incorporating youth feedback, testing youth recruitment and retention strategies, and assessing target recruitment rates.

The MAP Longitudinal Study addresses the well-being of CAS youth over time on key dimensions of mental health, substance use, risky sexual practices, and dating violence. Several theoretically relevant constructs

are also examined to assess the maltreatment and outcomes relationship. The MAP Knowledge Translation (KT) Study has approached dissemination of MAP findings from an on-going perspective, from study inception to results dissemination (e.g. Leung, Wekerle, Waechter, Egelstaff and Bennett in press). Dissemination proceeds along the MAP key construct areas, which are broadened to include special populations (i.e. socio-economically disadvantaged, homeless/street-involved youth, and Aboriginal populations). (For a trial viewing of the MAP KT vehicle on the Ontario Association of Children's Aid Societies' member website, see www2.oacas.org; enter your full email address as the username; enter "mapguesttest" as the password, giving you 24-hour access to the developing MAP KT website).

The studies in the MAP project have been approved by the participating CAS agencies' internal research review committees, as well as university and hospital ethics boards. All members of the MAP research team sign confidentiality agreements with the participating CPS agencies. The host institution of the principal investigator reviews the progress of the MAP on an annual basis, requesting specific information regarding participant involvement and dropout rates. Any new procedures to the MAP must receive additional university approval. A primary issue for the MAP was the maintenance of anonymity for all participants. This was based on the balance of costs to obtaining accurate youth information, the need to ask sensitive questions, and the potential clinical significance of the MAP.

RESEARCH SUMMARY

Historically, maltreatment research was criticized for its less-than-rigorous methodology, which typifies the early stages of any area of inquiry (Miller-Perrin and Perrin 1999). With the advent of epidemiological work, such as the community-based Ontario Child Health Study (Statistics Canada 2004), the Ontario Health Supplement (MacMillan et al. 1997), and the child protection services system-based Canadian Incidence Study cycles (e.g. Trocmé et al. 2005), the rigour of epidemiological inquiry has been applied to childhood maltreatment and adult mental health (MacMillan et al. 1997), caregiver vulnerability factors and substantiation (Wekerle, Wall, Leung, and Trocmé, 2007), as well as a range of child outcomes. (For a comprehensive listing of CIS-related reports, see http://www.cecw-cepb.ca/pubs/infosheets_cis_e.html).

Participants

An important aspect of epidemiological research is the selection of a sample that accurately represents the population in question. We strived to obtain a representative sample of CPS-involved youth by randomly selecting teens from the active caseload of three large urban Ontario Children's Aid Societies. Youth across all status groups (e.g. community family, voluntary care, society ward, crown ward) except adoption were included in the random selection.

After random selection, each youth's caseworker determined eligibility for involvement in the MAP self-report study based on the youth's level of functioning (i.e. youth with severe developmental delay; psychiatric and residential crisis status; who could not be located; and who were in secure custody were screened out of the study). Approximately 55% of the randomly-selected youth were considered ineligible for involvement in the study for a variety of reasons as listed above, but just over half of these were inelgible because the youth's casefile had been closed from the time lists of all active youth casefiles were generated to each caseworker following up on randomly selected youth names.

This suggests that the data from the MAP study represents only those youth whose casefiles were open six months or longer. The MAP study does not capture the short-term open and closed cases. Furthermore, given the involvement of only urban CAS agencies in the MAP study, the results are not generalizable to rural or semi-rural Ontario youth.

Procedures

Each identified MAP Advisory Board member takes on a leadership role within his/her agency to ensure that caseworkers are trained and know how to approach each randomly selected youth about the opportunity of research involvement. A brief, standard script is provided where the caseworker clearly states that the MAP is separate from CPS services and in no way bolsters or diminishes services.

The MAP is clearly identified as voluntary and, if interested, telephone consent is obtained for a MAP Research Team member to follow up with the youth. The caseworker provides contact information to the MAP Research Team, who phones and, as appropriate, meets with the youth and/or their guardians. If the youth is under age 16, legal guardian consent is obtained. As youth age between testing time points in the study, consent is re-obtained for those who become 16 years of age. Consent establishes agreement to longitudinal assessment,

other researchers to use the MAP database who were not among original grant-named investigators, and consent for linkage to the child welfare administrative database. In this way, the MAP study growth in data richness and utility to the child welfare field is ensured.

Our search of peer-reviewed publications indicates a substantial lack of maltreatment scholarship (see Table 3.1). Although the MAP is not a public database, it is a managed database, allowing other researchers to access the information for specific research questions that may not have been fully anticipated at study outset.

Table 3.1. PsycInfo Peer-Reviewed Youth and Child-Welfare Focussed Articles

Child Welfare Researcher-Based Themes of Investigation in the MAP Research Project	Number of Peer-reviewed Articles	
	General Youth Population	*Child Welfare**
Mental Health - Anxiety	2382	9
Mental Health - Depression	3977	19
Mental Health - PTSD	492	4
Self-harm / Suicide	1761	18
Self-esteem / Self-confidence	1634	10
Substance (Drug) Use	3228	25
Alcohol Use	3386	21
Dating Violence	167	2
Legal Issues	2468	43
Socioeconomic Status / Poverty	1269	9
Sexual Health / Sexual Behaviour	820	5
Physical / Medical Health	196	1

* Child Welfare searches included the terms "child*" & "welfare" & "abuse" & "neglect" and "maltreat*". All PsycInfo searches included "youth" and "adolescen*" in the search term.

In the MAP, youth complete an initial testing to provide a baseline self-report measure of key variables (i.e. child maltreatment history, mental health, substance use, and dating violence) with follow-up assessments every six months over two years. We continue to extend the follow-up assessments as funding allows and, currently, have data on the youth transitioning to early adulthood at a 3-year testing point.

It is important to note that the MAP study collects limited data on youth prior to their involvement with CPS. Any data that is collected (i.e. maltreatment history, demographics, home and school information,

information on biological parents) is self-report and retrospective in nature. Although self-report questionnaires in child maltreatment research have limitations (Brown, Cohen, Johnson and Salzinger 1998), others have outlined the importance of asking youth about self-reported maltreatment history for theory development in psychiatric disorders (Putnam, Liss and Landsverk 1996).

The MAP Feasibility Study recruitment rate was just under 70% (88 of 130 eligible youth sampled from active CPS case files), including an 89% retention rate (48 of 54 youth contacted at time of feasibility study end) of participating youth at the 6-month follow-up. The feasibility sample was evenly split on gender (51% female), and the majority of the participating youth were Crown Wards (62%). Regarding ethnicity, 31% identified themselves as being White, and 26% reported being Black; 28% said they were of two or more ethnicities. The eligible youth who refused participation were more likely to be male and from the community family CPS care category compared to eligible youth who agreed to participate. Thus, the MAP generalizes well to the population of Crown Wards and youth with in-care status. Although about half the MAP sample consisted of males, the results may not generalize as well to the population of CPS males. In general, females are more likely to volunteer for research participation than males (e.g. Lewis, Winstead and Derlega 1989). In a MAP subsample, in terms of participating versus non-participating youth, there were no significant differences on caseworker ratings of maltreatment types and severity or global functioning of the youth; two-week test-retest reliability on all measures included in the MAP was adequate (see Wekerle et al. 2009 for further details).

Youth are given options as to where to complete the MAP testing. Most assessments are conducted in privacy with the youth at their places of residence. Youth are paid $28 per testing session, are given refreshments, and are offered breaks during the average two hours of testing. Any verbal disclosures of maltreatment by the youth are reported to the caseworker and, if unknown to the caseworker, to CPS intake. Reports could also be initiated by MAP testers' observations within youth's residences. To date, no new mandatory reports were made by MAP staff to caseworkers.

To capture risky adolescent behaviours often associated with the transition to adulthood, youth between the ages of 14 and 17 were targeted for initial recruitment in the study. This allowed for a MAP follow-up of two years to late adolescence and early adulthood (i.e. 16 to 19 years).

As the MAP Project exclusively collects data from CAS youth, comparison to normative age-matched groups remains an issue. Norm-referenced tests provide assistance in identifying when MAP youth are scoring outside the expected ranges, and many tests have derived clinical cut-offs. In some cases comparisons are made to published comparison groups, but the limitations of these comparisons should be considered. MAP youth are from a large urban area in Ontario, making urban Ontario youth normal population estimates most relevant. By collaborating with researchers involved in the Ontario Student Drug Use and Health Survey (OSDUHS, http://www.camh.net/Research/osdus.html), it has become possible to compare rates of substance use, mental health, school and family involvement, medication, delinquency, and other issues between MAP CPS youth and youth in the general Ontario population, as we use the OSDUHS questionnaire at the one-year and two-year follow-up testings. Further, in the 2005, 2007, and 2009 cycles of the provincial OSDUHS, a question on lifetime CAS involvement was added, allowing for a specific comparison of the MAP youth to youth from the OSDUHS who have been involved with CAS versus those who have never been involved with CAS (Mohapatra et al. 2010). It is important for on-going population surveys to include maltreatment history and/or child welfare involvement questions to gain much-needed information about youth characteristics in the context of maltreatment.

Measuring Maltreatment Experiences

Measuring and defining maltreatment is an issue with which the research and practice fields continue to struggle. The axioms from the medical field of "do no harm" (Smith 2005) and from the social services "the best interests of the child" (Vandergrift 2009) are general guiding ethical principles for research and clinical practice. The ethics of asking youth to report maltreatment experiences have been discussed in the literature. This includes the ethics of not asking about abuse and neglect when it may be a significant explanatory variable of adjustment (for a discussion, see Becker-Blease and Freyd 2006). The information that forms a basis for screening, assessment, prevention, and treatment needs to include multiple data sources, and the adolescent victim is one important "voice" to take into account.

Researchers must determine whether it is better to avoid asking about child abuse and neglect, thereby averting the duty to follow up on the potential presence of maltreatment, or ask in an effort to gather

data and be better equipped to provide service within the context of informed consent. For example, red-flagged survey items or pre-screener questionnaires could be used in research studies. Yet despite these questions, it is crucial for all studies in this field to have an established protocol, since maltreatment may be disclosed in any context. If a substantial number of youth in the MAP project indicated current and ongoing maltreatment, the viability of an anonymous survey that asks youth about their lifetime maltreatment experiences would need to be questioned.

The MAP uses two maltreatment questionnaires: the *Revised Childhood Trauma Questionnaire* (R-CTQ; Bernstein 2003) and the *Childhood Experiences of Violence Questionnaire* (CEVQ; Walsh et al. 2008). On the CEVQ, the number of MAP youth who identify that a maltreatment experience is currently happening to them is very small (i.e. 4 youth of 388). It is statistically difficult to imagine that a sample of CPS-involved youth would have absolutely no maltreatment activities from time to time given their interactions with other maltreated youth (and those persons connected to them potentially), as well as some potential interaction with formerly established abusive or at-risk persons. Finally, maltreated youth are a vulnerable sample in terms of safety skills and, perhaps, have developed a tolerance toward poor treatment.

These youth responses do raise a currently unexplored issue: how are CPS-involved youth interacting with parents during formal or informal visits? Are there any incidents of abuse and failure to protect? Are there any unwelcome experiences occurring in the context of the group home? It may be important for caseworkers to query youth about maltreatment experiences at the level of behavioural indicators (been hit, been punched, etc.) during mandated visits (in Ontario, every 90 days the caseworker is mandated to do an in-person visit with the youth). It may be a useful approach if youth complete "new" or "current" maltreatment information via checklist, perhaps in the context of a range of questions on personal safety.

It is important to note that the CEVQ does follow up on any endorsement of a maltreatment item by questioning whether any child protection action specifically was taken or whether the youth told anyone, including his/her caseworker. However, the main theme of this aspect of the data is to highlight that, with the vast majority of the MAP sample, youth are reporting that they are being protected from maltreatment, at least at initial testing.

Measuring the Impact of Study Involvement on CPS Youth

To assess the impact of completing sensitive MAP questionnaires on CPS-youth distress, we instituted a pre- and post-feelings questionnaire, which was developed by the MAP Research Team. This "reactivity to research" questionnaire allows for an examination of youth perceptions of their affective state prior to and after completing the MAP questionnaire package.

An analysis of responses to these items, reported previously (see Waechter et al. 2009), indicates that the youth do experience some minor stress and discomfort in completing the MAP questionnaire package. For instance, youth reported being significantly less relaxed after, as opposed to prior to, completing the MAP questionnaires. The youth also reported feeling less happy, having a lower energy level, and having a more difficult time breathing after, as opposed to prior to, completing the MAP questionnaires. Numerically, all of the statistically significant changes in youth ratings were small and none of the responses fell below the halfway mark on the 1–6 rating scale, indicating the youth did not drop to a low affective state (Waechter et al. 2009). Finally, CAS youth participants report that the MAP study is a relevant enterprise that is important to them, and they are just as interested in participating in the MAP study after completing the questionnaire package as before completing it. This may help to explain the strong retention rates (82% to 90%) achieved across follow-up testing timepoints in the MAP study.

Lessons Learned from the MAP

The preliminary findings of the MAP study point to a challenging existence for youth in terms of basic residential stability, perceptions of physical wellness, mental health, and close relationships. Youth seem to be willing reporters of their functioning and they identify a number of areas within which child welfare practice may need to strategize more systematically in terms of prevention.

Nearly 50% of MAP youth reported changing schools three or more times in the past five years, which is much higher than the general population of Ontario youth based on the OSDHUS questionnaire (i.e. less than 10%). Between 4-5% of MAP youth rated their physical health as poor, and 20-30% indicated that they did not exercise or participate in sports in the prior week. Thus, the majority of MAP youth feel that their health is adequate and that they are active; however, there is a minority that may need to be more actively engaged in their physical welfare and in developing self-care and a healthy lifestyle, including sexual health.

To assess MAP youth functioning, we first examined how they are negotiating the adolescent task of dating. The Centers for Disease Control and Prevention (CDC) collect data from high school youth across the United States every two years on a range of health issues. For the past few cycles, the *Youth Risk Behavior Surveillance Survey* (YRBSS) has queried intentional physical harm from a partner. This survey has found no significant gender differences, with rates hovering around 10% (Centers for Disease Control and Prevention 2008). MAP youth report an average rate of about about 20% for females. Although caution must be taken in comparing MAP youth dating violence rates to US youth rates, a 20% dating violence rate among MAP youth is concerning regardless of population comparisons. The majority of MAP youth report some item of psychological, physical, and sexual dating violence, with the frequency descending in that order. Using the item closest to the YRBSS, MAP females are 66% more likely and males are 76% more likely than US youth to report physical victimization in a dating relationship. In conjunction with physical aggression, sexual intercourse with a partner is also substantially elevated for MAP youth in comparison to US youth (as measured by the YRBSS), with a nearly three-fold greater likelihood of sex before age 13 (26% of MAP males; 12% of MAP females)(see Figure 3.1).
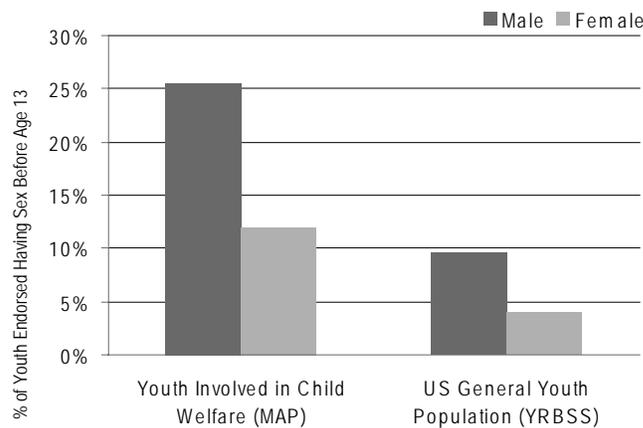
* Relative Risk = 2.66 (95% CI = 1.87-3.78)   **Relative Risk=2.95 (95% CI=1.78-4.90)

Figure 3.1. Percentage of youth who had sexual intercourse for the first time before age 13 years.

It is unknown as to whether sexual behaviours are a function of pseudo-maturity, lowered level of adult monitoring and guidance, or poor sexual negotiation skills. When asked about their first episode of sexual intercourse with a boyfriend/girlfriend, nearly 50% of MAP youth indicated that it was either unwanted or that they were unsure if they indeed wanted to have sex. Thus, the transition to young adulthood may need to be an area of direct inquiry and health education for most child welfare youth, and a substantial minority of youth may require direct skills training in negotiating sexual behaviours and practising safe sex (i.e. more than pregnancy prevention) (Leslie 2007).

In the area of substance use, MAP youth are most distinguishable from their non CPS-involved counterparts in their use of illicit drugs, rather than alcohol. CPS-involved female teens appear to be a high-risk group (Wekerle et al. 2009). When compared to the Ontario non CPS-involved sample, MAP females reported a greater lifetime use of other drugs and are more than three times more likely to have frequently used other drugs (i.e. other than alcohol, cigarettes, cannabis) in the past six months (see Figure 3.2; Wekerle, Leung, Waechter, and Chen 2010).
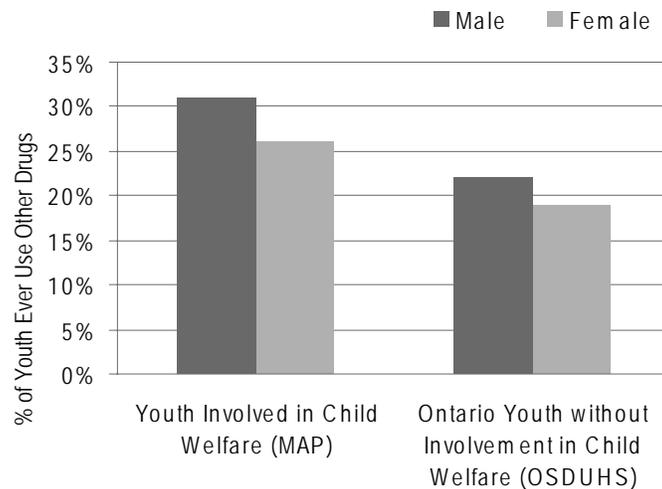
* Relative Risk = 1.46 ; 95% CI = 1.00-1.96

Figure 3.2. MAP and general population youth lifetime use of other drugs.

This suggests that standardized drug screening questions may be an important routine across the adolescent years for CPS youth. This would include inquiring about access to substances and violence prevention in terms of drug-acquiring, drug-selling, or drug-for-sex trade activities. A clinical example, not from the MAP study, was a crown ward meeting with a drug seller in a park to acquire drugs, taking along another foster youth for security (rather than having an exit-from-danger strategy, or making use of practical resources such as a cell phone, going to a crowded area in daylight etc.). The end result in this example was that both CPS-involved youth were sexually assaulted. These youth were using marijuana on a daily basis and these behaviours were successfully hidden from their foster caregivers' awareness.

As with sexual behaviour, the onset of any substance use is typically earlier, and child welfare youth are vulnerable for early entry into risk behaviours generally. As such, preventative actions would need to be in place in the 10 to 12 year old age range. In addition to a no-go message, adaptive coping techniques need to be imparted as part of a healthy lifestyle, including such activities supported by research as yoga, deep breathing exercises, daily walking exercise or jogging, and meditation practices.

Finally, the level of thinking about suicide provides a general indication of distress among CPS youth. MAP data show that a minority of CPS teens have seriously considered suicide in the past year, and this rate is elevated compared to Ontario high school youth (see Figure 3.3; Wekerle, Leung, Waechter and Chen 2010). This points to a clear need for caseworkers to be skilled at suicide risk screening and to be sensitive to the multiple motivations accompanying suicidal ideation, which often does not include a "wish to die." Having the opportunity to understand and elaborate upon the reasons for living is as important as evaluating the reasons facilitating self-harm. Mental health remains a priority for child welfare youth and, in particular, mental health promotion. Structural stability in terms of school adherence, school stability, and physical health care that includes an active lifestyle can be used to promote mental health. A targeted healthful lifestyle can include daily self-interventions for vulnerable youth as they negotiate normative adolescent challenges.
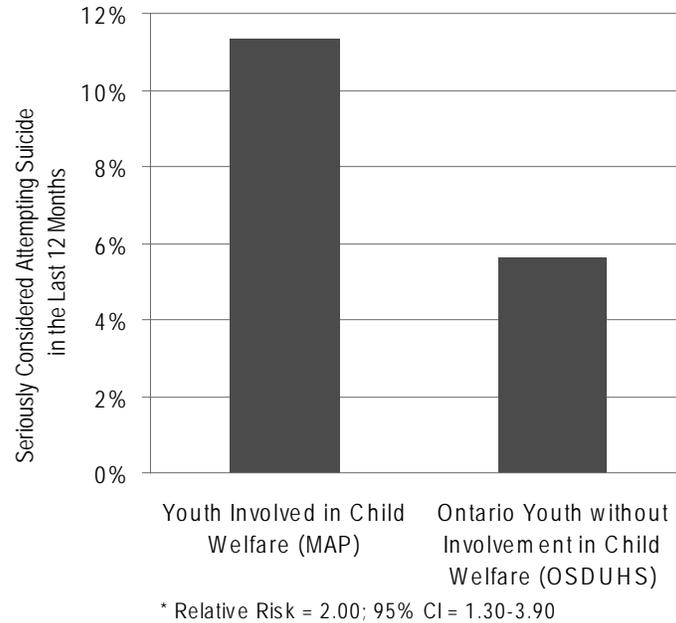
Figure 3.3. Suicide ideation (last 12 months) by MAP and general population youth.

PARTNERSHIP: VIEW OF THE AUTHORS-RESEARCHERS

Nature of the Partnership

In conducting research with a legal sample such as CPS youth, and crown wards in particular, there is a high standard for ethical adherence, a thorough clinical follow-through and documentation procedure, and established routes of reciprocal communication. The foundational ingredient is trust among the partners that, in the case of the MAP study, was built upon the successful completion of other projects between the researchers and Ontario CPS agencies.

The keys to maintaining this collaboration are reciprocal recognition of partner expertise, a willingness to develop research capacity among service providers, and service knowledge among researchers. The collaboration among diverse experts provides a rich context for knowledge sharing, new research directions, and meeting broader professional development

and continuing education needs. The research products have the benefit of years of practice experience and policy knowledge to inform the potential applications. Case examples that illustrate the research findings can be identified and broad-access research uptake messages can be formulated.

By forming the MAP Advisory Board at the earliest stages of the research endeavour, CPS caseworkers provided practical input into the design and methodology of the study. This included topics of inquiry given their first-hand experience working with the youth and the logistics of how to randomly select youth for involvement in the study while maintaining confidentiality. In this way, university-based research staff presented themselves as "expert advisors" whose main purpose was to assist CPS workers and agencies in better understanding the youth in their care. Developing a sense of ownership in the project by CPS workers was critical to maintaining momentum in data collection, a process that was highly dependent on the workers. Finally, presenting preliminary results of the study to the CPS workers as soon as some of the data became available was also crucial to maintaining research investment. By seeing first-hand the information that the MAP was providing, CPS workers appreciated the potential utility of the study, which resulted in increased agency ownership and a sense that the extra work was worthwhile.

The successful recruitment and retention of CPS-involved adolescents in the MAP study is a testament to the quality of the participatory relationship developed and maintained between researchers and CPS staff members. Given the confidential nature of this population, it would be virtually impossible for external researchers to conduct a study of such magnitude without a strong participatory relationship with CPS agency staff, as well as agency dedication to the research enterprise from the executive directors and the Ontario Association of Children's Aid Societies through to front-line caseworkers.

To assess the feasibility of this collaboration, we collected information from CPS staff members who were involved in the MAP Advisory Board. The responses to this survey, reported in full elsewhere (see Waechter et al. 2009) indicated that CPS workers believed that the MAP study is relevant, collaborative, supported by CPS institutions, is not too burdensome, and most importantly, will have a positive impact on CPS youth outcomes. The quality of this relationship, in turn, provided a relaxed, open discussion forum in which front-line staff members could provide feedback on all aspects of the study's design. This feedback was

based on first-hand staff experiences with CPS-involved youth. For example, a section on self-harming behaviour emerged from the MAP Advisory Board commenting on the increased visibility of this problem among teens. Thus, staff members were able to direct the collection of practice-relevant information in the MAP study.

The quality of the relationship between researchers and CPS staff also allowed for flexibility in the recruitment process when resolving inevitable roadblocks. The MAP study did make additional demands on agency Information Technology staff. For example, the high number of ineligible youth obtained from active CPS case files suggested that it was crucial to "refresh" youth eligibility lists every three months, rather than the six month window previously used, to support less disconnect between database case listings as "active" and active status at point of youth contact.

These numbers suggest that such a study requires patience on all parts given the slow rate of gaining eligible youth as research participants (i.e. data collection requires years). These numbers also highlight the fact that commitment to research is needed within a long-term perspective. Strategies for maintaining enthusiasm and concentrated commitment need to be considered, such as time-limited terms for service on the MAP Advisory Board, resource support for agency learning objectives, agency honoraria, and regular study updates in a range of formats, including branch, team, training and management meetings, agency newsletters, and so forth.

Partnership Challenges and How They Were Addressed

A number of challenges were encountered given the unique researcher-community partnership implemented in the MAP study. Three of the most important are described below.

1. It is relatively expensive to conduct research on randomly sampled CPS clients. The costs are driven up by: the logistics of randomly selecting the youth for involvement in the study; confirming that the youth's file is still open and active; having the youth's worker make first contact to explain the study; sending contact information about the youth (if she/he agrees to further contact) to the research staff; having the research staff contact the youth to make an appointment to meet in his/her home; and actually carrying out the youth testing. Given this complex referral process and travel associated with meeting CPS youth, costs for data collection are over $100 per testing time point, excluding staff wages (unpublished MAP data). This cost includes paying the

youth directly for participating in the study, providing them with snacks and refreshments, and travel costs for research staff members. To offset these costs, youth were encouraged to travel to CPS agencies or research offices to complete the MAP questionnaire package, thus saving researcher travel costs, and youth were instead reimbursed for their travel costs. However, for many youth, travelling to the research offices was not feasible by public transit or by automobile. As a result, more than 85% of youth chose to be tested in their residences. Thus, MAP research staff members had to continue travelling to the youth's residences, with some foster homes located several hundred kilometers from the research site.

To complicate matters, it is not uncommon for youth to be asleep or away from home, despite MAP research staff calling them the day before or even on the same day of the appointment to confirm the meeting. It takes an average of seven phone calls to secure an appointment with the youth for testing (unpublished MAP data). Furthermore, when following up to meet with youth at the six-month testing point, the one-year testing point etc., it is very common for the youth to have moved to a new foster home, group home, or other location. This may require MAP research staff to re-connect with the youth's CPS caseworker to obtain updated contact information for the youth. A strong CPS agency collaboration proved vital here, as CPS workers were mostly willing to take time from their busy schedules to help MAP research staff locate youths. In those instances where caseworkers could not be reached, the appropriate MAP Advisory Board member for that CPS agency and branch was able to provide assistance in locating the youth for follow-up involvement in the study. Without this strong CPS agency partnership and persistence on the part of MAP research staff members, the follow-up retention rates in the MAP study would not be as high.

2. A second challenge that needed to be overcome related to the logistics of collecting data and the inconsistent referral rates from CPS Advisory Board members across a given year, considering competing high-priority demands such as Crown Ward audits by the Ontario government. Given stringent ethical and confidentiality guidelines, MAP research staff members were not able to directly contact randomly selected youth about participating in the study. Instead, the youth's caseworker had to make first contact, providing a brief explanation of the study to the youth. If the youth agreed to hear more about the study, the worker would send identifying contact information to the MAP researchers who would then contact the youth to set up an

appointment. This resulted in an eight-step process from the time that master lists of all youth between ages 14-17 in the participating CPS agencies were generated to the point where data was actually collected from the youth. This process involved the coordination of five different individuals/groups. Any system with this number of steps that is reliant on many different individuals is prone to delays, and this must be anticipated when projecting the speed with which data will be collected from a CPS sample. Given the workload of the primary CPS workers, the return rate of the referrals could be irregular and unpredictable and the step that was most likely to experience delays was at the point of each individual CPS caseworker contacting youth on their caseload. The challenge for research staff was to complete the data collection within methodological and grant timelines and to maintain an efficient number of research assistants to collect the data. To overcome this challenge, MAP liaison members were appointed from each geographical locale covered by the larger CPS agencies involved in the study. MAP research staff worked closely with these liaison members to flexibly support individual referral follow-up models. In some instances, this involved conducting presentations on the MAP data for direct care workers and their supervisors to spur referral activity, creating tailored MAP "Frequently Asked Questions" information sheets, and supporting the allocation of administrative assistant resources within the agency branch so that he/she could follow up on outstanding referrals. Furthermore, each geographical branch within the CPS agencies received a $500 honorarium for every 10 eligible youth referrals that were returned to the MAP research office. This money was made available to the workers at each CPS branch to be spent as they deemed appropriate. As such, these funds provided tangible feedback to the CPS workers regarding their research involvement and kept the MAP active in their minds. In some cases, this tangible feedback included the purchase of a new microwave or digital camera for CPS worker use.

3. A third challenge that needed to be overcome related to ethical issues. The MAP study had to be approved by ethics boards at university-based institutions and CPS agencies. Sometimes the methodologies proposed by the researchers and the CPS liaison staff diverged slightly from standard ethical practices. For example, the CPS workers believed that the youth should be paid for involvement in the MAP study and that this should be framed as payment for a "job." That is, the youth would be paid minimum wage to fill out the MAP questionnaire package. Although research participants are routinely paid for study involvement

in Ontario, this remuneration is not usually framed within a "pay for work" explanation, given strict guidelines around coercion.

To address this divergence, the CPS agencies provided a letter stating that this way of framing the remuneration for youth involvement in the study was the most conducive for a population with a history of "unfairness," where a more concrete remuneration for time and the valuing of youth responses was preferred. This letter was forwarded to the University ethics board, which accepted the re-framing of the study remuneration.

Partnership Benefits

A partnership model is the best way of maintaining a research project over time where the participants are recruited from a service sector, whether this involves solely the use of administrative data, secondary analyses of an existing dataset, or on-going data collection (Reason and Bradbury 2001). In the MAP study, CPS agencies have entered into a research relationship with the reasonable expectation of some cost to the conducting of research, including staff consultation, staff liaison, and providing the linkage of the CPS client to the data collection team. As a function of such in-kind support, however, the CPS group is in the position to obtain concrete answers to some of their practice and policy questions.

Another benefit of the research-community partnership includes an information exchange of relative areas of expertise. The clinical researcher nested within a university setting can provide ethical, statistical, library/ source material, and research funding consultation to community agencies. In this way, access to research expertise is broadened beyond the MAP project and to the larger practice community. Furthermore, the clinical-researcher can provide in-house presentations and consultation on selected health and outcome topics. In turn, the community-based practitioners can provide consultation on reporting procedures, information on new policy initiatives, and reports emanating from practice sources. Service providers involved in the research project become ambassadors of science and assist in the translation of the science to practice. Opportunities for co-presentations at both scientific and service association meetings are provided. The academic continuing education and specialized research meetings become accessible to interested CPS staffers. By becoming involved in the MAP project, CPS workers have become interested in child welfare research, and have attended research conferences and contributed to scientific journal publications. The

partnership exemplified by the MAP project has led to an awareness of research and research methodologies within the CPS agencies involved.

Although the ownership of the data resides with the principal investigator and the co-investigator team, select CPS agency staff members who have a research background and/or an interest in research are included in the grant application co-investigator team. Furthermore, the partnership mechanism is established for considering any type of proposal to the MAP study, including data sharing for thesis and research paper opportunities for agency staff and student research practice. Thus, this partnership has been a vehicle for a dynamic professional development of both university and community agency members, as well as allowing for a research development model that can enhance research capacity, research relevance, and knowledge translation.

Conclusion

The Maltreatment and Adolescent Pathways (MAP) project demonstrates that, despite unique ethical and logistical challenges, epidemiological research of child welfare youth is feasible. This is not the first time research has been conducted with child welfare youth, but it appears to be the first time the process of this partnership has been assessed. Through this assessment, we conclude that the key to conducting this type of research is the development of a strong partnership between academic researchers and child welfare service providers. The nature of this partnership is also important. Child welfare workers should be involved from the first planning stages of the project, guiding the research design with questions gleaned from front-line work with youth, and ultimately enhancing the applicability of the results for everyday practice. Child welfare workers should remain involved in the study during all stages of data collection, providing feedback via monthly advisory meetings and disseminating practice-relevant results as the data are interpreted.

The MAP project was developed from shared research-community recognition of the need for greater information on adolescents within the child welfare system. Entering into this system can be an opportunity to re-set a developmental trajectory often characterized by the simultaneous impact of multiple forms of maltreatment, caregiver vulnerability, environmental poverty, and community violence.

Before intervening in the most effective way, we must first understand this population of youth. How are they coping with the developmental transition through adolescence? Are they dating? Are they engaging in sexual intercourse, drug use, and alcohol use? At what levels? Are

these levels different from non-maltreated age-matched youth in the same geographical region? The collaborative MAP project is designed to provide answers to some of these questions.

Ultimately, overlapping purpose was the primary factor that supported the researcher-CPS worker partnership in the MAP project. That purpose is to support youth with a history of maltreatment as they make the transition to adulthood. The partnership was entirely aligned in striving for evidence-informed practice to maximally support CPS teens as they make the transition to adulthood. Child welfare-involved teens deserve our research and service best and, with partnering, this translates to evidence-based service, evidence-informed policy, and practice-relevant research. We believe that the 21st century will witness a coming-of-age in terms of a substantial and growing research base forming a child welfare science.

PARTNERSHIP:
PRACTITIONER'S POINT OF VIEW

Tara Nassar

Our partnership with the Maltreatment and Adolescent Pathways (MAP) project has strengthened the research capacity of the Children's Aid Society (CAS) and created the potential for improved service. The elements within its design created a synergy of improved connectivity amongst the research community and the CAS workers, gave voice and immediacy to what the recipients of service were experiencing, and established youth as an important community to be served by protection services. Continuation of these elements will mean that workers will participate in future research, as they have experienced respect as professionals and endorse the benefits of evidenced-based practice.

Dr. Wekerle outlines comprehensively the history of the development of MAP within the model of participatory action research. She outlines the elements of trust, recognition of partner expertise, and resource support for agency learning objectives as particularly crucial in strengthening the research capacity within the direct service practitioner's sector. MAP took an inclusive and evolving approach, which supported asking the right questions, in the right way, to obtain insight into the key areas of the youth's lives that needed to be addressed.

The relationship of trust between the CPS worker and the researchers was built slowly. A MAP liaison in each branch or service area regularly

attended the coordinating meetings. This helped the liaisons to identify with the goals and objectives of the project as they worked through the obstacles to its implementation and took on a leadership role in their area of service. The visibility of the researchers who gave presentations resulted in the engagement of the workers and supervisors, both on an intellectual and emotional level. For example, at one branch meeting, when the initial research findings were shared, several workers expressed shock at the level and types of abuse described prior to the youths coming into care. These workers were dismayed that, while conducting their investigations, they might not be eliciting a full picture of maltreatment.

Recruitment of youth into the project was critical, and highly dependent on CAS workers' attitudes toward research and trust of the process used. Workers tend to be protective of their youth, and reluctant to expose them to further distress. On the other hand, if the worker believes that the youth will be treated with respect and sensitivity, the youth will sense this and be more open to participate in the research. As the project continued, more youth were giving feedback to their workers that their interviews had been positive and worthwhile. Workers were particularly impressed by the retention rate of youth who completed the series of interviews. In addition, some youth asked to participate in an advisory capacity to the research, and this was positively received. These factors reinforced an increased sense of joint ownership amongst the workers as the project became more established. For example, when problems in recruiting youth arose, workers readily volunteered solutions.

Individual workers responded differently, but a common thread between them and the researchers was their shared belief in the youths' resilience and the desire to increase effectiveness in assisting youth to reach positive adulthoods. The periodic feedback sessions on the research itself were very important. Although only group data could be given, the workers viewed all of the youth as "belonging" to the Society and as such they felt responsible for them. Workers were given opportunities to attend research symposiums or clinical workshops, attend periodic training sessions, and receive articles on clinical subjects. In addition, information about web sites, which had been professionally reviewed, was disseminated.

MAP has given the youth a voice so that their world can be better understood. In the MAP research recommendations, some areas touched upon are personal safety, especially in dating, drugs and alcohol

use, and coping strategies. The recent implementation of the "Looking After Children" questionnaire in all Ontario CAS agencies utilizes a structured interview format wherein CAS workers query in-care youth about healthy development. The findings and recommendations of the MAP study will be helpful in providing a context to these questions. This is an example of evidence-based practice that has been translated to evidence-informed policy.

Dr. Wekerle speaks to the element of "trust" in developing partnerships in research. This trust has been moved into the realm of "hope." This participatory action research clearly indicates that child welfare teens need to be understood as a high priority service group with developmentally specific issues related to the transition to adulthood. Protection workers have spoken of this for years. Now there is a compelling argument that this age group requires focused services to be effectively protected, and supported to achieve a healthy adulthood, as is their right.

PARTNERSHIP:
PRACTITIONERS' POINT OF VIEW

Bruce Leslie, Deborah Goodman and Brenda Moody

Research that is undertaken in partnership, and conducted in collaboration, recognizes partners' contributions, values differences, and is grounded in the experiences of the researchers, the practitioners, the service recipients, and the other key stakeholders. Such research has the potential to create and advance knowledge on many levels. From an agency's perspective, the MAP study is an apt illustration of this preferred collaborative-partnership approach to knowledge creation and development. In times past, when child welfare agencies and universities partnered together to advance research knowledge, the agency typically provided merely the data collection site. The university supplied the research topic, the funding, and the researcher, and defined both the research question and methodology. Some coined it a "forced bonding" process (Edleson and Bible 1999).

As is evident in the description of the MAP research partnership, the MAP's inquiry process into advancing knowledge via the scientist/practitioner model is a much richer, more balanced – but much more complicated approach – to knowledge development. The roles between partners are less defined, and field leadership is required if optimal benefits for all stakeholders involved are to be realized.

The MAP collaboration has been a fruitful and important partnership from the agencies' perspective. The scientist/practitioner model requires the agency partners to shift from being peripheral in the process to being centrally involved, to shift from passive engagement to active participation, and to change from follower to leader in the research and knowledge building process. In order to maximize the success of the partnership, varying levels of agency involvement are required. This includes: 1) the commitment of senior leadership, 2) buy-in and support from supervisory and front-line staff, and 3) a dedicated liaison between the agency and research team. This model also requires complementary change on the part of the scientist. If these shifts do not happen, the research experience can be less than positive and productive for both parties.

Review of the MAP agencies' experience reveals a number of "best practice" affirmations:

- commit to building knowledge through research;

- advance knowledge through collaborative partnerships;

- ground research in field-driven, practice-relevant questions;

- grow the field's capacity and expertise in research;

- expand the researchers' understanding of agency organizational influences;

- increase researchers' awareness of the wealth of rich data at agencies;

- support knowledge translation at all levels; and

- expanding the research evidence base for practice.

As demonstrated through the MAP research process, collaborative research, under the banner of true partnership, really is the better way.

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APPENDIX

Children's Aid Society Advisory Board to the MAP study

Toronto CAS	*Catholic CAS*	*Peel Region CAS*
Angie Corrado	Anne Lumsden	Brenda Moody
Barry McKendry	Bervin Garraway	Jo Rasteniene
Dan Cadman	Bruce Leslie	Sandra Garibotti
Darlaine Mathews	Carla Da Fonte	Linda Arthurs
David Firang	Cherry Chan	Frank Kennedy
Deb Goodman	Christine Austin	Vicky Lowrey
Franz Norritz	Coreen Van Es	
Heidi Kiang	Jacqueline Bittencourt	
Joanne Filippelli	Jim Langstaff	
Kong Chung	Judith Wharton	
Lori Bell	Mario Giancola	
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Natasha Budzarov	Stacey Milley	
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Ron Smith	Victor Montaigne	
Rona Delisle		
Susan Gaines		

CHAPTER FOUR

University-Government Partnerships for Examining Issues Relating to Children with Disabilities Coming in the Care of Mandated Child Welfare Agencies

Don M. Fuchs

Community partnership comments by *Linda Burnside*

INTRODUCTION

There is a growing awareness that children with disabilities are over-represented among those children who are reported for child abuse and neglect, and among those who are in the care of child welfare agencies (Fudge Schormans and Brown 2006; Sullivan and Knutson 2000). There is also increasing evidence that the numbers of children in care with disabilities are continuing to grow at a significant rate (Fuchs et al. 2007a). Such overrepresentation may occur because of common risk factors for maltreatment such as poverty, substance misuse, social isolation, and stress increase if a child has a disability (Krahn et al. 2000). In addition, factors such as the child's need for long-term care, inadequate supports, parent and child characteristics, and some differences between parents' and professionals' understanding of the nature of the child's disability, contribute significantly to the risk of maltreatment for children with disabilities (Fuchs et al. 2007a). Whatever the reasons, the overrepresentation of children with disabilities in cases of abuse and neglect is a critical issue in child welfare because such children are particularly vulnerable.

From the perspective of service provision, meeting the needs of children with disabilities in care creates significant challenges for child welfare agencies. Because of additional risk factors associated with disability,

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these already vulnerable children have a greater potential than other children for requiring the support or protection of a child welfare agency. In Manitoba, it has been shown that one-third of children in care fall within a broad definition of disability (Fuchs et al. 2005). Significantly, 17% (963) of children in care were affected by a particular disability: diagnosed or suspected Fetal Alcohol Spectrum Disorder (FASD) (Fuchs et al. 2007b). Furthermore, many of these children continue to be involved with the child welfare system, not because of ongoing risk of maltreatment, but because they have high care demands as a result of their disabilities, and communities and services are unable to fully meet their needs or the needs of their families (Cooke and Standen 2002; Fuchs et al. 2007b). The capacity of the child welfare system to respond to the service needs of this growing number of children has become strained, particularly in light of the unique needs associated with having a child with disabilities in the family (Krahn et al. 2000). This is a serious social and economic concern (Sullivan and Knutson 2000).

Despite increased recognition of these issues, there has been little research aimed at developing a better understanding of the scope of the issue and the characteristics of the children requiring services (Horner-Johnson and Drum 2006). This chapter begins to address this knowledge gap. More specifically, this chapter will present a profile of children with disabilities in care in Manitoba that describes the number and distribution of children with disabilities in care, as well as the nature of their disabilities, their care needs, and the services provided. The full results of this research are report in *Children with Disabilities, Receiving Servcies from Child Welfare Agenices in Manitoba* (Fuchs, Burnside, Marchenski, & Mudry, 2005). A full list of publications arising from this study is provided at the end of the chapter.

This research would not have been possible without the collaboration of an innovative research-practice partnership among university researchers, government officials, and the community service organizations. This chapter discusses the nature, challenges, and benefits of this unique collaborative research-practice partnership that were factors that helped achieve the successful completion of this research. Finally, this chapter draws on its experience with these partnerships to outline some ways to develop innovative partnerships, and to suggest directions for further research.

RESEARCH SUMMARY

Research Design

The researchers used a broad cross-disabilities approach and the World Health Organization's (WHO) definition of disabilities, which includes developmental delay, physical disabilities, and other disability disorders, with a particular emphasis on FASD (World Health Organization 2002).

There has been a dearth of research in the area of children in care and disabilities and, as a consequence, there is limited research knowledge available. When the project was initiated there was no existing information, such as numbers of children with disabilities in care in Manitoba, on which to base any hypotheses, and thus there was a need to develop a descriptive profile of children with disabilities who were involved with child welfare agencies in Manitoba. For these reasons, the researchers used an exploratory and descriptive research design.

The initial tasks included: the development of a definition of disability; the identification of the data sources; the creation of a data collection instrument; the design of a data collection process; and the pretesting and refining of the definition, instrument, and process. These initial tasks were informed by a conceptual framework that was developed for the project and stands as one of the first products of the study (Fuchs et al. 2005).

The conceptual framework developed for this research attempted to incorporate the elements of the ecological or biopsychosocial model of disability (Fuchs et al. 2005). This meant it needed to include body components, the person as a whole, and the environment. The framework situated the child as a whole (represented by their functioning) within the family, and subject to the influences of their internal characteristics of assets and impairments and external environmental factors. The environmental factors identified as relevant to this research were adaptive services and service providers. Disability was conceptualized as one of the factors impacting the functioning of a child and his/her family. Functioning was also influenced by adaptive services; our view of disability and functioning included physical, medical, sensory, intellectual, and mental health components. Adaptive services also comprised several elements: medical, mechanical, technical, and personal support. This conceptual framework became the structural matrix for identifying, describing, and analyzing children with a disability (Fuchs et al. 2005).

Definition of Disability

Research on children with disabilities can become mired in defining disability. Consequently, the definition of disability was a critical first task in the development of this project. It was important that the definition met three criteria:

- *Broad*. It needed to capture a wide enough sample to provide as much information as possible (i.e., present the "big picture").

- *Concise.* It needed to be easily interpreted and consistently understood by a variety of workers and agencies.

- *Relevant.* It needed to recognize current thinking in the field of disability so that results were meaningful and comparable to existing and future research studies.

The definition that was developed was an attempt not to classify children but to describe their health in the context of personal and environmental factors.

For the purposes of this study, a child with a disability is defined as any child whose ability to participate in age-appropriate activities of daily living is compromised by limitations in one or more of the following areas of functioning: physical (including chronic medical), sensory perceptual, cognitive/intellectual, or mental health (Fuchs et al. 2005, 19). This definition includes children with congenital conditions (e.g. spina bifida, Down syndrome) as well as children who have experienced life changing illness or injury. It includes children with complex medical needs and those with chronic psychological or mental health concerns. It also includes children with FASD and children with significant learning disabilities.

Research Methods

Development of instrument

The researchers worked closely with the staff responsible for the Provincial Government Child and Family Services Information System (CFSIS) to determine which data could be retrieved from the information system. It soon became apparent that it would not be possible to get the data relating to children with disabilities from the CFSIS, and thus it became necessary to develop a data collection tool unique to this research.

Two factors shaped the development of the data collection tool: the conceptual framework of disability that was adopted by the project, and the existing child welfare information gathering system. Because the

researchers relied entirely on information that could be found in the agency files, it was important that the tool be designed to collect information that was likely to be available. To this end, all of the information sources that were currently in the provincial Child and Family Services (CFS) database were reviewed. This investigation resulted in the decision to limit the research project by excluding financial information.

Knowing what information would likely be available, the task then was to design the tool so that information could be gathered related to the domains outlined within the conceptual framework established for the study. Table 1 shows how the definition of disability was operationalized based on the available data. The data collection instrument was constructed based on the categories outlined in the operational definition in Table 1. As indicated, data was gathered on the nature of the disability (or disabilities) and its associated impact on physical, medical, sensory, intellectual, or mental health. Where indicated, the origin of the condition was also noted. The tool further gathered information on the child's current functioning physically, medically, intellectually, and behaviourally. In addition, the nature of the adaptive services provided included medical, mechanical, technical, and/or personal supports, and their source of each support was recorded. Finally, basic demographic information was also gathered.

Table 4.1. Components of Factors Related to Functioning

Factor	*Component*	
Origin of Disability	• Genetic	• Injury
	• Medical	• Substance abuse
Nature of Disability	• Physical	• Cognitive
	• Medical	intellectual
	• Sensory perceptual	• Mental health
Functioning and Service Needs	• Physical	• Cognitive
	• Medical	intellectual
	• Sensory perceptual	• Mental health
		• Behavioural
Adaptive Services	• Medical	• Technical
	• Mechanical	• Support
Service providers	• Government	
	• Non-government	

Reprinted with permission from Fuchs et al. 2005, 20.

Items included in the tool were derived and/or adapted from a variety of sources. Categories used for placement, reasons for care, culture of origin, and culturally appropriate authority were taken directly from the CFSIS. Construction of the items relating to the nature of functioning was informed by a review of items in the *International Classification of Functioning (ICF)* (World Heath Organization 2002), by the assessment tool *Looking after Children* (Flynn and Ghazal 2002), and Matheson's description of conceptual factors from the *Functional Assessment Taxonomy (FAT)* (Gaudino, Matheson, and Mael 2001). The data collected from the files were transferred into an electronic format and were entered in the CFSIS to track children with disabilities involved with the child welfare system in Manitoba on a continuous basis. The establishment of this database set the stage for an ongoing collaborative research-practice partnership that has generated two other studies and provided the potential for more studies of children with disabilities receiving services from the child and family service agencies in Manitoba.

Data Collection Process

Data collection began in October 2004 and concluded on June 3rd, 2005. It had been the intent of the researchers to include every agency in Manitoba, but this was not fully possible. In total, the files at 45 office sites for 21 agencies were reviewed. These files represented 5,088 children in care – 90% of the children who were listed in the CFSIS system on September 1st, 2004. Of these files, 2,381 were identified as children with disabilities in care, and 2,300 of those were reviewed. The 81 that were not reviewed were unavailable for a variety of reasons. Of the 2,300 files reviewed, it was determined that 1,869 had a disability diagnosis by a professional in a position qualified to make the appropriate diagnosis.

The researchers gathered the data directly from the children in care files using the data collection instrument constructed by the researchers. The data were then coded. To ensure consistency and accuracy in coding, only two individuals were involved in coding of the data and the research team met regularly to review and check the accuracy of the coding and transcription process. The data were then entered into *Statistical Package for the Social Sciences (SPSS) 14.0* files and analyzed using SPSS.

Results: Profiles of Children in Care with Disabilities

One-third (n=1,869) of children in care in Manitoba on September 1, 2004 were found to have a disability. The children ranged in age from 0-20 years with a mean of 10.5 years. Boys accounted for 60% and girls for

40% of the children with disabilities in care. The higher proportion of boys was consistent with gender proportions in most types of disability. The number of children with disabilities increased with age until age 13, when the numbers of both boys and girls began to decline. First Nations children comprised just over two-thirds (68.7%) of children with disabilities in care. Their representation within the disability population approximated their representation in the overall children-in-care population. Most children with disabilities were permanent wards (69%), but a significant proportion (13%) was in care under a Voluntary Placement Agreement (VPA). The proportion of permanent wards was somewhat greater among First Nations children. A comparison of the demographics of children with disabilities and the general population of children in care revealed that children with disabilities were more often older, male, and permanent wards than children without disabilities (Fuchs et al. 2005).

The most frequently cited reasons for children with disabilities coming into care were related to the conduct or condition of their parents. Children in care under a VPA were the exception. Approximately half of those children were in care for reasons related to the conduct or condition of the child. Of the total population of children in care with disabilities, most children (75%) were placed in foster homes, and only 2% required hospital or residential care at the time of data collection. The proportion of children requiring more intensive care was greater among those under a VPA (41%) than among those who were permanent wards (16%).

Disabilities were grouped into six main categories: intellectual, mental health, medical, physical, sensory, and learning. The most commonly occurring disabilities were intellectual (75.1%, 1,403 of the children with disabilities), and mental health (45.8%, 1,039). More than half of the children had more than one type of disability (58.1%, 1,085) and, not surprisingly, the most common combination of disabilities was intellectual and mental health. FASD was diagnosed in one-third of children with disabilities (34.2%, 640) or 11% of all children in care (Fuchs et al. 2007b). Children with a mental health diagnosis (95%, 816) were almost always given a diagnosis that fell in the Attention-Deficit/Disruptive Behaviour Disorders group. Attention-Deficit Disorders were the most frequently diagnosed (73%, 620). FASD and ADHD were co-morbid (occurred together) in 39.1% of children with an FASD diagnosis. The remaining disability types affected smaller proportions of children with disabilities: medical disabilities (22%, 419), physical disabilities (18%, 334), sensory disabilities (5%, 43), and diagnosed

learning disabilities (3%, 57). The majority of disabilities resulted from an unknown cause. However, substance abuse was reported as the origin of disability for 34.3% (641) of the disability population and was a suspected cause for an additional 17.3% (321) of those children.

To support functioning, 25.1% (469) of the children needed assistance with the activities of daily living and 42.2% (805) required medical care. The majority of children were not age-appropriate in language (55.1%, 1,030) or learning (62.8%, 1,174). Of those with mental health disabilities, 84.4% (893) received medication. Most children with disabilities were not able to achieve age-appropriate behaviour in dependability (76.4%, 1,428), emotional modulation (72%, 1,364), interpersonal interaction (64.4%, 1,204), or awareness of risk (58.6%, 1,095). Aggressive behaviour was problematic for 43% of children with disabilities. Other problem behaviours included sexually inappropriate behaviour (15.7%, 294), and conflict with the law (11.3%, 212).

The most frequently noted adaptive service was medication, which was provided for 47.8% (893) of children. Children with multiple disabilities were the most frequent recipients of services. Many organizations and agencies outside of CFS assisted in supporting children with disabilities. The greatest contributor was the education system, which provided some form of additional support to more than 50% (948) of children. By purchasing extra services for 18.5% (346) of children with disabilities, CFS became the second most frequent additional service provider.

In summary, the study found that approximately one-third of Manitoba's children in care have a disability, and that most of these children have multiple disabilities. Children tended to be in the middle years of childhood, with males more likely than females to have a disability. The culture of origin of children with disabilities was reflective of the general population of children in care, where children of Aboriginal ancestry are overrepresented. Most children were permanent wards, and the majority of children in care with a disability were placed in foster homes. Intellectual disability was the most frequently found disability, followed by mental health disabilities. However, it is important to note that there were substantially higher numbers of Aboriginal children with all types of disabilities in care. The First Nations group had the highest percentage of children with intellectual disabilities and the lowest percentage of children affected by mental health disabilities. In the non-Aboriginal group, the opposite was true. Slightly more than one-third of children with disabilities had FASD; this rose to slightly more than half when suspected FASD was included. In most cases, children

had co-occurring disabilities, with intellectual disability and mental health problems being the most frequently noted combination (e.g., FASD and ADHD). Substance abuse was responsible for disabilities in approximately one-third of the children.

Major Implications of the Study Results

The data indicated that many children with disabilities and their families are not receiving, from the child welfare system or from other service sectors, the services necessary to meet their needs. This study has demonstrated that children with disabilities are a significant proportion of the children in care in the Province of Manitoba. Children with disabilities in care received services in and through the child welfare system. The child welfare system is not currently structured in a manner to serve children with disabilities and their families.

The large number of families and children with disabilities coming to the child welfare system creates increasing social and economic costs that must be addressed (Fuchs et al. 2005). There is a need for greater understanding, sensitivity, and awareness within the child welfare system to more effectively address the issues and needs of families and children with disabilities.

PARTNERSHIP: VIEW OF THE AUTHOR-RESEARCHER

This section presents a discussion of the nature of the partnerships that were formed to accomplish this research, the challenges that these partnerships faced, and the advantages of having conducted the research within the partnerships described.

Nature of the Partnership

There were three levels of partnerships in this research project. The Level 1 partnership included the co-principle investigators and the research associates. Level 2 included a research technical advisory committee, and Level 3 included a broad consultation committee made up of representatives from the CFS Authorities and other key stakeholders (Fuchs et al. 2005).

In Level 1, the primary partners were the Faculty of Social Work at the University of Manitoba, the Child Protection Branch of the Government of Manitoba Department of Family Services and Housing, and the project research associate under the endorsement of

the Prairie Child Welfare Consortium. The Level 1 partnership group was responsible for the day-to-day implementation and administration of the project. Funding was provided by the Public Health Agency of Canada through the Centre of Excellence for Child Welfare (CECW). At this level of partnership, the Child Protection Branch staff of the Manitoba Department of Family Services and Housing was involved in assisting with the development of the data collection tool, in locating data sources, and providing assistance in the data collection process. The staff also assisted with the interpretation of the study results.

The Level 2 partnership was a research technical advisory committee made up of key stakeholder representatives of various government departments and constituent groups whose mandates included policy planning, and monitoring of children's mental health and disability policy and programs. The Advisory Committee was both interdisciplinary and intersectoral. It included representatives of the Child Protection Branch of Manitoba Family Services and Housing Policy and Planning, and of the Children Special Services Division, representatives from the provincial Healthy Child Initiative, representatives of the Health Policy Research Unit of the Community Health Sciences, as well as representatives from various units within Family Services and Housing involved in program monitoring, policy analysis, and information system development. The committee members assisted in the identification and location of various data sources. They provided advice on the data collection instrument and procedures, and assisted in interpreting the results.

Level 3 of partnership took the form of consultations with the Standing Committee of the new CFS Authorities. The consultations with the Standing Committee of the Authorities provided a connection to direct practice. Because of the major restructuring of the child welfare system in Manitoba, the researchers decided to form linkages with the practice networks by connecting with the new CFS Authorities.

During the period of study, and as part of this restructuring, the Manitoba Government began implementation of a service model based on four Authorities. The four Authorities are: the First Nations Southern Authority, the First Nations Northern Authority, the General Authority, and the Métis Authority. Each of these four Authorities represents a number of agencies. The First Nations Southern Authority has seven agencies, the First Nations Northern Authority has five agencies, and the General Authority is made up of nine agencies. The Métis Authority is the exception—it has one agency with sub-offices throughout the

province. All Authorities and agencies were approached for inclusion in the research project.

The connections to the four major Authorities assisted the researchers in gaining access to the file data on children in care with disabilities. The Provincial Child Welfare System was in transition and files were being reassigned to their culturally appropriate Authority of service. To enlist the support of the four CFS Authorities, members of the research team attended a meeting of the Standing Committee and presented information about the project, explained what would be required of CFS agency staff, and responded to questions. The members of the Standing Committee appreciated the usefulness of the information to be collected in the study and endorsed the participation of the agencies within their Authority. Initial information describing the project was forwarded from the Authorities to their constituent agencies.

With the support of the Authorities, agencies were contacted and data collection began. Our initial approach to the many agencies required a full explanation of the project, its intent, and the extent to which agency workers would be required to assist. With very few exceptions, agencies were interested in being involved in a project looking at children with disabilities. It was important to the CFS agencies that the required involvement of agency staff was limited to a short period of time because of their high workload demands.

In addition, the Standing Committee of the Authorities had input at different times in the research process. The members identified areas that they might want to focus on concerning children with disabilities and the child welfare system. They reviewed some of the preliminary pretest data to suggest additional direction to the data collection process. Finally, the Authorities reviewed the preliminary results and suggested areas for further analysis that would be useful for them, and provided some significant input on the implications of the results for decision makers and other key project stakeholders.

Although there were three distinct levels of partnership, there were many individuals who participated in more than one level. This strengthened the research practice partnership and increased the levels of information sharing and collaboration among the different levels of partnership. In addition, these interlocking memberships of the partnership groups assisted the researchers with day-to-day problem solving throughout the research processes.

Challenges

There were many challenges in conducting this research. The three levels of collaborative partnerships assisted in addressing the significant challenges presented. One of the major challenges faced by the study was the fact that Manitoba's child welfare system was in the middle of major restructuring as part of the Aboriginal Justice Inquiry Child Welfare Initiative (AJI-CWI). This system was being restructured to facilitate the provision of more culturally appropriate services, away from full dependency on mainstream agencies and toward greater dependency on First Nations and Métis agencies. At the time of the study, the four new Authorities described above were being established, and all child welfare cases were being devolved to one of the four new Authorities. The timetable for the devolution of cases to their chosen Authority of service presented major challenges for the scheduling of the data collection process. Some agencies had completed file transfers at the time of data collection, but others had not. Locating file data, obtaining approvals for access to files, carrying out the logistics of travel, and connecting with staff were major challenges.

In addition, distance was a major problem in accessing files that were often in rural and remote areas. An added complication was that project staff found a great deal of variation of practice from one agency to another. Thus, the project staff travelled to the agency's main office and, in some cases, to their outreach office as well to gather full data using the tool designed for the project. The collaboration that resulted from the third level of partnership enabled the researchers to locate files in remote communities and assisted in connecting researchers to workers in the remote sites.

There were many challenges in identifying data sources relating to children with disabilities. Records relating to the nature, origin, function, and adaptive services for children in care with disability were quite fragmented, and the members of the different advisory committees proved to be an invaluable resource for the development of the data collection instrument and the data collection process.

In spite of the many challenges, the research partnership functioned very effectively in this project. One of the most important factors in the success of this partnership was the strong working relationship between the university researchers and government staff. It is important here to acknowledge the significant contribution of Linda Burnside, the Government of Manitoba representative and a co-principle investigator (a Ph.D. Candidate at the time of the study). Her interest, background,

research skills, and personal commitment were essential elements in building and sustaining the government-university partnership.

Benefits

This research would not have been possible without the collaborative partnerships that were developed to implement the study. The two primary partners, the Faculty of Social Work at the University of Manitoba and the Child Protection Branch of the Manitoba Family Services and Housing, brought many different but essential resources to the study. Each undertook different, but complimentary, tasks and roles in implementing the study. The study built on the partners' mutual interest in children with disabilities receiving services in the child welfare system. The Child Protection Branch brought technical and practice expertise relating to children with disabilities, brokered access to the CFS agencies throughout the province, and helped in case identification. The university brought staff with research expertise and technology to help with research design, and to gather the data. Funding was made available through the Centres of Excellence in Child Welfare. The Staff of the Child Protection Branch and of other divisions of Manitoba Family Services and Housing, as well as the staff of the four Authorities, assisted with the design of the data collection instrument and data collection procedures. In addition, they assisted with the interpretation of the results and examination of their implications.

Gathering the data for this research was time consuming and labour intensive. It necessitated travelling throughout the province to agencies and outreach offices, and manually reviewing thousands of files. The information that was gathered in this study has been entered into the updated CFSIS system. This has made more detailed analyses of the data from this study and other subsequent studies possible. Also, it has established a baseline for future comparative research.

The incorporation of the research tool into the existing CFSIS is a concrete outcome of this research project and the practical partnerships that emerged out of this research initiative. As a result of the study, this information is now available simply by requesting summary reports from CFSIS. All of the items on the data collection instrument developed for this study have been incorporated into the CFSIS system. The amended CFSIS system will require workers to identify and describe children with disabilities. The changes to the system will allow more detailed assessment of service delivery and service delivery over time.

This has and will continue to assist in identifying gaps and evaluating the effectiveness of services.

Conclusion

This research has begun to address a significant gap in the knowledge relating to children with disabilities in care. It also has demonstrated the importance of research related to children with disabilities and child welfare. There is a great need for continued research to inform policy makers, planners, and service providers. Ensuring that professionals are knowledgeable and that services are available is of utmost importance for the promotion of the safety, accessibility, and social inclusion of families and children with disabilities.

In addition, this initiative has established new forms of collaborative partnerships that can be built on for further research in this area. This initial research has created a dataset for further research on children with disabilities in care. It has built the infrastructure for ongoing research in the area of children with disabilities. More specifically, the CFSIS system has been adapted to enable continuing research in this area. The partnerships have continued and new collaborative research initiatives have and will continue to emerge as the partners continue to track children in care with FASD and other disabilities. Further partnerships could be developed for looking at the experiences of children with disabilities while in care, the factors that have brought them into care, and the issues these children face as they transition out of care to the adult health and social service sectors. The initial partnerships have set the stage for ongoing collaboration with the Manitoba Health Policy Research Centre for research using interlocking databases in Health, Education, and Social Services.

The partnerships developed in this study provide an important model for research practice partnerships in other child and family service jurisdictions. In addition, they illustrate how collaborative research practice partnerships can more effectively use administrative databases for research on needs assessment, and on policy and program implementation and outcomes. They also illustrate how research partnerships can be used to assist in the development of training programs and resources. Finally, these partnerships can be replicated in other provinces and could be used to develop much needed interprovincial comparative data on the needs of children with disabilities and the child welfare system.

This research provides a significant knowledge contribution to the future examination of policies, practices, funding models, and training

needs of child welfare practitioners. Most importantly, it creates a baseline database resource for future research with children with disabilities receiving service from the child welfare system—an area where there has often been a gap in child welfare research, and an area where there is a great need for evidence-based approaches to the development and provision of services.

PARTNERSHIP:
A PRACTITIONER'S POINT OF VIEW

Linda Burnside

Social services such as Manitoba's CFS system are built on the principle of partnership. Without strong working relationships throughout the community, child welfare agencies could not reasonably perform their mandate to strengthen families and ensure the safety and well-being of children. The tenets of partnership are articulated throughout child welfare legislation, and in Manitoba are fundamental to the new service structure implemented under the Aboriginal Justice Inquiry—Child Welfare Initiative (AJI-CWI).

Partnership is at the heart of the structures that supported the development and completion of the research project described in this chapter. The Prairie Child Welfare Consortium (PCWC) established a unique model of collaboration, bringing together faculties of social work and government child welfare ministries in the prairie provinces who shared an interest in research, education/training, policy development, and service delivery in child protection. This forum, with the support of the Public Health Agency of Canada and the Centre of Excellence for Child Welfare, provided the mechanism and impetus to formalize our common interests and, for the Faculty of Social Work at the University of Manitoba and the Child Protection Branch of Manitoba's Department of Family Services and Housing, to initiate the first of what has evolved into a series of research collaborations since 2004.

As my co-principal investigator Don Fuchs has described, partnership was required at several levels in order to accomplish this research. While the structures of partnership, such as those afforded by the PCWC and the CFS system, can support joint research projects such as this, it must be recognized that partnership is also about the relationships that are formed along the way. Without these relationships, which are the spirit

and essence of partnership, collaborative efforts may not achieve quality outcomes that are practical or useful to the partners or to others.

This research project was successful because of the many individuals who demonstrated the spirit and essence of partnership throughout its duration. These individuals include the leaders of the CFS Authorities and the staff at all levels of child welfare agencies throughout the province. It is especially remarkable and commendable that these qualities were present at a time of considerable transition for the Manitoba CFS system. Often, it is during such periods of change and stress that partnerships are tested and may falter. In this case, our experience has strengthened our commitment to working together to better understand the needs of children and families, and to support the valuable services that are provided every day in child welfare agencies in Manitoba.

We recognize that partnerships between researchers and government or community bodies can be fraught with challenges. Often, players come to the partnership with different perspectives and goals. Government partners, cognizant of service system priorities, need critical information to inform service delivery, policy, or funding purposes, and they need it now. Researchers skilled in the application of sound research practice must ensure that the collection and analysis of data is conducted in such a way as to provide results that are both accurate and meaningful. Integrating these potentially opposing objectives requires open communication and a willingness to appreciate the expertise possessed by each partner. Our experience has shown how attention to the quality of the working relationships between partners can aid in navigating these inherent differences.

In addition to the powerful relationships forged, this project resulted in two practical (and critical) outcomes for Manitoba's child welfare system. First, the research provided a comprehensive description of the nature and scope of disabilities affecting children in care, which can assist in planning for the service and care needs of these vulnerable children at a case level, agency/Authority level, and provincial level. Second, the incorporation of our data collection tool into the CFSIS creates the opportunity to track disabilities of children who require child welfare services in the future, allowing for the identification of trends and better strategic planning.

Speaking of the spirit and essence of partnership, Don and I must acknowledge our conscientious research partners, Shelagh Marchenski and Andria Mudry, who personified these qualities in all their dealings with the child welfare agencies and our collaterals throughout this project.

Their contributions to this project and its network of partnerships were invaluable to its ultimate success.

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CHAPTER FIVE

Supporting Secondary Analyses of the Canadian Incidence Studies of Reported Child Abuse and Neglect (CIS): Partnerships with the Child Welfare Community

Barbara Fallon, Nico Trocmé, Bruce MacLaurin, Della Knoke, Tara Black and Caroline Felstiner
Community partnership comments by **Cindy Blackstock**

INTRODUCTION

The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) (Trocmé et al. 2001; Trocmé et al. 2005; Trocmé et al., in press) is a national child maltreatment surveillance survey conducted with the Public Health Agency of Canada every five years by a team of researchers at the Universities of McGill, Toronto, and Calgary. Three study cycles have been completed: the CIS-1998, the CIS-2003, and the CIS-2008 (in publication).

The study is designed to examine the scope and characteristics of reported child abuse and neglect across Canada and to monitor the short-term outcomes of these investigations, including substantiation, placement, child welfare court usage, and criminal charges. With each cycle of the CIS, a number of specialized studies have been completed using enriched samples. These include three Ontario Incidence Studies (OIS) (Fallon et al. 2005; Trocmé et al. 1994; Trocmé et al. 2002), the Alberta Incidence Study (AIS) (MacLaurin et al. 2005), an *Étude d'incidence québécoise* (EIQ) (Tourigny et al. 2003), and Mesnmimk

Wasatek (Trocmé et al. 2006) – a study of the overrepresentation of First Nations children in the child welfare system.

The CIS and related studies are the most comprehensive sources of information on Canadian children receiving child welfare services and, in many jurisdictions, the only source of information. This rich database provides a unique opportunity for researchers, policy makers, and service providers to understand better the profile of children and families involved with the child welfare system and to examine short-term service outcomes.

Although researchers can apply to the Public Health Agency of Canada to request access to this database, sometimes potential users lack the resources or the statistical training required to make use of this data. To support the use of the CIS data to inform policy and practice, the CIS research team developed a secondary analysis technical support team. Funds for this support team were initially provided by the Centre of Excellence for Child Welfare as part of its Child Welfare Research Partnership grant from the Canadian Institutes of Health Research (CIHR). Subsequently, the Centre of Excellence for Child Welfare provided additional funding to the CIS secondary analysis team, and PHAC provided some funds for secondary analysis via a separate contract.

Child welfare researchers, administrators, and practitioners from across Canada have worked with the CIS study team to explore a range of research, policy, and practice questions. The topics for secondary analyses of the CIS have been as varied as the families and children served by the Canadian child welfare system. Topics included: analyzing factors driving the increase in child reports in Ontario; examining false allegations in investigations involving divorce and custody disputes; assessing the relationship between physical abuse and corporal punishment; and comparing placement decisions for First Nations and non-Aboriginal children. This chapter discusses our experiences working with a range of academic, government, and community partners within the context of the CIS secondary analysis support initiative. We begin with an overview of the CIS and of the methods used to conduct secondary analyses; we then provide examples of some of the findings that have emerged from these analyses; finally, we reflect on the benefits and challenges emerging from these secondary data analysis partnerships.

RESEARCH SUMMARY

Design of the CIS

The CIS collects information directly from child welfare workers about children and their families investigated for reported child maltreatment. The 2003 cycle tracked investigations in a representative selection of 63 child welfare service areas, yielding a final sample of 14,200 investigations involving children under the age of 16. The final dataset for both cycles of the CIS contain over 400 variables, including information about the investigating worker and the organization from which the investigation originated.

The CIS uses a common classification system across all jurisdictions that includes more than 20 specific forms of maltreatment. This classification reflects a fairly broad definition of child maltreatment and includes several forms of maltreatment that are not specifically included in some provincial and territorial child welfare statutes (e.g., educational neglect, and exposure to intimate partner violence). All CIS maltreatment definitions use a harm or substantial risk of harm standard that includes situations where children have been harmed, as well as situations where children have not yet been harmed but are considered to have been at substantial risk of harm. The inclusion of substantial risk of harm reflects the clinical and legislative definitions used in most Canadian jurisdictions.

To ensure that cases involving multiple forms of maltreatment were tracked, every investigation could be classified in up to three categories of maltreatment. For each form of maltreatment, the study tracked information on substantiation, duration, perpetrator's relationship to the child, physical harm, and use of punishment. A case was considered substantiated if the balance of evidence indicated that abuse or neglect had occurred. If there was not enough evidence to substantiate maltreatment but there remained a suspicion that maltreatment had occurred, a case was classified as suspected. A case was classified as unfounded if there was sufficient evidence to conclude that the child had not been maltreated.

Other child, family, and investigation-related information included: a) child age, sex, Aboriginal status, and a child functioning checklist, b) family size, structure, and housing conditions, c) caregiver age, education, ethnicity, income, and a risk factor checklist, and e) source of report, caregiver response to investigation, ongoing service status, service referrals, out-of-home placement, child welfare court application as well as police and criminal court involvement. Annual national estimates

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were derived by weighting cases up to the annual volume of cases investigated in each study site and applying a further regionalization weight reflecting the relative sizes of the child population in the selected jurisdiction to the population size in its strata.

Reliability and Validity of the CIS Data Collection Instrument

Reliability and validity testing of the CIS data collection instrument has been undertaken during each CIS cycle. Reliability testing for the 2003 cycle included two versions of the instrument in two sites (a total of 57 families and 82 children) conducted at the initial investigation period and, on average, 4.5 weeks later (Knoke, Trocmé, MacLaurin and Fallon 2009). Although most items were found to be acceptable for their reliability, some items were problematic (such as emotional neglect or caregiver criminal activity).

Validity testing uncovered variables with a high percentage of "unknown" responses, such as education and questions relating to poverty. Many researchers wish to examine data related to poverty, education, and income, but workers are endorsing "unknown" because either they are not aware of such information in the initial period or do not ask the families they are investigating. For this reason, the high "unknown" responses present concerns for the validity for any secondary analysis conducted using these variables. Accordingly, questions regarding caregiver income and education were removed in the 2008 cycle of the study. Researchers are encouraged to create a proxy measure of poverty using other CIS variables should they wish to carry out secondary analysis that includes poverty.

Lastly, variation occurs as worker education and child welfare practices change over time and limits the comparisons between cycles. Thus, those analyzing the data across time are cautioned against making interpretations based on single or specific variables with high unknowns in the study, given the limitations noted above.

Secondary Analysis Methodology

The methods used for conducting secondary analyses of the CIS varied depending on the research topic. Although published data were available through the Public Health Agency of Canada, in some instances, investigators approached the research team with a more specific question about a particular population or situation that was not

addressed by the published CIS data. Each secondary analysis began by establishing the number of reported child maltreatment cases for the population of interest, their sex and age, and the short-term service outcomes the population experienced. After the investigator reviewed these data, clarification about the sample size and what type of analysis was best suited to the study question or policy initiative took place. In many instances, the dearth of data meant that a descriptive analysis of the population provided important information and context to the Canadian child welfare community.

A discussion of the production of the *Mesnmimk Wasatek – Catching a Drop of Light* report provides a specific research example. The report was written for the First Nations Child and Family Caring Society of Canada (FNCFCS) and focused on investigations involving First Nations children in the CIS-2003 dataset. The CIS-2003 used a multi-stage sampling design, first to select a representative sample of 55 child welfare service areas (CWSAs) across Canada, and then to sample cases within these CWSAs. A total of eight First Nations CWSAs were included in the representative sample of CWSAs selected in Canada. In this report, First Nations children are those children identified by the investigating workers as either First Nations status or First Nations non-status in either a First Nations' CWSA or a non-First Nations' Child Welfare Service Area (CWSA). Children with other forms of Aboriginal heritage were removed from the dataset, including Métis, Inuit, and other Indigenous cultures.

The purpose of the Mesnmimk Wasatek analysis was to build on the findings from the CIS-1998 study, which provided a first opportunity in Canada to compare child welfare services to First Nations children to services provided to non-Aboriginal children. The CIS-1998 found dramatic differences in household and caregiver risk factors for First Nations children and families. Investigations involving First Nations children were more likely to be substantiated and placed in out-of-home care than investigations involving non-Aboriginal children.

The 2003 analyses began with a series of descriptive bi-variate tables, comparing non-Aboriginal children with First Nations children on various child, household and case characteristics. The statistical significance between these two groups was calculated by using a Pearson chi-square, which was derived using a sample weight. The sampling weight maintains the influence of the final CIS weight while reducing the actual number of cases to the original sample size. This weight is used

during statistical analyses to avoid inflating the significance of statistics as a result of the high number of cases.

The bi-variate analyses revealed similar differences to the CIS-1998 data between First Nations and non-Aboriginal children and families. A series of multi-variate analyses were undertaken in order to explore whether these differences remained significant when controlling for the clinical concerns of the investigation. The predictors in the multi-variate models were selected based on the empirical literature and through consultation with the FNCFCS.

A description of one of these multi-variate models provides further elaboration. The logistic regression model that best predicted placement entered the investigated child's First Nations heritage first in the model, and then examined whether the increased likelihood of placement among First Nations children was explained by differences in the nature of the maltreatment they experienced or by characteristics of the children (e.g. greater functioning concerns), their caregivers, or household circumstances. This involved running a series of regression models. In the fifth and final model, the probability of an investigation resulting in a placement in care remains much higher for First Nations children than non-First Nations children. The adjusted odds ratio for children of First Nations heritage is 2.54 (p<.001), which suggests that when differences between First Nations and Non-Aboriginal children are taken into account, the probability of the child investigation resulting in a placement in child welfare care for First Nations children is approximately 2.54 times the probability of non-Aboriginal children being placed in care.

The production of the Mesnmimk Wasatek report was similar to other analyses undertaken. As the investigator progressed with the study, additional substantive and empirical questions would arise.

The immediacy of the response from the CIS research team was particularly important for data used to inform child welfare policy. For example, planning for the transformation of Ontario child welfare services was occurring shortly after the 2003 Ontario Incidence Study of Reported Child Abuse and Neglect (OIS-2003; Fallon et al. 2005) data became available. Information of the type and severity of maltreatment, as well as the short-term service responses, was provided to support the Ontario provincial planning process that was undertaken shortly after the study was published. Further details of this initiative are described in the results section of the paper.

As in the example above, the investigator would send an early draft of the paper or policy response to the research team, providing another opportunity for clarification and additional data requests. If the study was submitted for publication, the CIS study team would also assist with the response to the reviewer's comments regarding the paper. If the analysis was to inform a policy initiative or a response to a specific query from the child welfare field, the process was also iterative, as inevitably additional questions and clarifications would arise before the final analysis was complete (see Figure 5.1).
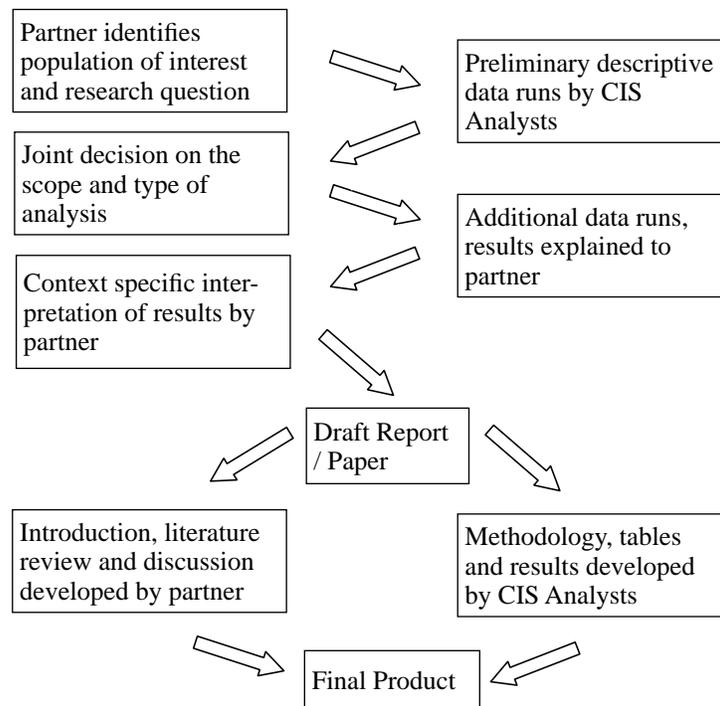
Figure 5.1. The iterative collaborative research process.

CIS research team members provided critical contextual and methodological information to analysts who were less familiar with the study. Clarification around the unit of analysis for the CIS studies was provided if required. For instance, if using the weighted estimates, the unit of analysis is the maltreatment investigation and not the child because the annualization weight may contain children who have been

reported more than once to a CWSA, or primary sampling unit (PSU), during the calendar year.

A related issue was when to use the weighted estimates for an analysis. The sample can be weighted using both annualization and regionalization weights to derive national estimates. Annualization weights estimate the annual volume of cases investigated by each study site. Regionalization weights account for the non-proportional sampling design, which reflect the relative size of the population served by the selected agency. Investigators who wanted to generalize their findings to Canadian child welfare services had to use software for complex survey design analysis to estimate standard error. The software used by the CIS study team was WesVar (version 5.1), which is a statistical program that calculates variance estimates taking into consideration the stratified cluster sampling design of the CIS using the replicate weights method with the WesVar PC jackknife (JKn) procedure (Efron 1982). The WesVar RS2 adjusted chi-square statistic can be used to take into account variance estimates (Morganstein and Brick 1996).

Selected Results

Summary findings from three secondary analyses using CIS datasets are presented here as examples of the analyses conducted. The first two analyses are those of independent researchers who accessed CIS data, and the last analysis informed Ontario's child welfare transformation policy in 2005. Each of the examples illustrates the ability of the CIS datasets to describe an aspect of reported child abuse and neglect that was previously not well understood, or for which there were no existing data prior to the CIS.

Child maltreatment and punishment

The association between investigated maltreatment and punishment has been a concern for a number of researchers and advocacy groups who have made use of the CIS. In the 2003 cycle of the study, a question about punishment as a form of maltreatment was added to the data collection instrument. Analysis of this relationship was conducted under the direction of Dr. Joan Durrant, University of Manitoba, with funding from PHAC (Durrant et al. 2009). The analyses found that punishment accounted for 75% of substantiated incidents in which physical abuse was the primary category for investigation. In contrast, only 13% of emotional maltreatment, 2% of sexual maltreatment, 2% of neglect, and 1% of exposure to domestic violence occurred in a punitive context

(see Figure 5.2). Although physical abuse accounted for most of the substantiated investigations involving punishment, 23% of substantiated physical abuse investigations did not involve punishment (an estimated 6,285 child maltreatment investigations).
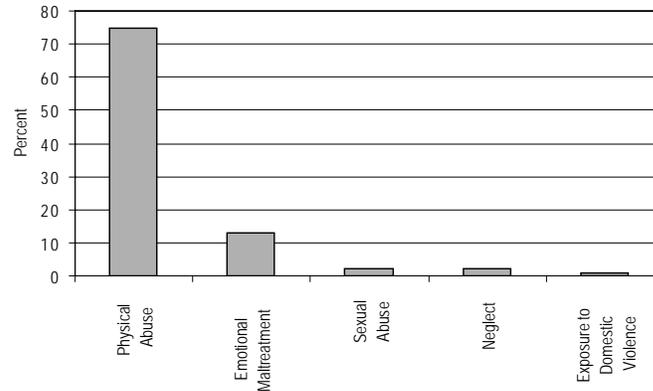
Figure 5.2. Substantiated child maltreatment involving punishment in Canada, excluding Quebec, in 2003.

Child welfare response to exposure to domestic violence

The CIS dataset was also used to assist Dr. Ramona Alaggia, University of Toronto, in developing a proposal for a provincially funded study examining the child welfare response to children exposed to domestic violence. The analysis provided vital context for the proposed study, indicating a differential service trajectory for cases substantiated solely because of exposure to domestic violence. These cases remained open for on-going services less often (36%) compared to substantiated investigations involving other forms of maltreatment (45% open for on-going services), and to cases involving co-occurring domestic violence and other forms of maltreatment (67% open for on-going services). Children were placed in out-of-home care in only 2% of investigations involving substantiated exposure to domestic violence on its own compared to 10% for all other cases. Applications were made to child welfare court in 2% of substantiated exposure to domestic violence cases compared to 8% for other forms of maltreatment, and 14% for cases of exposure to domestic violence co-occurring with other forms of maltreatment (see Figure 5.3).
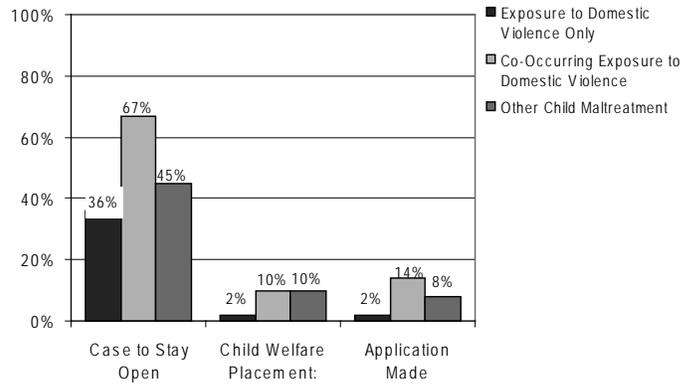
Figure 5.3. Estimated child welfare services in cases of substantiated maltreatment in Canada, excluding Quebec, in 2003.

Understanding the increase in child welfare investigations in Ontario

Analysis of the CIS dataset played a vital role in shaping a province-wide initiative to develop more flexible and responsive child welfare policies in Ontario. In 2005, CIS analysts were embedded in Ontario's Ministry of Children and Youth Services, Child Welfare Secretariat, to assist the Secretariat in developing the Ministry's Child Welfare Transformation policy.

Data from the Ontario portions of the 1998 and 2003 studies, the OIS-1998 and the OIS-2003, were used to examine changes in the profile of cases being referred to Ontario Children's Aid Societies (CAS) and changes in service responses. This data indicated that the rate of substantiated maltreatment had increased 320% (see Figure 5.4). Our analyses showed that the increase was driven primarily by improved and expanded reporting and investigation procedures such as: 1) changes in case substantiation practices, 2) more systematic identification of victimized siblings, 3) greater awareness of emotional maltreatment and exposure to domestic violence, and 4) a shift in the way child welfare workers classified cases, with a much smaller proportion of cases being classified as suspected, 10% in 2003 compared to 22% in 1998.
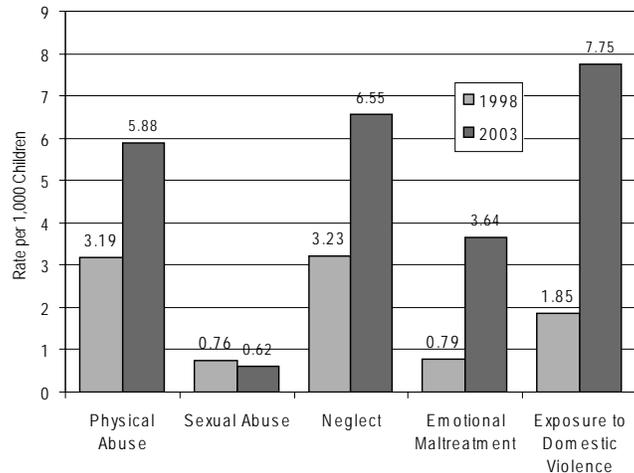
Figure 5.4. Categories of substantiated primary maltreatment in Ontario in 1998 and 2003.

PARTNERSHIP: VIEW OF THE AUTHORS-RESEARCHERS

Nature of the Partnership

As illustrated in the three previous examples, the CIS dataset has proven to be a critical source of data for a host of child welfare researchers, administrators, and practitioners across Canada. The CIS has been used in over 100 reports, scientific articles, conference presentations, and information sheets produced in collaboration with a network of over 50 academics, service providers, and policy makers. These collaborations generally fell into three categories: academic papers and presentations; use of the CIS data to guide child welfare policy initiatives; and responding to specific questions from the child welfare community and other related sectors.

Academic Papers and Presentations

Academic led collaborations were interdisciplinary in nature. Secondary analyses benefited from a reciprocal exchange of ideas among social workers, psychologists, lawyers, and health specialists. The unique skills

and knowledge of collaborators from different disciplines produced papers that reflected the complexity of the issues facing children and families served by the child welfare system. For the CIS-1998, collaborations among child welfare researchers focused on topics that were of mutual interest. Collaborations for secondary analyses of the CIS-2003 became more intricate. The ability to look at changes to the Canadian child welfare system through the analysis of two datasets meant a more difficult set of methodological and statistical questions. Because of this, collaborations expanded to include consultations with statisticians for a number of papers.

Many of the preliminary findings of academic papers have been presented at conferences and community forums. Presentation of initial results enabled researchers to have feedback from the child welfare community regarding the analysis. The ability to present important findings to the field without the time delay associated with publication was an important feature in this collaboration. Some academic papers have also been summarized as 2-3 page fact sheets, which highlight their findings for child welfare service providers and the general public (for a list of available fact sheets see Appendix A).

Policy Initiatives

In addition to the Mesnmimk Wasatek report, data from the CIS pertaining to First Nations children and their families were used for the landmark Wen'de Report. The Wen'de Report provided empirical support for a review of the funding formula for child welfare services provided to First Nations children and families living on reserves. In 2000, the Joint National Policy Review of First Nations Child and Family Services (NPR) had confirmed that the Indian and Northern Affairs Canada (INAC) funding formula, Directive 20-1, did not provide sufficient funding for First Nations Child and Family Service Agencies (FNCFSA) to deliver culturally based and statutory child welfare services on reserve to a level comparable to that provided to other Canadians. A National Advisory Committee (NAC) was formed to implement the NPR recommendations. In September of 2004, the NAC commissioned the First Nations Child and Family Caring Society of Canada to complete a comprehensive research project aimed at providing evidence based recommendations to improve the current INAC funding formula for FNCFSA. Data from the CIS-1998 and CIS-2003 provided important context and information for this project.

Response to Queries from Service Providers

Response to practice questions from child welfare and other related sectors followed the same procedures as the academic collaborations, although the time to complete the analyses was shorter. The types of requests were uni-variate or bi-variate in nature. For example, the CIS research team conducted a short study to assist a Toronto Public Health Department focus on child health. The CIS was able to provide information about the number of children six years of age and under who were reported to child welfare authorities in Canada in 2003, their primary maltreatment types, and whether there was physical and emotional harm.

Another request involved an agency researcher from an Ontario Children's Aid Society who approached the team for an analysis regarding the changing family constellation for children reported to child protection authorities between 1998 and 2003. Data were provided for this query and were published by the researcher in an Ontario child welfare journal distributed widely to Ontario practitioners.

A child welfare practitioner noticed many families on her caseload struggled with housing instability. The practitioner was curious about an association between the frequency of moves and child functioning issues associated with mental health (e.g., depression/anxiety, self-harm, or psychiatric diagnosis), as well as caregiver functioning issues such as substance abuse, domestic violence, few social supports, and parental mental health. The CIS study team was able to provide analyses regarding transiency, child functioning, and caregiver risk factors. The results were used in a policy brief for the National Children's Alliance regarding mental health for the latency-aged children (ages 6-12).

Service provider requests were characterized by a need for an expedient response. The results of the analysis were used to inform agency initiatives, programs, or policies soon to be implemented.

Challenges

The CIS provides rich and previously unavailable information about children and families referred to child protection services; however, it also has a number of limitations. Supporting secondary analysis of this dataset involves clarifying what questions the data can and cannot answer. One of the most important roles the CIS study team members perform is to ensure that the questions emanating from the collaboration with other researchers and practitioners are answerable within the limitations of the study design. There is always a tension between giving meaning

to data and keeping conclusions within the scope of the findings and design limitations.

The question referred to above, concerning changes in family constellation and housing status between 1998 and 2003 for reported maltreatment in Ontario, provides an interesting illustration. Initially, the CIS study team conducted an analysis of this question using the investigation as the unit of analysis and provided it to the researcher at the child welfare agency. Upon reflection, the CIS research team decided that a family level analysis was more appropriate for this question. Timelines required the analysis to be published without this additional level of analysis. The data as published were not incorrect; however, a more lengthy consulting process would have resulted in a more meaningful analysis.

Any analysis using the CIS datasets is constrained by the limitation of the study design. The data collected are limited to the contents of the questionnaire used during the information-gathering process—no additional instruments were used to collect information from children or families. Moreover, the data was gathered from child welfare workers, and thus CIS data reflects the judgment of the investigating worker.

Procedures in collecting CIS information have changed slightly with each cycle in accordance with changes in legislation, improvements to the data collection instrument, and differing worker practices over time. This is noted as one of the limitations of carrying out a secondary analysis that compares CIS data over cycles. Additionally, CIS data collection did not include cases that were already open for investigation by a child welfare authority, nor did it track screened-out reports. Thus, questions arising about children in the long-term care of child welfare authorities or families who do not meet initial eligibility criteria cannot be addressed with the CIS data. Finally, the study only tracked case activity that occurred during the initial two-month investigation period. Critical questions about potential unknowns in the data and the longer-term service trajectory of children cannot be addressed by the CIS.

Canadian child welfare researchers, administrators, and practitioners are struggling to find information about children and families referred to the child welfare system. This paucity of data can lead to an over-interpretation of some of the variables contained in the CIS dataset. For example, the CIS tracks a list of child functioning concerns that a worker must endorse as confirmed, suspected, not present, or unknown for each child for whom there is an allegation or suspicion of maltreatment. Because the data collection instrument is completed approximately one

month into the investigation, workers may not yet be aware of specific child functioning problems or may indicate a suspicion of a problem that is not borne out following further assessment. Over-reliance on single items from this checklist could be misleading.

A related issue emerges in trying to analyze low frequency events. For instance, while shaken baby syndrome and non-organic failure to thrive are two fairly high profile maltreatment types, such cases are rarely reported to the child welfare system. As a result, the estimates produced by the CIS for these maltreatment types were not reliable because of an inadequate sample size. The CIS analysis team would caution against using low frequency events, recommending that estimates under 100 not be published.

Another restriction of the dataset that requires clarification is that regional comparisons are generally not possible since the study was primarily designed to provide national estimates. Several provinces and one territory funded oversampling in order to derive their own provincial or territorial estimates, but to date they have not initiated comparisons between regions, and the CIS team has undertaken not to conduct such analyses without the agreement of the oversampling provinces and/or territories. In addition, provincial, territorial, and agency-level identifiers have been removed from the public use dataset. Despite these limitations, the most common request to the CIS study team is to compare a geographic area of interest to another region or to the rest of Canada.

Benefits

The CIS study team consists of a core group of researchers who have worked extensively on the CIS studies and understand the study methodology, results, and intricacies of the dataset. The CIS represents considerable effort from over 1,000 child welfare workers, hundreds of administrators, dozens of researchers, as well as funding from the Public Health Agency of Canada and oversampling provinces and territories. The return on these collective efforts and funds is contingent on ensuring that the data are used extensively to advance policy, service, and scholarship.

Partnerships have included local, regional, and national collaborations. Working collaboratively with researchers not directly involved with the CIS benefits both the study team and other researchers. By assisting researchers in tailoring their research question, study team members continue to develop their analytical expertise. This accumulated expertise

has resulted in an economy of scale for secondary analyses of the CIS data. Some complicated variables can take days to derive correctly, an effort that can have greater return when the variable is used in multiple analyses. The partnerships have been characterized by a fluid, supportive, and reciprocal exchange of ideas as questions are continually reframed within the limitations of the study.

This process also informs the next iteration of the CIS data collection instrument. For example, the complicated derivation of the perpetrator variable in the CIS-1998 dataset resulted in a more streamlined perpetrator variable in the CIS-2003. Collecting information about the Aboriginal status of the child and not just the caregiver(s) on the CIS-2003 data collection instrument was also a result of recognizing an inability to comment on the Aboriginal status of the child in the CIS-1998 study if only the caregiver status was known.

Conclusion

In Canada, most child abuse and neglect statistics are kept by provinces and territories. However, because of differences among provincial and territorial definitions of maltreatment, and in methods for counting cases, it is not possible to aggregate provincial and territorial statistics. The lack of comparability of provincial and territorial data has hindered the ability of governments and social service providers to improve policies and programs that address the needs of maltreated children. The 1998 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-1998) was the first study in Canada to estimate the incidence of child abuse and neglect reported to and investigated by the Canadian child welfare system. The study was repeated in 2003 and the Public Health Agency of Canada is committed to continuing a 5-year cycle of data collection. Data from the most recent cycle, CIS-2008, was made available in the fall of 2010. Existing partnerships will continue and new ones will develop as this cycles of data become available.

The CIS is a rich dataset that provides researchers, policy makers, and practitioners the opportunity to describe many important aspects of child welfare services for which ten years ago there were no existing data. The collaborations described in this chapter have been beneficial to all concerned, most importantly for the children and families served by the child welfare system. There are still many issues that have not been examined, and as the network of people using the CIS data grows, the potential for its usefulness is unlimited.

PARTNERSHIP:
A PRACTITIONER'S POINT OF VIEW

Cindy Blackstock

First Nations Children Count and So Does Integrity and Spirit in Research

The outcomes of non-Aboriginal child care systems have more often been tragic than helpful for First Nations children (Assembly of First Nations 2007; Blackstock 2007; Royal Commission on Aboriginal Peoples 1996). Beginning with the deaths and abuses of tens of thousands of children in residential schools (Milloy 1999; Royal Commission on Aboriginal Peoples 1996), before moving to a practice of mass child welfare removals in the 1960s that Judge Edwin Kimmelman (1985) called cultural genocide, and finally with the record numbers of First Nations children in child welfare care in 2007 (Amnesty International 2006; Assembly of First Nations 2007; Blackstock et al. 2005), many First Nations understandably view non-Aboriginal child welfare as an instrument of harm rather than one of protection. Although the overrepresentation of First Nations children in child welfare care has been broadly acknowledged since the 1960s (Blackstock et al. 2005; Kimmelman 1985; McDonald and Ladd 2000; Royal Commission on Aboriginal Peoples 1996), child welfare researchers and policy makers paid little attention to the problem until the Canadian Incidence Study on Reported Child Abuse and Neglect (Trocmé et al. 2001) captured data on First Nations, Métis and Inuit children (Blackstock 2007).

The lack of data on First Nations children was particularly problematic. Provincial/territorial child welfare systems and the federal government relied on national surveillance studies to inform children's public policy, but First Nations were either excluded from the studies or included in a way that compromised the cultural validity of the findings. The capacity of public child welfare policy to respond to the unique needs of First Nations children, therefore, was severely eroded.

The turn of the millennium brought a number of "firsts" for First Nations child welfare. It was the first time a First Nations person delivered a keynote address at a national child welfare conference; the volunteers at the First Nations Child and Family Caring Society received their first funding grant in the amount of $10,000 from the JW McConnell Foundation; and it was the first time a group of First Nations child welfare experts had an opportunity to see preliminary results from

CIS-1998. I remember sitting with my First Nations colleagues Joan Glode and Elsie Flette as Nico Trocmé and Barbara Fallon advanced through the presentation slides describing the situation of children reported to child welfare authorities in Canada. We all looked at each other and almost simultaneously said, "Those are 'our kids'." Hours later we were telling Nico about the historic, and current, mass removals of First Nations children by child welfare authorities in Canada. At the time, many in the First Nations communities could have described the impacts of poverty, inequitable services, and the devastation wrought by colonization on Aboriginal families, but there was no national research data to support our observations at a community level.

As First Nations people, we had a healthy skepticism about non-Aboriginal research projects (especially government funded ones) as our past experiences could more often be characterized as knowledge extraction and appropriation instead of aiding communities to understand and respond to the challenges facing them. This is where the personal integrity of the principal investigator, Dr. Trocmé, really counted. Despite our diversity, First Nations share a belief that ethics are something you are rather than something you put on for a profession or a project. We saw in Dr. Trocmé someone who had the capacity to lead a good research study and, equally important, someone who respected our knowledge and was willing to work with us to make sure this research made a positive difference for First Nations children and families. We agreed to work with the CIS team to analyze the First Nations data in the 1998 dataset and to plan the 2003 cycle. There is no way around it—when it comes to doing research with Aboriginal peoples—personal integrity and respect for others counts and so does following through to ensure results have an impact for community members.

I remember seeing the results of the first runs on the First Nations CIS data from 1998. First Nations were overrepresented among substantiated reports; First Nations were overrepresented among reports of neglect (although not for other types of child maltreatment); First Nations families faced more structural problems than their non-Aboriginal peers; and First Nations children went into child welfare care at higher rates than their non-Aboriginal peers (Blackstock, Trocmé, and Bennett 2004; Trocmé, Knoke, and Blackstock 2004). Even though First Nations had been reporting this for years, it was important to have it show up in a well designed scientific study because the reality was, and is, that mainstream child welfare pays more attention to traditional academic research than it does to equally valid Aboriginal forms of knowledge and research.

In the second cycle of the CIS, researchers became active advocates for expanding the participation of First Nations child welfare agencies from the three included in 1998 to eight in the 2003 cycle. The inclusion of a wider range of agencies meant the CIS team was also obligated to take part in First Nations community research ethics boards that were developed to protect cultural knowledge, maintain the integrity of participants, and ensure that research made a difference. This was an important step for CIS researchers, as they had to "earn" their way into communities by demonstrating (not just verbalizing) respect for community experts, the importance of cultural knowledge, and a commitment to help change things on a ground level for First Nations children. It is absolutely critical that non-Aboriginal researchers not underestimate First Nations knowledge about their own situation or western research. Dr. Trocmé would later comment that some of the best and most detailed questions about research methods and analysis came from First Nations organizations participating in the CIS.

At the end of the 2003 cycle, and at the request of the First Nations Child and Family Caring Society of Canada, CIS researchers produced a separate report focusing on the First Nations findings to inform the development of a national funding formula for First Nations child welfare. As one of the agencies that participated in CIS-2003, Mi'kmaw Family and Children's, found the data so helpful that they gifted the study with a name and artwork for the 2003 report: Mesnmimk Wasatek (Trocmé et al. 2006), which translates to English as "catching a drop of light."

Dr. Trocmé and other members of the CIS team have carried through on their commitment to work with us to ensure the CIS made a difference at a community level by repeatedly presenting the data to First Nations leaders, child welfare experts, and provincial/territorial and federal authorities who impact First Nations child welfare. As a result, CIS has been used extensively by First Nations to inform reports to the United Nations, and to Canada's Parliament and Senate. As well, the CIS data was used to develop a national funding formula for First Nations child welfare and to amend training and practice in First Nations child welfare agencies.

I have read a great deal of material developed for non-Aboriginal researchers on how to work with Aboriginal peoples. Some of it is quite good such as the Ownership, Control, Access and Possession (OCAP) principles on indigenous intellectual property developed by the National Aboriginal Health Organization (Schnarch 2004). Although enshrining

OCAP principles is important, there is little written on how these important principles get reflected in a real life research relationship.

Many First Nations Elders know that the most important values are often expressed in the simplest and smallest of actions. This was true of the CIS as well. When I look back on what made this research relationship between non-Aboriginal researchers and First Nations so successful, I think of several things: the shared vision to ensure child welfare better supported First Nations children; the personal integrity and good nature of everyone involved; their shared investment in the relationships; and how small things like having good coffee and treats at all our meetings helped us weather the stresses and misunderstandings that are endemic to any research endeavour.

I wish I could say that any research team could work as effectively with First Nations but I do not believe this is so. The most important ingredients to making the CIS partnership work were the people involved—their training and knowledge were essential, but not overriding, ingredients. An Elder recently told me that you will be successful as long as you have a passionate cause grounded in spirit. If you get overwhelmed and distracted by the cause or by the mechanics of just doing the work, he warned, the spirit will leave you and passion alone can not accomplish the most important of missions, such as improving child welfare outcomes for First Nations children. I think that is true of the CIS research team as well. We had the shared vision and expertise and we kept the spirit by caring for, and respecting, the First Nations who participated in the study as well as one another.

This type of advice would never make it into a research methods textbook but, just as in starting a new job, the most important knowledge to doing a job right is learned around the water cooler and coffee pot. As for integrity, Elder Bea Shawanda (2007) described it best: it is doing the right thing when no one is looking. Integrity is in action not in rhetoric.

Dr. Trocmé and the CIS research team did the right thing when we were not looking. They donated research funds to ensure the respectful inclusion of First Nations in the 2008 cycle, and they shared the data with the non-Aboriginal community to underscore the importance of working respectfully with First Nation to address the overrepresentation of First Nations children. They rebuffed the skeptics who continue to believe, despite mounting evidence, that current child welfare approaches are adequate to meet the needs of First Nations children. That is what acting with integrity looks like in real terms.

For our part, we tried to act with integrity too. We actively supported the study by providing information, funded the 2003 report, facilitated relationship-building with First Nations leaders and agencies, and worked cooperatively to collect and analyze the data and inform design modifications.

The First Nations component was expanded in CIS-2008 to include a First Nations advisory team and a larger number of agencies. We were able to build on our prior success although we, and members of the current CIS team, must continue to view spirit and integrity as equally important to doing the work well.

ENDNOTES

i.   Please see http://www.cwrp.ca/cis-2008

ii. The CIS technical support team consisted of Nico Trocmé, Bruce MacLaurin, Barbara Fallon, Della Knoke, Tara Black, Caroline Felstiner and Martin Chabot.

iii. Health Canada (contract # HT091-020001/001/SS); Public Health Agency of Canada (Center of Excellence for Child Welfare (contribution agreement #6792-15-2000/3150006); Canadian Institutes for Health Research, (contract # CAR-43277).

iv. Québec is not included in the CIS-2003 Public dataset. Québec did not collect data directly from investigating workers. Only a few variables were selected from the administrative dataset in order to complete two tables in the CIS-2003 Major Findings report.

v.   Data on Aboriginal identity were not collected for cases investigated in Québec for the CIS-2003.

vi. The Government of Ontario provided funds to oversample in Ontario as part of the CIS-1998, CIS-2003, and CIS-2008 studies. In Ontario, data about the incidence of reported child abuse and neglect exists for 1993, 1998 and 2003.

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CHAPTER SIX

Evaluating Family Group Conferencing in a First Nation Setting: An Example of University-First Nation Child Welfare Agency Collaboration

Fred Wien
Community partnership comments by *Joan Glode*

INTRODUCTION

Mi'kmaw Family and Children's Services (MFCS) was established as an organization in 1983, one of the earliest First Nation child welfare agencies to be put in place in Canada. From the beginning, the agency has looked after child welfare matters for all 13 Mi'kmaq communities in the Province. Its Board of Directors is made up of the 13 Chiefs from the communities, with additional representation from the Native Women's Association of Nova Scotia and the Grand Chief of the Mi'kmaq Grand Council. Additionally, it has an agreement with the Province of Nova Scotia such that any Mi'kmaq or other Aboriginal child or family in Nova Scotia that requires the services of an agency is referred to MFCS (MFCS 2000).

The bulk of the agency's funds are provided by Indian and Northern Affairs Canada (INAC), but the agency is recognized by and provides services under the authority of the Province of Nova Scotia and its legislation. Formally, the agency was established through a Tripartite Agreement among the federal government (represented by INAC), the Province of Nova Scotia (represented by the Department of Community Services), and by the First Nations community (represented by the 13 Chiefs and by the Native Women's Association of Nova Scotia).

In its early years, MFCS staff were pursuing a part-time Bachelor of Social Work (BSW) degree program offered by Dalhousie University. MFCS gradually assumed, over a six-year period, responsibility for the full range of child and family services, including child protection. Operating under the Nova Scotia Child Welfare Act and related standards, the agency was constrained in offering services to the Mi'kmaq community in a manner that was congruent with Mi'kmaq culture, although some modifications were made at the margins (e.g. in the standards/qualifications that were required for families to adopt children). Additionally, the funding formula that provided operating funds to the agency did not provide the support required to undertake the training and redeployment of staff, which would have been required for implementing different approaches to dealing with child welfare issues.

The agency was, however, able to mobilize some funds and staff time to undertake research on Mi'kmaq traditions and customs relating to family and child welfare (Young 2004; Metallic and Young 1999). At the same time, it was gaining experience with the strengths and weaknesses of mainstream approaches when applied in a First Nation context. It was also learning from the best practices of other agencies in the country, especially after the formation of the national organization, the First Nations Child & Family Caring Society of Canada, which represents more than 100 First Nation child welfare agencies across the country.

Word was also spreading about a different approach to dealing with family and child welfare issues, an approach that originated among the Maori in New Zealand and that was adopted into legislation there in 1989. This was called Family Group Conferencing (FGC) or Family Group Decision Making (FGDM), an approach that seemed to incorporate many of the traditional customs not only of the Maori in New Zealand but also of Aboriginal groups in other parts of the world (Pennell and Anderson 2005). Mi'kmaw Family and Children's Services began to experiment with the approach in 2001. Initial feedback, not only from the families involved but also from the social work staff and other participants, was quite positive.

It was not long thereafter that the agency became interested in undertaking evaluative research on the approach in order to obtain more systematic information about its effectiveness, but neither the agency nor any of its current staff had had much training or experience in conducting research. The agency wanted to play the lead role in the research project, but it also recognized that it would need to form a

partnership with faculty members at a university School of Social Work in order to obtain the methodological and other kinds of expertise that the agency lacked. There may also have been the thought that the research would have more credibility if the research team included academics from a university. In addition to the partnership with the university, the agency had an ongoing relationship with a Mi'kmaq lawyer who spoke the Mi'kmaq language fluently and who was interested in, and had written about, Mi'kmaq customary traditions as reflected in the language and ceremonies of the people. As a result, both the author of this article and the Mi'kmaq lawyer, Tuma Young, were invited to become partners in the research enterprise.

As conceived principally by the agency, but with input from the partners, the objectives of the research were the following:

- To evaluate the family group conferencing (FGC) approach and provide evidence about how it works in practice.

- To deepen our understanding of the FGC approach and what adaptations are needed as it is applied in a First Nations context.

- To develop the research capacity of Mi'kmaw Family and Children's Services through collaboration with the School of Social Work at Dalhousie University.

If the study resulted in favourable outcomes, it would strengthen the case to include FGC as an option recognized in provincial child welfare legislation and associated regulations.

FAMILY GROUP CONFERENCING

Before discussing our methodology and results, it is useful to outline, briefly, the essential elements of a family group conferencing approach to dealing with child welfare cases. As noted above, the approach originated with the Maori of New Zealand and its value was recognized by the New Zealand government in its child welfare legislation of 1989. Since then, the approach has spread to other countries, including Canada, the United States, and Europe (Merkel-Holguin 2003).

At its core, FGC involves bringing together the extended family of a child and his/her immediate caregivers, as well as other key community persons as designated by the client (Merkel-Holguin 2005). This may include the Chief of the community, a respected elder, the priest, and so forth. In convening the group for an extended family conference that may last several hours, the responsibility for the resolution of the child

welfare situation shifts to the family and the community, with the child welfare agency acting essentially as the facilitator of the process. If courts are already involved, they would be aware of the meeting and in some cases would need to endorse the outcome.

Typically, a family group conference would involve six phases. It should be noted that all meetings are usually chaired by a staff member of Mi'kmaw Family and Children's Services, who must also endorse the outcome of the proceedings.

Phase I is the pre-conference preparation stage and involves talking with the client and others, deciding on participants, and explaining the process of FGC to all involved.

Phase II consists of the opening ceremonies, which includes an opening prayer or smudge, introductions, and establishing ground rules for the FGC.

In Phase III, there is sharing information about the situation, discussion of the issues and of alternative courses of action.

Phase IV involves a family caucus. Family members have the option of meeting among themselves to decide on the course of action they wish to pursue without social workers, therapists, and others.

In Phase V, the family reports back to the larger group on the agreement that it has reached. Responsibilities and time frames are clarified. It is necessary that the agency approve the agreement.

Phase VI consists of follow-up meetings. These are held as necessary to monitor implementation of the agreement and to adjust the plan as necessary.

This approach is contrasted with what we call the Nova Scotia Approach (NSA), the mainstream alternative, which typically involves such activities as social workers and other professional staff meeting with clients (that is, the child and/or immediate caregivers), having case conferences among professional staff, attending court proceedings with lawyers present, or implementing court-mandated agreements or decisions.

RESEARCH SUMMARY

Methodology

We chose a comparative methodology for this evaluation project, deciding to compare how clients fared under both the FGC and NSA approaches. Although our methodology has some of the trappings of

a quantitative approach (a sample, random assignment of cases, etc.), in fact it is qualitative in nature, that is, we followed a limited number of cases, undertook in-depth interviews, used participant observation, and made limited use of administrative records. Our results are best understood as arising from a small number of case studies rather than rigorous comparisons expressed in quantitative tables.

To select the sample of cases to be included, all clients of the agency were listed and cases that were deemed to be unsuitable for the research in the opinion of the responsible supervisors, or for family group conferencing, were dropped from the list. The remaining cases were then listed alphabetically and 50 were selected randomly. Those who were selected in this manner were then approached and asked if they wished to participate in the study, after it was explained to them that they would be assigned randomly to proceed either under the FGC or NSA approaches. Taking into account refusals and other factors, 28 participants were randomly assigned between FGC and NSA.

There are two interesting points to note about the methodology. First, a large number of cases (308 out of 474) were dropped from the list of all agency clients on the grounds of unsuitability for the research project. Sometimes this was for practical reasons, such as cases being supervised for other provinces, cases just at the intake phase or close to termination, or the lack of availability of key participants. More frequently cases were dropped for reasons such as extensive and unresolved substance abuse, or a history of sexual abuse or family violence. In these instances, supervisors had apprehensions about participant behaviour and potential impact on other participants, especially if the case were to be selected for family group conferencing. In retrospect, having learned more about FGC in the interim from other jurisdictions, we came to the conclusion that we were too conservative in making the judgment to exclude certain cases, and that FGC is perhaps more resilient in dealing with difficult situations than we had anticipated.

Second, the random assignment of cases to the two approaches raised certain ethical issues. In preparing to proceed through the university ethics process mandated by the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans, questions arose about the ethics of refusing access to an approach to child welfare – namely FGC – that was widely believed to be more culturally congruent with Mi'kmaq culture and more effective in resolving child welfare issues in this context. Did we have the right, ethically, to exclude some persons from the FGC process during the time of the research? To obtain advice

on this issue, the principal investigator from MFCS and the university partner met with the Chair and staff of the University Ethics Board (social science) and were advised on how to address this issue. In the end, the University Ethics Board took the position that the proposed benefits of the research outweighed the disadvantage noted above, and made it acceptable to proceed with random assignment.

Data collection proceeded along the following lines. Agency social workers, many of whom were members of the research team, were assigned responsibility for data collection with respect to specific cases in the sample. The research team discussed what information should be collected and how this should be done, with written instructions provided on techniques such as participant observation and interviewing. Interview guides appropriate for NSA and FGC were also prepared and reviewed by the research team.

Although we were not successful in obtaining all types of information for all cases in the sample, a complete file for the FGC cases, for example, would include a report on the FGC based on participant observation, completed questionnaires with participants, a case event report, and a document outlining the history of contact with the clients. The process and outcomes of cases were also discussed within the research team, and this proved to be a valuable source of information and insight.

All of the information sources were then analyzed using qualitative research techniques, especially to identify common themes and pertinent insights that emerged from the written record.

Results

Through the family group conferences that were conducted as a part of the research project, as well as others carried out by the agency, MFCS has gained considerable experience with both the process and the outcomes of this approach to intervention in child welfare cases. Overall the agency is encouraged by the positive experience it has had with FGC, both in terms of the cultural appropriateness of the intervention as well as the substantive outcomes entailed by this approach for families, the agency and the community.

This is not to say that the approach worked perfectly in all instances, and we will return to this below. In general, though, participants in the FGC process were positive about the experience, stressing in particular the opportunity it provided for extended family members and others to provide support and demonstrate affection for the client. Participants appreciated the fact that they had a say in the process, and that cultural

ceremonies and traditions were incorporated into the proceedings. They noted that the process, by incorporating a talking or healing circle format with its attendant ground rules, was also less oppositional than the mainstream alternative.

For MFCS, the process was creative, sometimes resulting in outcomes for particular clients that agency staff would not have imagined possible. Although it is difficult to generalize, there is also a sense that the agency is regarded in a different light when it is seen as a facilitator of resolutions based in family decision-making rather than an agency that exercises power and control over families and communities. As one agency staff member put it, it is not often, using the NSA approach, that agency staff are given a hug by family members after a case is concluded.

The implications for the community are also significant. While the concept of self-determination or self-governance is often understood just in terms of the powers of governing authorities such as Chief and Council, in fact it has a much broader meaning and extends to all major areas of activity in First Nation communities, including matters such as health, education, economic development, and child welfare. FGC is important in this context because it represents a process whereby family and community regain the primary responsibility for looking after the welfare of children, in a process that is facilitated by the child welfare agency.

MFCS also learned that the FGC approach entails at least two other changes in perspective. First, FGC is more than a conference; it is a new approach that begins when the family first comes to the attention of the agency. It does so, inviting consideration of a wider range of options: early intervention, support, customary care, and adoption. Secondly, the FGC approach appears to be more inclusive in that all the key people are involved and part of the decision-making. As a result, the process is more holistic in considering all aspects of the situation. The community and the agency become more familiar with the issues in the case and a range of community supports can be put in place.

Not surprisingly, therefore, one of the research findings points to the need to educate professional staff about FGC and their roles in the process. This applies both to the staff of MFCS who have a key role in setting up and managing the process, and also to other professional resource persons who may be invited to attend a particular conference. They need to understand in advance that they are not the stars of the show, and should not dominate the proceedings.

Apart from these general results, we also learned more specific lessons about process. More specific lessons learned from the FGC process were:

- There is a need to create a climate of safety before the FGC, as well as during and after. Participants may be apprehensive and need to be reassured through such means as explaining the process in advance, and assuring the clients that they have a key role in determining the location of the FGC and its participants, that they are able to bring a support person, and that they will have resources to deal with family members remaining at home.

- The time required for a family group conference is up to 5 hours for large groups and 2.5 hours for small groups. Several conferences may be required. Consistent with findings elsewhere, staff reported that the process of setting up the FGC is very time-consuming (Pennell and Burford 2000; Sieppert, Hudson and Unrau 2000).

- Not all cases work out smoothly (e.g. parents who don't follow through; presence of uninvited persons, absentees).

- We noted some areas for improvement. For example, participants would like to see additional cultural components, such as being able to conduct a FGC in the Mi'kmaq language. They would like to have a respected and neutral person from the community present in case emotions flare up; more and better preparation of participants in advance is desirable — preferably one on one. It is also important to debrief participants.

- Timing is important: the extended family has to be ready for the conference.

PARTNERSHIP:
VIEW OF THE AUTHOR/RESEARCHER

It is still a common complaint that Aboriginal people have been "researched to death," and that they receive little benefit from "fly-in, fly-out" researchers who obtain academic degrees or publish peer-reviewed articles based on research in Aboriginal communities. However, this situation is changing, not least because of the determination of Aboriginal people themselves to put an end to exploitative research patterns. Increasingly, it is Aboriginal communities or organizations who initiate research and who find willing collaborators. At the very

least, if research is externally generated, it must be carefully reviewed by Aboriginal communities that collaborate.

Aboriginal communities have also implemented formal protective mechanisms, such as requiring community approval before research can proceed — an effective mechanism that has even denied access to Statistics Canada's census takers in some instances. Ethics review procedures have been developed in some locations, such as the Mi'kmaq Ethics Watch in Nova Scotia and the ethics procedures of the Mohawk at Kahnawake. Aboriginal people have also worked with the three national granting councils (Social Sciences and Humanities Research Council (SSHRC); Natural Sciences and Engineering Research Council of Canada (NSERC) and Canadian Institutes of Health Research (CIHR)) to put in place a more satisfactory set of ethical guidelines and procedures in relation to research with Aboriginal communities. Indeed, CIHR, through the leadership of its Institute of Aboriginal Peoples' Health, has recently adopted a very comprehensive and demanding set of ethical guidelines governing research involving Aboriginal people. Best practice principles have also been produced, such as the Ontario Coalition Against Poverty (OCAP) principles from the National Aboriginal Health Organization, and the model put forward by the Royal Commission on Aboriginal Peoples.

There is increased attention as well to designing and implementing research in such a way that there is effective communication and use of the results through knowledge transfer strategies. Having Aboriginal communities or organizations as partners in the research from the beginning is obviously an important step in this direction.

Under the general heading of community-based participatory research, there are, of course, different approaches to structuring the relationship. At one end of the continuum, the project can be led by the researcher, who may initiate the process and contact the community to negotiate a partnership. This process may involve a letter of support, creation of an advisory committee, or the hiring of research assistants from the community. At the other end of the continuum, the Aboriginal community or organization may originate the research idea, and look around for a research partner to join the team. The research partner may bring to the table some proposal writing skills, assistance with ethics review procedures, experience and knowledge regarding methodology and data analysis, and familiarity with the literature. The involvement of the research partner may also lend additional credibility to the project

from a research standpoint. The project described here fits more closely with the second model.

Nature of the Partnership

As noted in the introduction to this chapter, over the past two decades, Mi'kmaw Family and Children's Services has become firmly established as the child welfare agency serving the 13 Mi'kmaq communities in Nova Scotia, and indeed all Aboriginal families in the province. It is now well positioned to move beyond the constraints of mainstream approaches to child welfare and their attendant regulatory regimes, in order to put in place (in actual fact, to re-institute) more culturally appropriate practices. These include a greater focus on strengthening families through prevention and early intervention, re-establishing practices of customary care and adoption, and developing family group conferencing as an alternative to what we earlier called the mainstream or Nova Scotia approach.

The funding constraints and accountability requirements that earlier placed impediments to innovation have also eased, not because the agency has more funds in real terms but rather because, at the beginning of this fiscal year, the agency moved to a block funding arrangement with a five-year horizon that provides more flexibility to allocate available funding to priorities that the agency wishes to pursue.

Research figures prominently in this new funding arrangement, with work underway on customary care and adoption as well as FGC (Wien, Glode and MacDonald 2005). With respect to the latter, the agency was interested in establishing how well the approach has worked, how clients and other participants react to the experience, and in what ways the approach could be improved as it is applied in the Nova Scotia Mi'kmaq context. As a result, the idea for the research originated within the agency, with some encouragement from the Centre of Excellence for Child Welfare to submit a funding proposal. Mi'kmaw Family and Children's Services not only originated the idea but also coordinated the development of the proposal. The agency's executive director was the principal investigator, and the research team was composed entirely of its directors and supervisors, with the exception of the university-based researcher.

How was the research partner selected? It was a natural step for the agency to look to the School of Social Work at Dalhousie University for research assistance. Most of the agency's staff are graduates of the School, as is the Executive Director, who is the first Mi'kmaq person to

graduate from the School with a Master of Social Work (MSW) degree. She has also served as a member of the School's Advisory Committee and taught in both the BSW and MSW Programs. She approached the author of this paper because he has had a long-standing relationship with the Mi'kmaq community. He also has a relationship with her agency, in particular, that dates back to its origins. In 1982, along with the President of the Union of Nova Scotia Indians at the time (the late Chief Noel Doucette), he organized what became known as the Liscombe Lodge Workshop (Moore 1982). The latter brought together a cross-section of Mi'kmaq people from all over the province to discuss social conditions and services on reserves, and led to a strengthening of resolve among those attending to put in place a Mi'kmaq family and children's services agency. This happened in short order thereafter, along with a special BSW program that was geared to the staff of the emerging agency and an initiative supported by the Donner Canadian Foundation to formulate an economic development strategy for the communities. Having a researcher with depth of experience and understanding of the issues is not always possible, but it does encourage a broad perspective and it avoids a lengthy period where things need to be explained to the research partner.

While any particular relationship has its unique elements, one can identify a handful of researchers across the country who have similarly developed longstanding relationships of trust and collaboration with Aboriginal communities. With respect to our project, the basic model of collaboration that played out was one in which the agency is the initiator and lead player, and the research partner comes on board as a resource person to provide advice and support as needed. He attends the research group meetings, advises on certain technical issues such as the selection of participants in the study and the constructing of questionnaires, and (at the invitation of the organization and in conjunction with its Executive Director) is involved in the development of written reports and public presentations.

Challenges and Benefits

The partnership adopted for this research is not the only possible way to structure such a relationship, but it has worked well in this instance. It is also a format that encourages learning by all parties. Certainly for the researcher it was an opportunity to become familiar, first-hand, with the workings of an Aboriginal child welfare agency, to understand the constraints and pressures under which the agency and its staff operate,

and to appreciate the ways such an agency needs to adapt in order to reflect the culture and environment of its communities.

The research team met regularly to update on progress, to make decisions on issues that needed to be resolved, and to move ahead on tasks that needed to be accomplished. As an example of a specific task involving mutual learning, the supervisors of the agency played a key role in the selection of participants, advising who among the agency's clients could not safely be included in the list of those from whom the final selection would be drawn. Once the sampling frame was determined, members of the research team participated both in the random selection of those who would be approached to participate and their random assignment to the FGC or NSA approaches.

Sitting with the group was an "eye-opener" for the researcher, who became familiar with the pressures faced by the supervisors and staff of an agency that is chronically underfunded and understaffed, yet often dealing with situations that are at a crisis point. Indeed, it was a rare occurrence when all hands were on deck around the table. At any given time, there would typically be one or more persons off to the side of the room or in the hallway with a cell phone pressed to their ear, dealing with a particular emergency.

This, in fact, gave rise to our greatest challenge because we were relying on the staff of the agency, including the supervisors, to actually carry out the main activities of the research – for example, to observe FGC meetings, to conduct follow-up interviews, or to record the times and make notes about their involvement with each case. This imposed a cost in terms of the timely and thorough completion of the data collection phase of the project.

With respect to benefits of the collaboration, it is fair to say that the results of the research have been useful to the agency. In general, the findings provide support for the family group conferencing approach, and some specific results indicate ways in which the implementation of the approach can be improved, as noted above. More precisely, though, the issue is how this particular approach to conducting research is advantageous. As noted above, there are different ways to structure a satisfactory community-researcher relationship, but the important elements are that it is a relationship around research that is community-based, is participatory, is collaborative, and embodies a respectful partnership. This has at least two advantages:

- It builds capacity for research, and an appreciation for research, in the community agency. By being involved in the research from the beginning, some of the mysteries of this process were unraveled, and agency staff learned about many of the important features of the research process.

- It allows different types of knowledge to be represented. One of the difficulties with a research model in which an external researcher (usually non-Aboriginal) initiates and controls the research process from beginning to end is that the world is seen and interpreted only from the point of view of the researcher. A truly collaborative partnership where both partners learn from each other permits insights derived from Indigenous or traditional knowledge, and from the experience of the agency, also to become part of the mix.

The Way Forward

In a small way, this specific research project has contributed to developments at the international, national and agency levels. With respect to international involvements, for example, it has given rise to our participation in the annual conference of the American Humane Association, which is the organization that has come to champion family group conferencing in the United States and, to a degree, internationally. This provides exposure to an international network of persons who are applying and, in some cases, researching family group conferencing. Following from the last annual conference of the American Humane Association, discussions have begun about mapping out a research agenda for family group conferencing internationally. This research project is providing some important baseline knowledge for this international initiative.

With respect to the Canadian context, we have been invited to prepare an article on family group conferencing within Canadian Aboriginal communities, to be published in a special issue of the American Humane Association's journal, Protecting Children. We expect to write about our research project, but also to highlight other initiatives applying the concept of FGC in Aboriginal communities in other parts of the country. At this stage, there are a handful of First Nation and Métis agencies that are applying for family group conferencing in Canada (see, for example, Desmeules 2007). Our documenting of what is currently being done, and what challenges and successes agencies are experiencing,

could be a first step in forging closer collaboration among such agencies in Canada.

Finally, with respect to the MFCS agency, the research project has, in the first instance, given staff of the agency first-hand experience with participation in research, and has contributed to learning arising from that. Secondly, the results of the project have given support to the use of FGC as a legitimate intervention in child welfare cases, as an alternative to the mainstream approach. Some important lessons about the conduct of FGC have been learned, from the kinds of situations in which it is appropriate to the specific steps that are undertaken in its implementation.

PARTNERSHIP:
A PRACTITIONER'S POINT OF VIEWPOINT

Joan Glode

Approximately three years prior to the start of this project, the agency's Executive Director, Joan Glode, gave Dr. Fred Wien a copy of an article published in Families In Society titled "Family Group Conferencing in Child Welfare: Lessons from a Demonstration Project" by Jackie D. Sieppert, Joe Hudson & Yvonne Unrau (2000). This article was the inspiration for Mi'kmaw Family & Children's Services to explore more compatible approaches to working with families and children. When the Centre of Excellence for Child Welfare announced funding for researcher/practitioner partnerships to conduct research, Dr. Wien concurred with Ms. Glode's request to submit a proposal. The research that ensued has led to the reclaiming of traditional ways of seeking solutions, the endorsement of the Province of Nova Scotia and of the Board of the Agency, which is comprised of the 13 Chiefs of the Bands and a representative of the Nova Scotia Native Women's Association.

Unexpectedly, there was a high level of interest and support for this approach. For example, as we were beginning, judges who were attending an annual training event in Halifax heard about our work and asked the agency to present. They were aware that other Aboriginal groups were beginning to develop restorative justice models and were interested in exploring how this would impact and intersect with their work. They expressed openness to seeking new ways to support children and families, and especially ways to assist First Nations and Aboriginal

groups to lessen the over-representation of our children in the child welfare system.

To conduct our research, we formed a research team that included Kevin MacDougall who was, at the time, a supervisor in the Nova Scotia Protection Services, and Susan Cameron, a protection worker. Both have had early experience with family group conferencing and became mentors for the research team. The research team included the Director of Child Welfare, Arlene Johnson, supervisors Lesley McKee and Donald Gloade, and social workers Sandy MacIntosh, Ann Sylliboy, Lenora Paul and Leeann Higgins. These individuals in turn became mentors for other staff as well as research assistants, scribes, interviewers, storytellers, supporters and advocates for family group conferencing. Their participation was invaluable.

We now have a full time Coordinator for Family Conferencing. Some of the unintended benefits have been the dramatic decrease in legal fees and the number of formal complaints as family group conferencing and decision-making become established practices and as judges become knowledgeable about our work in this area. As an agency, and as individuals involved in this work, we are proud to work with Dr. Fred Wien and to be part of a process that respects First Nation beliefs and practices while supporting families and communities.

ENDNOTES

i.   For example, in our Atlantic Aboriginal Health Research Program, which provides grants for research in Aboriginal health, virtually all of the funded projects are community initiated.

ii. A conceptual and practical approach to knowledge translation involving Aboriginal communities is found in Wien, 2006.

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CHAPTER SEVEN

Respite Care Partnerships Addressing Young Children Living at Home and Followed by Child Welfare

Marie-Andrée Poirier and Danielle Lessard
Community partner comments **by Isabelle Perreault**

INTRODUCTION

In Québec, out-of-home child placement is a primary concern for the *Ministère de la Santé et des Services Sociaux*. Keeping children in their family surroundings is one of the key priorities of the *Youth Protection Act*. In keeping with this family-centred approach to child safety, the *Centre jeunesse de Montréal – Institut universitaire* (CJM-IU) funds several programs that provide community-based child protection. This chapter looks into one of these community resources, *La Maison Répit-Providence* (RP). This organization's mandate is to ensure that children are protected in situations of family crisis. Its aim is to prevent neglect and abuse while maintaining children in their family surroundings.

After more than five years of collaboration between the CJM-IU and RP, it was apparent that both organizations would benefit from an analysis of the client base and the services provided, in order to assess RP's ability to provide appropriate placements and meet the needs of children and families. It was within this context that the authors of this chapter developed and conducted an evaluation research project of RP respite care service with the CJM-IU.

The research protocol stated that research would be jointly conducted by the CJM-IU, RP and the University of Montreal (UM). The three organizations would supervise the project, meeting on a regular basis

Suggested citation:

to plan research activities, make progress reports, and explore ways of thinking. The CJM-IU and RP would jointly bring in a research associate to work on file identification and data collection in collaboration with the community organization and CJM-IU workers. The information analysis strategy would be an ongoing, back-and-forth process between researchers and practitioners to foster collaborative efforts around common issues. Finally, planned outreach activities would be carried out within the partner organizations. This chapter will discuss the nature of this research project partnership, with a focus on the processes and factors involved in updating and completing the protocol components.

RESEARCH SUMMARY

La Maison-Répit Providence

La Maison Répit-Providence is a non-profit organization that has served an economically disadvantaged Montreal neighbourhood since 1995. Children up to age 6, and their siblings (up to age 12), who are referred by the CJM-IU, the local community health centre and local community organizations, are offered up to 30 hours of short term respite care and shelter. *Répit-Providence* was created as part of the *Créer des Liens* Framework operation led by a coalition of community organizations and health and social services institutions to support challenged children and youth within a family-centred approach.

Répit-Providence provides social supports and professional help for families in crisis in order to protect the children in these families from exposure to family violence, neglect and abuse. Its goals are to provide children at risk of maltreatment with a place for respite, security, and recovery during periods of family upheaval.

The program allows for a maximum of eight children per respite period. Child respite planning is done by the child's social worker, the RP liaison agent, and the child's parents, based on the child's needs and the needs of his/her family.

The social workers in the RP respite program pay particular attention to children's needs for a nurturing and stimulating environment. The rooms in the house where children stay are designed to be safe places for children of various age groups. They are set up to allow for stimulating activities as well as to provide intimate places for children to take refuge when going through difficult situations. After each respite stay, an observation report describing both the parents' and the child's behaviour is drawn up and given to the stakeholder upon request.

Partnership Between Institutional and Community Organizations

Since 1997, the CJM-IU and RP have been collaborating to support challenged families in order to avoid out-of-home placements for children. This partnership began with two elements that mutually benefited the partners. First, through its financial support of RP, the CJM-IU ensured that it would have four respite places available at all times for its clients (Laframboise 1998). The partnership also allowed RP to maintain and even increase the number of respite care periods it was able to offer, thereby increasing the support given to all families in the neighbourhood. Over the years, both organizations have gone beyond this initial service agreement and developed intervention practices for children's stay planning, identifying their needs and monitoring the course of their respite stays.

Research Methods

This research project was based on both quantitative and qualitative methodologies. The quantitative element looked at the profiles of the clients that CJM-IU referred to the respite care service and investigated the effects of the provision of respite services on maintaining children in their family surroundings. The qualitative part looked into the various stakeholders (parents, CJ workers, and RP staff) in the respite care service with respect to the strengths and weaknesses of the service, as well as potential improvements. The results of this qualitative part of the research complement those of the quantitative part, and together they allowed for the development and implementation of key measures in an action plan designed to improve RP services.

Quantitative methods

The specific goals of the quantitative part of the research were to: 1) draw up a profile of the children and families referred to RP by the CJM-IU; 2) identify children who had been maintained in their family surroundings and those who were placed in foster care twelve months after a first referral; and 3) compare the placement rate in the respite group with that of a comparison group.

To do this, an analysis of the attendance files and client files kept by both RP and the CJM-IU was carried out. Two groups of children were formed for analytical purposes: one receiving respite care services (RP group), and a comparison group. The RP group sample was composed of 105 children meeting the following criteria:

- child was aged from 0-5 years,

- child was the youngest in the family at the time of the family's first stay at RP,

- child benefited from RP respite care services between January 1998 and June 2003, and

- follow-up took place in a family environment.

A comparison group of 105 children who had not received RP services was randomly formed from the CJM-IU client files. Children in this group had to meet the following criteria:

- child was aged from 0-5 years,

- the first intervention in the protection system was not a placement into foster care, and

- child was not a sibling of another child who had previously benefited from RP respite care services.

A comparable number of children similar to the RP group were considered for each year from 1998 to 2003. The same sets of data were collected for both groups, that is, children's and parents' personal characteristics, family characteristics, the issues at hand, and the placement history. For the RP group, information on respite care services use was collected (e.g. start and end dates of attendance, and number of days in attendance). To simplify the presentation of this part of the research, key data are summarized in Tables 7.1, 7.2, and 7.3.

Table 7.1 Profile of Children Who Received RP Respite Care Service (Objective 1)

Characteristics of the children:

- 51% are less than two years old at the time of first respite

- 50% are girls and 50% are boys

- 98% are francophone

- 22% are only child; 29% have fewer than three siblings

- mothers have custody of the child for 53%

- mothers are 25 to 34 years old for 44%

- neglect is the key child development compromising factor at the time of guidance and intervention at the CJM-IU for 82%

Table 7.2. Children Who Received RP Services and Who Were Maintained in Their Family Environments (Objective 2)

- Children stayed in their family environments for 12 months following their first respite in 74% of cases.
- 9% of children were placed more than one year after their first respite, and 6% were placed before their first respite.
- Therefore, 60% of children in our sample remained in their family environments before, during, and after receiving respite care.

Table 7.3. Comparison of Placement Rates in the RP Group and the Comparison Group (Objective 3)

Unexpectedly, a significant number (26.7%) of children who had respite care services were placed in substitute care in the year after their first respite, compared to those in the comparison group (12.9%) (X^2(df=1)=6.146; p<.05).

Qualitative methods

The goals of the qualitative part of the research were to: 1) assess the program's efficiency in meeting the needs of children and their families; 2) identify the program's strengths and weaknesses and obtain suggestions for improvements; and 3) explore the collaborative link between the various stakeholders.

To do this, semi-structured interviews of about one hour were conducted with 23 participants. Our sampling was made up of 10 parents of children aged 0-5 referred by the CJM-IU who had been to RP in the last year prior to the research, or were there at the time of the research; 10 CJM-IU stakeholders who had referred children to RP since the beginning of the partnership in 1997; and three RP staff members. Given the diversity of the sampling, various recruiting approaches were used to engage participants. Parents were contacted through the RP referring officer. Three experienced CJM-IU workers were recruited by the social worker of the CJM-IU Intervention Support Service who sits on the Research Follow-up Committee.

Interviews were recorded and transcribed with participant consent, followed by a thematic content analysis of all the collected material.

Results

Program's ability to avoid placement

Most respondents said the respite care service alone cannot prevent placement into foster care. In this respect, many suggested that respite should be combined with other family support services. Various stakeholders identified three main situations where respite could help in avoiding child placement: 1) an exhausted parent without respite resources in his/her social support network but with sound parental skills; 2) a child who has been brought back to his/her family environment after placement in a substitute environment; and 3) custody of the child has been withdrawn from a parent and granted to the other parent. Finally, many stated that optimal use of respite care resources, which would consist of regular attendance to the maximum duration of days allowed, could increase the capacity of respite to avoid placement.

Strengths and weaknesses

The major strengths of respite care services as identified by all stakeholders were: a neutral and non-threatening surrounding for parents and a warm, safe, organized, and structured environment for children. CJM-IU workers also mentioned the positive quality of the interactions between RP staff with parents, and many parents agreed with this, saying that RP is non-judgmental, respectful of differences, and sensitive to their needs.

Several drawbacks were pointed out. For some parents from outside the neighbourhood of the respite centre, the distance to the centre made it difficult for them to travel to, especially if they had several children. Parents and CJM-IU workers mentioned the high turnover rate of the staff taking care of children at the resource location. RP workers stressed the fact that many of the staff lacked proper qualifications for their roles. Finally, CJM-IU workers mentioned the low number of places available to meet the parents' needs, and some said they would like to see a one night extension to respite stays for children.

Collaborative links

CJM-IU and RP workers have virtually no direct contact. The RP liaison agent acts as the channel of communication between the two sets of workers, especially when carrying out observations on a child in respite care.

The organizations involved said they were very pleased with the planning and organization of respite care for children, and with the information-sharing mechanisms between RP and CJM-IU staff.

Links between the quantitative and qualitative results

Overall, stakeholders said they were very pleased with RP respite care services. Quantitative results showed that this resource managed to maintain more than 50% of all the children referred by the youth protection centre in their family environments.

However, analysis between RP groups and comparison groups showed a higher rate of child foster care placement in the RP groups. Caution should be used in considering these results and, although both groups are comparable with respect to controlled variables (age, gender, age of parents, family sibling composition, placement history, etc.), it is impossible to take into account one of the most important variables, which is the imminent risk of placement. Indeed, as shown in the qualitative part of the research, a proportion of children referred by RP were at high risk of placement. In that context, RP cannot on its own meet the numerous needs of these families and make a major difference in maintaining the children in their family environments. Respite care would only help in maintaining children in their family environments in the framework of a set of diversified and complementary services provided by various organizations.

PARTNERSHIP:
VIEW OF THE AUTHORS-RESEARCHERS

In addition to the aforementioned objectives, this research project aimed to foster partnerships between field workers and research stakeholders. Was the desired partnership really established? Was the actual extent of the partnership sufficient to carry out this research project? To address these questions, we will first describe the nature of the partnership we have seen in the course of the research project. Then we will outline the lessons learned from our partnership experience. Identifying these lessons helped us to clearly see the benefits, and above all the challenges, of carrying out a research project involving an institutional resource, a community organization, and the academic world.

Description of the Nature of the Partnership

This section describes the nature of the partnership as developed in this research project at three specific times during the research process: 1) setting the research objectives, 2) conducting research activities, and 3) generating and releasing results.

Setting the research objectives

Fostering a partnership to carry out a research project requires an initial consensus on the research objectives from stakeholders. Here, we describe how this unfolded in our case. The project initiator was a CJM-IU worker mandated to promote linkages between research and practice. This worker had been informed of the *Centre of Excellence for Child Welfare's* interest in funding research on intervention evaluations. He was also aware that, after a few years of collaboration, the CJM-IU wanted to reflect on the use of the *Répit-Providence* respite care services in order to foster maintaining children in their family surroundings, promote child and family need identification, and promote the evaluation of service relevance and quality. With these goals in mind, he brought together a team of CJM-IU workers, RP representatives, and two university researchers with the idea of developing this research project.

Initial meetings took place at the onset of the project with CJM-IU representatives, the RP Director General, BOD members, and one UM researcher. The goal was to reach an agreement on the research objectives and design highlights to be submitted to the granting agency. The first funding request to CECW was rejected, but a second request the following year was accepted. During this waiting year, there were no meetings between the partners. RP went through a critical financial situation and its long-standing director resigned. After a few months, a new director was appointed with the mandate to restore the organization's financial health, to increase RP's professional networks, and to improve its internal operations. When the time came to submit the new research protocol to the granting agency, the new director, who had not been involved in the protocol drafting, expressed her disagreement with the idea of restricting the research to children referred to RP from CJM-IU. Emphasizing the preventive mission of the organization, she preferred to have all her client base included in the research, namely children referred from CLSC and community resources. But the CJM-IU stood its ground and wanted the research to include only their client base. Concerned with methodology, the research team felt that extending the research sample would consume too much time and too many resources.

Funding was therefore granted based on the original design. It should be mentioned that, despite her clear disagreement with the research sample, the RP director facilitated the smooth conduct of all research activities carried out at RP.

Conducting research activities

This section looks into two major aspects of conducting research activities, namely, planning and data collection.

At the onset of the research, a few meetings with various stakeholders took place to organize and plan data collection activities. Data collection tools developed by the research team were submitted to other stakeholders for validation. They provided feedback, especially on the qualitative interview framework, as well as on the identification of information to be collected on the RP group families and the comparison group families.

Both partners encouraged meetings with stakeholders (parents, workers, and RP staff) in carrying out the actual qualitative research activities. The CJM-IU identified workers who had referred families to RP in the last few years so that the research team could select their sample. For its part, RP greatly promoted parent participation in the research. In fact, the community organization asked parents to participate, provided the research staff with a room within RP premises for interviews, and took care of the children during the interviews. Eventually, some RP workers became involved individually and participated in a research interview.

With respect to the quantitative part of the research, both partners provided the research team with their records for data collection. For the CJM-IU, this involved creating a link between the research team and those in charge of records. The community organization, on the other hand, had to share its information on the attendance of CJM-IU referred families. In other words, a RP staff member worked closely with the project research agent in collecting data. It should be mentioned that the structure implemented by the organization a few years ago to accurately document the frequency and duration of respite stays for each child was instrumental in facilitating the research process.

Generating and releasing results

This section looks at the nature of the partnership at the time of generating and releasing results. Although the initial research design had built in time for travel back and forth between the research team and field workers for material analysis and results generation, very little

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activity of that kind actually took place. In addition, there were major delays between data collection and analysis. On the research team's side, the principal investigator went on professional leave for 12 months with no mechanism in place to carry on with research activities in the interim. This resulted in the breaking up of the research team. CJM-IU workers involved in the project were assigned to other tasks and were no longer available for research activities. As for RP, the director also had to stop her professional activities for some time. Afterwards, the principal investigator and the research professional both resumed analysis but did not engage CJM-IU or RP stakeholders.

Given these difficulties, how did the partnership work when it came to releasing the research results? There was a presentation in a symposium with Quebec health and social services stakeholders. This presentation was made in partnership between the research team and a RP worker. There was also a scientific presentation during a special day organized by the CJM-IU. This presentation was for the research team members only. In addition, researchers in the project took part in a sharing activity organized by RP. Moreover, two scientific papers showing the results of the quantitative and qualitative parts of the research project are currently being written.

Lessons Learned from our Partnership Experience

As is evident from the above, the partnership arrangement made planning and collecting data easier in this project. It allowed researchers to go out to the field and gain real-world experience. It was also instrumental in engaging practitioners in the communication of results, which had the potential to positively promote their work.

At the same time, we feel our experience in this research project highlights the gap often seen between the expectations and the realization of partnerships between research and practice stakeholders. This gap may have many consequences. In this project, it could explain some of the challenges we were faced with, such as rallying stakeholders around common decisions; negotiating in cases of disagreement; maintaining stakeholder commitment at different stages of the project; and sharing the leadership of researchers. In light of these findings, an analysis of the nature of the project partnership was made in order to determine "lessons learned." We humbly submit these lessons below with the hope that they will facilitate discussion on the key conditions required for optimal success in future undertakings.

Lesson 1: The importance of drafting a partnership agreement that goes beyond the research design

A research design document was necessary for the funding application in this granting program. This document detailed the various aspects of the evaluative part of the research, that is, population, data collection methodology, and analysis strategy. Since this was to be done in partnership with various organizations, the study design also stated that research activities were to be carried out in collaboration with both practice surroundings. Looking back, we realize that a much more explicit memorandum of understanding would have been essential to experience a true partnership with the stakeholders. As is usually the case in action research projects, the role and responsibilities of each stakeholder in each research activity should have been clearly stated in this memorandum. Such a MOU should also clearly state the expectations of each partner (including the granting agency) at the onset of the research process.

The MOU should also clearly state the procedures in case of disagreement in the conduct of the research. In this project, we had "pre-project" meetings to develop the objectives and some methodological aspects such as the target population. However, no procedure had been planned in case of a disagreement in the process. This resulted in the researchers having all the decision-making power. Such an imbalance of power could result in major disengagement of stakeholders who are supposedly involved in a research partnership.

There are several *benefits* in having a MOU where the roles and responsibilities of each stakeholder are clearly described, as well as the prescribed procedures in case of disagreement. Drafting such a MOU requires several meetings right from the beginning of the project. A stage of "getting acquainted" is crucial as it helps in establishing a relationship between partners and in gaining a better understanding of each other's realities. This is also the time to clearly state in writing the expectations of each agency involved. A MOU of this type has a binding effect that goes beyond individuals, which could prove quite useful in case of personnel changes in the research or practice teams.

This type of agreement also raises several issues. To be really useful, such an agreement should bring stakeholders to clearly state not only their needs but also their capability to get involved in the project. Since this has to be done at the onset when people do not really know one another, an environment of trust should be established in a very short period of time. Finally, this stage is time-consuming. Many stakeholders, especially from the research world, may see this as a major waste of time.

They must be sold on the idea that the time spent will prove highly beneficial as it will result in a much smoother research process.

Lesson 2: Plan clear mechanisms for partnership facilitation

Partnerships between the worlds of research and practice can take various forms, and the partnership continuum offers many opportunities. There are many differences between traditional research, in which researchers may see the organizations involved as just research subjects, and participative action research, in which researchers and practitioners share the same roles and functions. In action research, a partnership definitely adds value, provided it is adequately done. Once again, carrying out this project showed us that this required time and effort. As with any research activity, a partnership does not occur by itself. There should be a clear mechanism stated in a written agreement (see previous lesson) to facilitate the partnership. In practical terms, this means having a variety of ways of exchanging information, suited to the needs of each stakeholder. An efficient partnership will undertake research using the practical activities that fit realistically into the tasks of each stakeholder.

Time for discussion is often scheduled at each step of the research project. This is an interesting but insufficient strategy. A research project carried out in partnership should have other mechanisms to keep the partnership alive. We believe a logbook open to everyone is an interesting tool. This logbook could include entries outlining not only how research activities are carried out, but also the personal experiences of those involved, including questions, successes, lessons learned, and so on. Such a forum would help each partner in gaining a better knowledge of the others' realities and implementing true knowledge transfer among stakeholders. If dissatisfaction occurs, it would also help with taking corrective actions.

An advantage of having practitioners facilitate partnership is that it brings partners to "really" see themselves as research stakeholders and not as mere research users. Planning and carrying out partnership-related research activities, as well as directly research-related activities, allows for genuine expertise transfer between the research and practice worlds.

One of the major issues we were faced with in this project was partnership facilitation at every step of the research. If this had not been clearly planned for specific activities, we might have given up at some point, such as when it came to analysing the results. We now realize that each step of the research project requires different partnership mechanisms. For example, the analysis step requires time and hindsight. Researchers often leave the field of practice at this point. However, in

a participatory research approach, mechanisms should be found to maintain the partnership to some extent for the entire duration of the project, even for the practitioners who may wish to distance themselves at some point if they do not feel equipped for the task at hand.

Conclusion

As we have learned through this research project, partnerships between researchers and field workers have many advantages to offer. However, this way of doing research is no panacea. We believe a thorough evaluation of this type of research should be done before deciding to get involved in a partnership venture. The extent of the partnership should be determined right from the start. In relation to action research, Dolbec (1998) outlined several partnership scenarios between research and practice:

- a researcher who carries out the entire research in association with practice stakeholders,

- a researcher who works in collaboration with field workers throughout the research project, and

- field workers who become researchers and get involved with the researcher in every steps of the research process.

We believe this continuum may also be useful in discussing which level of partnership to implement in other types or research. In our opinion, the level of partnership required should be assessed based on various elements, such as the research objectives, the needs of each stakeholder, the nature of relationships among stakeholders, and their desire to get involved in such an approach, as well as their actual ability to do so. An open discussion with all the stakeholders involved in the project should lead to an informed choice and the drafting of a true partnership agreement.

A partnership approach should not be taken just because it is trendy to do so, or because this is what the granting agency wants. Both research and practice stakeholders should agree to invest all the time and energy required in the partnership research approach. Otherwise the whole process will only "look" like a partnership and will do little to improve the sometimes bumpy relations between the research and practice worlds.

We hope our insights will inform the discussions of those wishing to undertake a partnership research project in the field of child protection.

We strongly believe that this type of research can help deepen our understanding of such issues, provided it is properly done. Practitioners and researchers are stakeholders with much to share and they need the tools to do it efficiently. Research partnerships are an alternate way of doing research, which should be encouraged and supported by practical measures such as project funding, adjustments to work conditions to facilitate field workers participation, and improved knowledge of this type of research in the academic world. In the absence of such measures, there will always be a gap between what was desired and what was actually achieved in many projects.

PARTNERSHIP:
A MANAGER'S POINT OF VIEW

Isabelle Perreault

This research project was part of an assessment and analysis of services provided to our *Centres jeunesse de Montréal-Institut universitaire* (CJM-IU) client base. *Répit-Providence* has worked with the committee that was created to keep track of the research process. Our participation in this research has been beneficial in many ways, both qualitatively and quantitatively. However, we were surprised with the final results stated in Table 7.3: *Comparison of placement rates between the respite group and the comparison group*. Nevertheless, reflecting on these results led us to review our motivations and actions in relation to the various partnerships that we maintain. This does not invalidate the relevance of our mission; instead it clarifies our action and allows us to identify self-development models from our respective practices.

Moreover, our participation in this research allowed for some reciprocal benefits. Researchers integrated both "professional knowledge" and "field knowledge" into their work. In turn, this helped the researchers to provide a variety of helpful insights into the actions and practices of both organizations involved in the research.

Répit-Providence certainly wanted a much broader sampling of children and families than only those referred by the CJM-IU. From our experience in the field, we knew that several CJM-IU referred children had been placed in foster care despite the fact that they may have had respite care at RP. We also believe that drafting a MOU (Memorandum of Understanding) that describes the roles and responsibilities of organizations and conflict resolution procedures is quite appropriate.

Pre-project meetings would also result in better knowledge of practice settings and client bases. To us, this is crucial as it would facilitate the implementation of a "partnership facilitation" agreement where stakeholders would be involved throughout the research and analysis process. We feel this would bring a new meaning to collaborative research because cross-influence opportunities between stakeholders and researchers are beneficial in every possible way for the organizations involved.

In addition, for action research to benefit stakeholders, organizations must invest time and energy in sharing and discussing the various steps of the project. Numerous difficulties over the nearly five years in which this research process took place had the effect of reducing engagement by those involved.

Répit-Providence engaged in a strategic planning discussion approach, based on the study results, which ended in 2007. This led us to the conculsion that action research input is very interesting for organizations like ours, and we were able to make the best of it. We also learned that research outcomes are unpredictable and, for this reason, all stakeholders involved should be ready for any result, even if they do not support the initial intent of the study.

Overall, *Répit-Providence* has benefitted from this research partnership experience, and we hope researchers and funding organizations will remain open to such initiatives. Both field and research knowledge should join forces for a better assessment of their respective practices, so that social development may build on shared experiences and benefit from them.

PRESENTATIONS AND PUBLICATIONS ABOUT THIS STUDY

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CHAPTER EIGHT

Wood's Homes - University Of Calgary, Faculty of Social Work Innovative Partnership

Susan Gardiner, Bjorn Johansson, Ann Lawson, and Bruce MacLaurin
Community partnerhsip comments by *Janet McFarlane*

INTRODUCTION

Wood's Homes is a comprehensive community mental health centre for families, children, and adolescents. In operation since 1914, Wood's Homes currently operates in 12 locations in southern Alberta including Calgary, Canmore, Strathmore, and Lethbridge. Families who seek help voluntarily and families who are involved with protective services through a Children's Services Authority are assisted by means of a comprehensive continuum of community outreach, residential, and educational services.

In 2001, Wood's Homes acted on its interests related to continuous improvement and developing its own research capacity by setting up a Research Department. This initiative was supported by our existing partnership with the University of Calgary's Faculty of Social Work. This partnership is one of several that the Faculty pursues with community collaborators to ensure strong linkages between applied research and service delivery. The focus of Wood's Homes Research Department encompasses research, evaluation, and investigating outcomes within the context of Wood's Homes' programs. This chapter provides an overview of the partnership activity as it relates to an intervention evaluation of the Habitat Program, one of Wood's Homes intensive residential treatment programs.

RESEARCH SUMMARY

Developing the Partnership

The Habitat Program was initiated in 1999 (Gardiner and Johansson 2002). Habitat offers direct intervention for adolescent boys and their families who have experienced trauma because of domestic violence. These boys often show troublesome behaviours such as degrading attitudes towards women, physical aggression, a limited sense of personal responsibility, and poor self-control. The program was based on the hypothesis that direct intervention targeting domestic violence trauma could be effective in treating adolescent males with conduct difficulties who have been exposed to domestic violence and accompanying maltreatment. The Habitat Program focuses on behavioural changes, while at the same time exploring underlying trauma through family, individual, and group therapy; residential treatment; and an on-site specialized educational program offered in conjunction with the Calgary Board of Education.

There is growing recognition that witnessing domestic violence is a form of child maltreatment, and higher rates of domestic violence are noted in Alberta when compared with other provinces and territories (Statistics Canada 2006). This identification influenced the partnership's decision to choose Habitat for an intervention evaluation.

Wood's Homes and the University of Calgary's Faculty of Social Work have previous experience with academic/service provider ventures, as well as considerable experience in program evaluations. In 2003, the partners developed a proposal that was accepted for funding by the Centre of Excellence for Child Welfare. This evaluation was designed as a way to determine the practicality and effectiveness of treatment efforts. The partnership benefitted from a joint research project completed in 2005 (University of Calgary's Faculty of Social Work) that conducted an extensive review of partnerships in nonprofit child and family service organizations in Calgary.

A joint project team was established to guide and monitor the intervention evaluation as it progressed. The collaboration began with a review of relevant partnership literature, which promoted the development of a clear understanding of roles. The Faculty of Social Work was responsible for ensuring that academic standards and rigour were maintained, and for providing consultation on the overall quality, research design, data analysis, documentation, and information dissemination. Wood's Homes was responsible for overall project

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management, including financial and reporting aspects. As the project progressed and the collaboration strengthened, a climate of shared responsibility and mutuality was evident.

As the project was wrapping up, a poster presentation was given at the University of Calgary's 2004 Scholarly Exchange Conference. When the project was completed a formal report was submitted to the funder (Lawson, Gardiner, MacLaurin et al. 2006), and project results were disseminated in the Child Welfare League of Canada's publication *Canada's Children* (Lawson, Gardiner, Johansson et al. 2006) as well as within a CWLC Research Brief (Lawson, Gardiner, Johansson et al. 2006). This paper was also presented at the University of Calgary Faculty of Social Work 2008 Research Symposium.

Research Methodology

Study design

The study used a pretest-posttest design comparing an intervention group with a comparison group. The intervention group completed a pretest of all evaluation instruments, a posttest immediately following discharge from the Habitat Program, and a second posttest three months later. A comparison group was recruited from the Wood's Stabilization Program, a very short-term crisis residential service for youth and families (3 to 5 day admission). The comparison group completed the same assessment instruments at the end of the crisis stay, nine months later, and again three months hence.

Research objectives and measures

Measures for each of the five evaluation objectives were selected based on a review of the literature. Quantitative measures demonstrated a clear connection to the objective in question, had been documented in previous research, and had reported adequate reliability and validity. Qualitative measures were adapted from existing semi-structured interview guides.

The intervention evaluation was designed to determine:

1. Did the intervention contribute to a shift in locus of control around violent behaviour for youth? *The Nowicki Strickland Locus of Control Scale* (Nowicki and Strickland 1973) was chosen to examine change over time.

2. Did addressing the underlying trauma contribute to a reduction in the youth's violent and impulsive behaviour? *The Trauma*

Symptom Checklist for Children (TSCC) was chosen to explore distress related to previous trauma including witnessing of violence (Briere 1996).

3. Was there an increase in adolescent developmental progress? *The Child and Adolescent Functional Assessment Scale* (CAFAS) was used to assess the youths' degree of impairment in day-to-day functioning due to emotional, behavioural, psychological, psychiatric, and/or substance use problems (Hodges 2004). School attainment was measured by the STAR Reading and Math assessments (Renaissance Learning Inc.).

4. Did the parents develop a greater awareness of the residual effects of domestic violence by the end of intervention? *The Revised Conflict Tactics Scales* (CTS2-CA; Straus et al. 1996) were used to report on parents' behaviour towards each other. A qualitative measure of awareness of the effects of domestic violence was adapted from an existing semi-structured interview guide completed by Salzinger et al. 2002.

5. Did the intervention contribute to an increase in family and community safety after discharge? CAFAS Risk scores were used as a measure of safety. Certain items on the CAFAS when endorsed can indicate that a youth is at risk for suicidal behaviours, harm to self or others, running away, serious mental illness, or serious substance abuse.

Recruitment

A total of 27 male youth, admitted to the Habitat Program following the commencement of the project (January 2004), were eligible for participation in the evaluation intervention group. Fifteen youth and their families who were entering treatment agreed to participate in the research project, while 12 families also entering treatment chose not to participate. Within the initial period of the evaluation, three families chose to end their research project involvement, leaving 12 youth and families as participants.

The comparison group consisted of five youth and their families presenting with unaddressed issues around domestic violence. They were recruited over a one-year period from the Wood's Stabilization Program, a program that provides very brief residential crisis diffusion for youth and families. These families reported a history of domestic violence in the home but were not involved in any treatment related to this presenting concern. The clinician in the Stabilization Program referred suitable families to the Research Team for a recruitment interview. Participating

families gave consent for participation following discharge from the Stabilization Program.

Ethical approval

The study was reviewed by the Wood's Homes Research Advisory Committee, a subcommittee of the organization's Board Quality Improvement Committee, to ensure that the evaluative research met agency requirements for research with children and families. A member of the University of Calgary's Faculty of Social Work sits on this committee, supporting the research partnership at an advisory level. The study received formal ethics approval from the Conjoint Faculties Research Ethics Board of the University of Calgary. The ethics application outlined considerations of informed consent, specifically, that participation was voluntary, was not a condition for involvement in treatment, and could end at any time. The small sample size of both the intervention and comparison groups required particular attention to confidentiality and anonymity. Data were reported at an aggregate level only, and reports did not include any identifying or near-identifying information. All participants received a copy of the written description of the intervention evaluation and a copy of the signed written consent.

Data analyses

Quantitative data were entered into Statistical Package for the Social Sciences, version 14 (SPSS V. 14) to conduct univariate and bivariate analyses. Data included demographic child and family variables in addition to scores for each of the measurement scales for each point of collection (pretest, posttest1, posttest2). Descriptive analyses were conducted on the demographic data, which included child age, number of siblings, marital status, family composition, and self-reported socio-economic status. Further analyses tested for significant differences in the mean scores of all measurement scales at pretest, posttest1, and posttest2 for the intervention and comparison groups using a matched pair T-test.

All semi-structured interviews were recorded on audiotape, and then transcribed verbatim. Analysis of the qualitative data was conducted using ATLAS.ti V.5 software. Preliminary thematic coding was conducted by the Wood's Homes Research Department and reviewed by other members of the research team.

Findings

Intervention group / comparison group profiles

The intervention and comparison groups were similar in age, with the majority of youth age 14 at the beginning of the study. The groups also had a similar number of siblings per family. Single parents with lower socio-economic status (parents receiving social assistance) were more prominent in the intervention group; intact families with medium SES (one parent working full time) were more prominent in the comparison group.

Table 8.1. Demographic Information for Intervention and Comparison Groups of Habitat Program

	Intervention Group (n=12)		Comparison Group (n=5)	
Child Age	**#**	**%**	**#**	**%**
13	4	33	2	40
14	6	50	3	60
15	2	17	0	0
Number of Siblings				
No Siblings	2	17	1	20
One Sibling	5	42	2	40
Two Siblings	4	33	2	40
Three Siblings	1	8	0	0
Marital Status				
Married	0	0	2	40
Common-law	0	0	1	20
Separated	3	25	1	20
Divorced	8	67	1	20
Widowed	1	8	0	0
Socio-Economic Status				
Low	11	92	1	20
Medium	1	8	4	80
High	0	0	0	0

Comparison of themes related to demographic information from family interviews

Intervention group. Serious addictions issues were prominent for family members of Habitat youth, along with severe financial stress. Many of the custodial parents identified depression as a hindrance to their ability to provide good parenting and to take responsibility for

their child's current behavioural and emotional difficulties. Overall, these families had more serious and multiple challenges than the families in the comparison group.

Comparison group. The comparison families had less overall reported stress. Addictions issues, financial stress, and Children's Services involvement were not present to the same degree. The primary stress for these families was their sons' troublesome behaviours. All parents expressed continuing concerns about the youth's difficulties in school and behaviour in the community, including alcohol and drug use and difficulty with authority figures. The predominant focus of concern continued to be on the inability of the young person to take responsibility for his maladaptive behaviour.

Evaluation findings

Objective #1. To determine if the intervention contributed to a shift in locus of control concerning violent behaviour for youth.

On the *Nowicki Strickland Locus of Control Scale,* there were no significant differences between pretest and posttest measurements for both the intervention and comparison groups. The treatment intervention did not appear to contribute to any shift in locus of control.

Objective #2. To determine if addressing underlying trauma contributed to a reduction in the youth's violent and impulsive behaviour.

With the *Trauma Symptom Checklist for Children* (TSCC) there were no significant differences between pre- and posttest measurements for both the intervention and comparison groups. The treatment intervention did not contribute to any apparent reduction in distress related to previous trauma.

Table 8.2. Nowicki Strickland and TSCC Scores for Intervention and Comparison Groups of Habitat Program

Nowicki Strickland Scores	*Intervention Group*			*Comparison Group*		
	Pre-test	*Post-test 1*	*Post-test 2*	*Pre-test*	*Post-test 1*	*Post-test 2*
Mean	25.08	25.17	25.00	23.80	23.80	23.80
Total	12	12	12	5	5	5
	Pre-test to Post-test 1 NS			Pre-test to Post-test 1 NS		
	Pre-test to Post-test 2 NS			Pre-test to Post-test 2 NS		
	Post-test 1 to Post-test 2 NS			Post-test 1 to Post-test 2 NS		
TSCC	*Pre-test*	*Post-test 1*	*Post-test 2*	*Pre-test*	*Post-test 1*	*Post-test 2*
Mean	1.64	1.64	1.73	0.50	0.75	0.50
Total	11	11	11	4	4	4
	Pre-test to Post-test 1 NS			Pre-test to Post-test 1 NS		
	Pre-test to Post-test 2 NS			Pre-test to Post-test 2 NS		
	Post-test 1 to Post-test 2 NS			Post-test 1 to Post-test 2 NS		

Objective #3. To determine if there was an increase in adolescent developmental progress at the end of the intervention.

Developmental progress was measured using the *Child and Adolescent Functional Assessment Scale* (CAFAS). There was strong evidence that the treatment intervention contributed to an increase in developmental progress. The initial mean CAFAS score for the intervention group was 165.8. A score in this range indicates that the youth "likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community (extreme dysfunction)" (Hodges 2004). The mean CAFAS score at discharge was 109.2, which is indicative of "youth who are ready for community-based care as part of a post-treatment plan" (Hodges 2004). This is an average decrease of 56.6 points, and is considered to be clinically meaningful (greater than 20 points difference). A third CAFAS measurement three months post-discharge gave a mean score of 94.2, indicating that the behavioural improvements at discharge as measured by CAFAS were maintained over time.

The youth in the comparison group were functioning better than the intervention group at all stages of the intervention evaluation. The initial mean CAFAS score for the youth in the comparison group was 82.0. A score in this range indicates that the youth "may need additional services beyond outpatient care (moderate dysfunction)" (Hodges 2004). The mean CAFAS score nine months after discharge from the Stabilization Program was 86.0, still in the range of moderate dysfunction. A third CAFAS measurement three months post-discharge resulted in a mean score of 88.0. There was a slight upward trend in scores, with the mean remaining in the "moderate dysfunction" range. This lack of comparability of degree of dysfunction is a limitation of the research study.

School attainment was measured using STAR Reading and Math assessments. For the intervention group, the mean STAR math score at intake was grade 5.2. The mean score after one academic year was grade 7.1, representing an average increase in math skills over one academic year of 1.9 years, or .9 years beyond the expectation for the typical student of one grade level per academic year. The mean STAR reading score at intake was grade 4.9 and the mean score after one academic year was grade 8.7, representing an average increase in reading skills over one academic year of 3.8 years, or 2.8 years beyond expectation. Anecdotal assessments were provided by parents/guardians three months after the youth were discharged from Habitat. All of the youth were maintaining progress in school, with the exception of one youth who had left school and was working in the construction industry.

For the comparison group, the mean math grade level determined during the Stabilization admission was grade 8.1 and the mean reading grade level was grade 8.4, while the mean expected grade level according to chronological age was grade 9.4, indicating a negative difference of 1.3 academic years for math and one academic year for reading. The mean estimated grade level for these youth nine months later, as determined by report cards, was grade 8.6 for math and grade 8.6 for reading, while the expected grade level according to chronological age was grade 10.3, a negative difference of 1.7 academic years for both math and reading.

Three months later, two youth were no longer in school, although they had both obtained full time employment. The mean math and reading grade levels determined by report cards for the three youth who were still in school were grade 9.1 for both math and reading, while the expected grade level for these youth was grade 10.9, a negative difference of 1.8 academic years for both math and reading. The parents of these

youth reported that school attendance and achievement continued to be problematic over the course of the study.

Table 8.3. CAFAS and School Attainment Scores for Intervention and Comparison Groups of Habitat Program

CAFAS Score	Intervention Group			Comparison Group		
	Pre-test	*Post-test 1*	*Post-test 2*	*Pre-test*	*Post-test 1*	*Post-test 2*
Mean	165.83	109.17	94.17	82.00	86.00	88.00
Total	12	12	12	5	5	5
	Pre-test to Post-test 1 *P<.01*			Pre-test to Post-test 1 *NS*		
	Pre-test to Post-test 2 *P<.001*			Pre-test to Post-test 2 *NS*		
	Post-test 1 to Post-test 2 *P<.05*			Post-test 1 to Post-test 2 *NS*		
School Attainment	Intervention Group			Comparison Group		
	Pre-test	*Post-test 1*	*Post-test 2*	*Pre-test*	*Post-test 1*	*Post-test 2*
Reading Mean	4.86	8.72	NA	8.40	8.64	9.15
Mathematics Mean	5.15	7.14	NA	8.10	8.62	9.10
Total	12	12	12	5	5	5
Reading	Pre-test to Post-test 1 *P<.001*			Pre-test to Post-test 1 *P<.05*		
Mathematics	Pre-test to Post-test 1 *P<.001*			Pre-test to Post-test 1 *P<.01*		

Objective #4. To determine if the parents developed an awareness of the residual effects of domestic violence at the end of intervention.

The quantitative measurement tool used for this determination was the *Revised Conflict Tactics Scales* (CTS2-CA). There were no significant differences pre- and post-treatment for the intervention group and there was no apparent change using the CRS2-CA with the comparison group over the course of the study.

Table 8.4. Conflict Tactics Scale for Intervention and Comparison Groups of Habitat Program

Conflict Tactics Scale -1	*Intervention Group*			*Comparison Group*		
	Pre-test	*Post-test 1*	*Post-test 2*	*Pre-test*	*Post-test 1*	*Post-test 2*
Mean	10.33	10.5	10.27	6.00	6.00	6.00
Total	12	12	12	5	5	5
	Pre-test to Post-test 1 *NS*			Pre-test to Post-test 1 *NS*		
	Pre-test to Post-test 2 *NS*			Pre-test to Post-test 2 *NS*		
	Post-test 1 to Post-test 2 *NS*			Post-test 1 to Post-test 2 *NS*		

Conflict Tactics Scale - 2	*Intervention Group*			*Comparison Group*		
	Pre-test	*Post-test 1*	*Post-test 2*	*Pre-test*	*Post-test 1*	*Post-test 2*
Mean	11.17	11.17	11.09	7.00	7.00	7.00
Total	12	12	12	5	5	5
	Pre-test to Post-test 1 *NS*			Pre-test to Post-test 1 *NS*		
	Pre-test to Post-test 2 *NS*			Pre-test to Post-test 2 *NS*		
	Post-test 1 to Post-test 2 *NS*			Post-test 1 to Post-test 2 *NS*		

Conflict Tactics Scale - 3	*Intervention Group*			*Comparison Group*		
	Pre-test	*Post-test 1*	*Post-test 2*	*Pre-test*	*Post-test 1*	*Post-test 2*
Mean	5.5	5.42	5.36	5.00	5.00	5.00
Total	12	12	12	5	5	5
	Pre-test to Post-test 1 *NS*			Pre-test to Post-test 1 *NS*		
	Pre-test to Post-test 2 *NS*			Pre-test to Post-test 2 *NS*		
	Post-test 1 to Post-test 2 *NS*			Post-test 1 to Post-test 2 *NS*		

Conflict Tactics Scale - 4	*Intervention Group*			*Comparison Group*		
	Pre-test	*Post-test 1*	*Post-test 2*	*Pre-test*	*Post-test 1*	*Post-test 2*
Mean	2.33	2.17	2.27	1.40	1.40	1.50
Total	12	12	12	5	5	5
	Pre-test to Post-test 1 *NS*			Pre-test to Post-test 1 *NS*		
	Pre-test to Post-test 2 *NS*			Pre-test to Post-test 2 *NS*		
	Post-test 1 to Post-test 2 *NS*			Post-test 1 to Post-test 2 *NS*		

Semi-structured interviews with families/guardians in the intervention group at intake, discharge, and at follow-up were also used to determine if there was increased awareness of the residual effects of domestic violence. Interviews with the comparison group parents occurred at discharge from the Stabilization Program, nine months later, and again three months later.

The following summary of themes describes a gradually increasing awareness of the residual effects of domestic violence that emerged for the families of youth receiving treatment in the Habitat Program.

Intervention group: first interview (at admission to the program). All parents minimized the effects of domestic violence on their sons' development, citing other reasons for the presence of a conduct disorder, such as a genetic disposition. Trans-generational violence was evident in all stories of family trauma. Conflict between the parental couple was described as frequent (two or more times per week), and this conduct was both verbally and emotionally abusive. The frequency of physical violence steadily increased until the couple no longer lived together. The custodial parent rarely made attempts to limit the youth's contact with the non-custodial parent after the separation, with a theme of appeasement being prominent.

Violence toward the custodial parent and younger siblings by the youth in treatment was another prominent theme in all the family interviews, and was often the trigger for Children's Services to become involved. The custodial parent often relied on the non-custodial parent to help with discipline when the youth was being violent towards other family members. Custodial parents often noted how helpless they felt to make any changes, and how they had become habituated to frequent violence in the home.

Intervention group: post-treatment interview. All parents described greater knowledge of the needs of adolescents related to the residual effects of domestic violence, a belief that they were better able to parent both their child in treatment and his siblings, and a recognition that family therapy contributed to better ways of interacting and setting standards of permissible behaviour.

Intervention group: follow-up interviews (three months post-discharge). Parents reported that they were more proactive in finding an array of supports when violence occurred. All parents reported possessing new skills for managing their younger children, particularly around anger and aggression.

Comparison group: first interview. The themes emerging from the first comparison group family interviews demonstrated little understanding of the effects of domestic violence on child and family development. Violent interactions with partners were described as most often provoked by the recipient. Parents expressed the belief that the youth was the primary creator of his and the family's distress. The youth's biological father was frequently described as having serious addictions issues.

Comparison group: post-treatment interview. The second of the comparison group family interviews held nine months after the youth left the Stabilization Program described the parents' difficulties finding intervention resources to meet their needs and revealed new information about verbal, emotional, and physical abuse.

Comparison group: follow-up interview. The third comparison-group family interviews held three months later described continuing difficulty with their sons' verbal and physical abuse and with progress in school, with no overt connections made between exposure to domestic violence and a youth's acting-out behaviour and school difficulties.

Objective #5. To determine if the treatment intervention contributed to an increase in family and community safety after discharge.

CAFAS endorsed risk scores were used to investigate risk over time. The initial mean number of endorsed risk items for the intervention group was 3.8. This fell to a mean of 1.9 at discharge and to a mean of 1.8 post-discharge. The initial mean number of endorsed risk items for the comparison group was 1.9. This rose slightly to a mean of 2.0 nine months after the youth had left the Stabilization Program and rose again slightly to a mean of 2.1 three months later. Risk factors for the intervention group appeared to lessen during the course of the study, while risk factors for the comparison group remained relatively constant.

Table 8.5. CAFAS Risk Scores for Intervention and Comparison Groups of Habitat Program

CAFAS Risk Score	Intervention Group			Comparison Group		
	Pre-test	Post-test 1	Post-test 2	Pre-test	Post-test 1	Post-test 2
Mean	3.83	1.92	1.83	1.80	2.00	2.20
Total	11	11	11	4	4	4
	Pre-test to Post-test 1 *P<.001*			Pre-test to Post-test 1 *NS*		
	Pre-test to Post-test 2 *P<.001*			Pre-test to Post-test 2 *NS*		
	Post-test 1 to Post-test 2 *NS*			Post-test 1 to Post-test 2 *NS*		

Challenges for the Study

Boyd, Einbinder and Rauktis (2007) described a variety of challenges researchers face in residential treatment centres. In particular, they noted that the treatment delivery for youth must be the top priority, and that data collection procedures can become compromised in a setting that offers 24-hour treatment with a number of rotating staff shifts. Ethical, clinical, and political issues can arise in ways that are not seen in research being carried out in more controlled or academic settings.

A variety of other challenges arose over the course of the project. These challenges included the timely recruitment of sufficient participants for both the intervention and comparison sites, recurrent staff turnover, developing effective reporting processes, and competing priorities for the members of the research team.

The first major challenge, and likely the most significant one for the evaluation objectives, was defining a suitable comparison group. There were no programs similar to the Habitat Program that the researchers were aware of, and several ethical issues had to be considered to ensure that all youth and families in need received service. This issue was eventually resolved with the selection of the short-stay crisis Stabilization Program, targeting families who identified domestic violence and conduct issues. However, there was a substantial drop-off in participation rates between the original agreements to take part that occurred when youth left the Stabilization Program and subsequent family contact with the researcher a few days later. Finding an adequate number of comparison group participants was problematic, but of greater concern were the families' stated reasons for dropping out of the study. The stated reasons included safety issues in the family home, conflict between partners about participation, and an unspecified change in interest in participating.

A second major challenge was finding adequate intervention participants. The Habitat Program by design can serve eight youth at one time and treatment takes an average of nine months. Only 12 youth and families agreed to participate in the research project over the two-year period. Working with a large enough sample over a manageable amount of time to produce acceptable levels of results was a significant challenge for this intervention evaluation. The research results ultimately reported to the Centre of Excellence for Child Welfare were tentative at best, and only suggestive of an adequate measure of treatment success.

Maintaining program and research staff continuity was another challenging issue. Over the two-year period of the study Habitat experienced changing front-line staff as well as the director, supervisor,

and therapist moving to other programs. The maintenance of program integrity while also completing the work of the evaluation was an ongoing issue. This was particularly evident in the comparison group at the Stabilization Program where the participating families continued to struggle and the benefits of participating in the study were much less directly apparent.

PARTNERSHIP:
VIEW OF THE AUTHORS-RESEARCHERS

Wood's Homes and the Faculty of Social Work at the University of Calgary have had a long and multi-faceted relationship. Wood's employs staff trained by the Faculty, and the Faculty includes one person who was once a Wood's employee. The agency's CEO completed her Ph.D. with the faculty and teaches as an adjunct professor. A group of Wood's clinicians teaches a Faculty of Social Work online course on Children's Mental Health every year. A Faculty member sits on the Wood's Research Advisory committee.

From its earliest beginnings, this study was viewed by the agency leadership as having significant benefits to the ongoing partnership with the University of Calgary's Faculty of Social Work, to the overall development of the Wood's Homes Research Department, and to the service mandate of the Habitat Program. The Faculty was enthusiastic about being involved in another opportunity to blend theoretical and applied research practices for the ultimate benefit of at-risk youth and their families.

A research team was formed to prepare the Centre of Excellence for Child Welfare research grant application. This team included a Faculty of Social Work faculty member, the Research Department's associate director, and the director, supervisor, and therapist with the Habitat Program. The team addressed a variety of issues surrounding the viability of taking on this project, including addressing issues that might impact service delivery and clarifying goals and objectives for the study.

Prior to completing the funding proposal, several meetings were held to elicit feedback from the entire Habitat treatment team. The themes addressed in these meetings included the benefits of a research study to the service offered by the program, the benefits of working together with other stakeholders, possible impacts on service delivery, and clarity about the operations of the partnership. The feedback received following these planning meetings included high satisfaction from the treatment team, who expressed appreciation for being involved in the process and a strong

commitment to the successful implementation of the project. News of the successful grant and the formation of the research partnership were celebrated across the organization as a significant achievement. The team continued to meet over the course of the project to review progress and make decisions about how the data would be interpreted and reported, and reconvened to prepare this chapter.

It became evident as the research study began to evolve that further attention was needed at the comparison site, the Stabilization Program. Communication issues were apparent and very few comparison families were being identified and recruited. Efforts to introduce and involve the entire staff team at the Habitat Program initially, which had created a strong sense of benefit to the service delivery before start-up, had been missing with the Stabilization staff group. There was a need to focus on consensus, communication, and "buy-in." The research team belatedly developed a similar process, working with the Stabilization leadership, clinical staff, and team members to generate meaningful conversations about the goals and objectives of the project and the important role of the comparison group.

The Habitat Program's supervisor was viewed as a central facilitator of the research process as it unfolded. He was viewed as the link between the research and service delivery teams. The supervisor made use of individual supervision and weekly team meetings to ensure that the research work was in the forefront for the staff group and that any issues of concern were being promptly addressed. The program therapist was viewed as the link between the research team and the client families. She supported families to continue with the data collection after discharge and responded to all questions and concerns promptly and comprehensively. The Wood's Research Department was able to employ a Ph.D. candidate part-time who contributed research expertise to the project while gaining further skills and experience. As challenges arose during the time period of data collection, all research team members were called upon to contribute effort and expertise to keep the project on track. The project was regularly reviewed by the agency's Research Advisory Committee to assist with challenges as they arose.

Benefits

There were many benefits for Wood's Homes in carrying out this research project in partnership with the Faculty of Social Work. Both the process and the findings informed service delivery and helped to demonstrate the effectiveness of the treatment. The research contributed

to the development of a formal treatment model and resulted in the completion of a formal program evaluation. The study also helped to provide additional staffing resources and a foundation for an ongoing agency research agenda. As with any major endeavour, agency staff, by choosing to attempt a new and complex project, were "stretched" and learned a multitude of new skills.

The benefits of participation in the research partnership to the Faculty of Social Work were also significant. A pillar of the Faculty's service delivery philosophy is "working with community." There is an expectation that faculty members contribute to community work in the social service field. This project contributed to the development of further links between research and practice in the field of service to children and families. A faculty member provided training to Wood's staff on the use of qualitative analysis tools.

The project also created mutual benefit for the partners. There was important relationship building between university and agency, new publishing and presentation opportunities became available, and the partners were able to take advantage of opportunities for networking across Canada. The partnership has continued with additional joint projects. Wood's Homes and the University of Calgary's Faculty of Social Work are involved in operationalizing the National Outcomes Matrix for outcomes reporting of interventions for children at risk. This partnership is also involved with "Calgary Youth, Health and the Street," a community based research initiative funded by the Canadian Institutes of Health Research (CIHR) and led by Worthington and MacLaurin at the University of Calgary, along with AIDS Calgary and other street youth service agencies in Calgary. This study was designed to describe the spectrum of street-involved youth in Calgary and to explore variation among these different sub-populations in terms of HIV and health risks, coping mechanisms and service needs in addition to enhancing existing services for street youth by providing information that was useful to youth service organizations in service planning. This study was conducted between 2004 and 2007.

A new funded research project initiated in 2009 is "Enhancement of Transitional Housing Programs for Street-Involved Youth Through the Application of Dialectical Behaviour Therapy to Strengthen Resilience," which was also funded by CIHR. This study is led by McCay of Ryerson University and a team of University and service researchers, to be conducted in three Canadian locations between 2009 and 2012.

The Habitat study highlighted measures that proved useful for noting positive change for the study population in the areas of development, family awareness and risk, strengthening the hypothesis of connections among domestic violence, child maltreatment, and conduct disorder. The study also highlighted measures that, while having initial promise, did not capture positive or negative change. The overall results clarified our understanding of families struggling with domestic violence. The intervention evaluation strengthened the historical partnership, resulting in other joint research initiatives.

Conclusion

The research partnership between Wood's Homes and the University of Calgary's Faculty of Social Work was developed to carry out an intervention evaluation of a promising program that provides treatment to youth and their families who are adversely affected by domestic violence. Completion of the project led to increased service capacity to clients, increased capacity for research activities at Wood's Homes, and increased opportunities for applied research for the University of Calgary's Faculty of Social Work. The lessons learned for all participants continue to support the partnership in acquiring future funding opportunities to carry out projects that bring together each member's skills and talents.

PARTNERSHIP: A PRACTITIONER'S POINT OF VIEW

Janet McFarlane

I felt honoured when I first received an invitation to publish a response to the Research-Community Partnership in Child Welfare, Wood's Homes Habitat Program project. After reading through the viewpoint of the author-researchers, however, I was somewhat perplexed with the contextual omissions. After much reflection, I began to appreciate the difficulty organizations may have in seeing the connections to the contextual elements when the tasks of their work are so engrained in workplace culture. It became clear that my job was not to comment on the research project itself, but to find a way to describe for the reader a culture and philosophy that is not a formula or methodology, but a way of leading. What I have to share has little to do with research and everything to do with research-community partnership success.

This response will highlight three contextual elements within the Wood's Homes / University of Calgary, Faculty of Social Work Innovative Partnership - Habitat Evaluation. From my viewpoint, these help to strengthen research capacity with regard to child welfare work in the community and to make it a success.

Philosophical Joining

Wood's Homes philosophy of "never giving up and never saying no" is much more than a tag line, it is the foundation from which all services and relationships are developed. This is important to understand because it is a primary element that contributes to a successful partnership. This philosophy is about perseverance and commitment, no matter how hard the work becomes. So when Wood's Homes had the opportunity to work with a University of Calgary Faculty of Social Work researcher who had been a Wood's Homes staff member, there was an implicit understanding by the entire research project team of how difficult the clinical work can be with the population being served by the Habitat program. Equally important was the mutual understanding of what it means to stick with a project through to the end. In this case, there was a level of like-mindedness that transcended mutual research interest.

Partnership Excellence

Wood's Homes has been serving the Calgary community in partnership for over 90 years and has celebrated many partnership successes. The agency has also learned much from mistakes in this area. It was from these lessons learned that a comprehensive set of partnership policies and guidelines have been developed to guide the agency's partnership work. Partnership work at Wood's Homes is overseen by a standing committee created by the agency to review all partnerships on a quarterly basis. The intent of the committee is to ensure that no matter how long the partnership has been in existence, the criteria for a successful partnership continue to be met. These policies and guidelines are available on Wood's Homes website at www.woodshomes.ca.

Partnerships are a complex business, with legal, ethical, financial, and philosophical ramifications. The depth of partnership experience and understanding that both Wood's Homes and the University of Calgary's Faculty of Social Work brought to the project is another crucial element contributing to the success of this research-community partnership.

The historical layers of connection and relationship, although somewhat downplayed within the text of this chapter, are of significance when looking at the success of this partnership project. The web of connections is not always apparent on the surface, but it is very beneficial to the success of the project when they are presented and recognized.

Leadership

The message the leaders of an organization impart to staff when embarking upon a research partnership is a third important contextual element. The Chief Executive Officer's mantra in the leadership arena is three-fold: humbly show up, speak the truth with compassion, and give up trying to control the outcome. As I read through this chapter's sections on the nature of the partnership, challenges, and benefits, I can see this philosophy come alive through the team's reflection of their experience. A leadership philosophy assists in guiding researchers and practitioners. It sets the stage for how organizations celebrate and communicate their successes, and it is a road map when a study's design falls short or experiences a setback. It is what helps to create the space for a regrouping, an apology, a laugh, a cry, and hopefully the encouragement to continue.

Conclusion

When considering the implementation of a research-community partnership, particularly in the child welfare area, there is much to strategize about and much to be learned from others' experiences, such as the Habitat project's challenges and successes. However, from my viewpoint, the complexity of the many contextual factors at play is important to acknowledge. Once identified, they become part of the research, part of what works or does not work, part of sharing aspects that research proposals do not consider and, ultimately, part of strengthening research capacity in child welfare within the mobilized community.

The Wood's Homes Habitat project was a complex undertaking for many reasons: the small number of families the project had to work with in the intervention and comparison groups, the nature of the population, and the practice complexities of domestic violence. Over the last number of years the child welfare field has made advances in the research literature on the effects of domestic violence, yet there is little evaluation research to support what aspects of intervention assist in mediating the effects, particularly within residential settings. The evaluation findings of this study begin to support an evidence base for residential treatment

interventions that have promising service delivery outcomes for our community-based child welfare programs. Of equal importance is the foundation this research partnership has created for potential future funding opportunities for continued Research-Community Partnerships in the area of child maltreatment and domestic violence.

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CHAPTER NINE

Research-Practice Partnership in Developing Services for Neglect

Carl Lacharité and Guylaine Fafard

INTRODUCTION

Child neglect constitutes the most prevalent form of child maltreatment in Canada, as well as throughout North America and Europe. Child neglect is not only the form of maltreatment most reported and investigated (Trocmé, MacLaurin, Fallon, Daciuk, Billingsley, Tourigny et al. 2001; Trocmé et al. 2005), but also characteristic of the substantial numbers of families receiving community and education assistance. For example, Miron and Lacharité (2003) conducted an extensive study of hundreds of daycare workers in Quebec and noted that they reported that 3-7% of all children under their care had displayed problems directly linked to parental neglect (significant lack of proper hygiene or clothing, medical care, and guidance or stimulation). Within the context of daycare services, issues of this type are at least five times more frequent compared to other forms of child maltreatment. As such, it can be concluded that, in Canada, efforts to protect children who are, or who are at risk of being, victims of maltreatment rely mainly on the prevention, detection, reporting, evaluation, and targeting of child neglect by social care organizations.

Child neglect is mainly defined as the failure to meet the basic needs of children, a chronic failure to protect them from threats to their physical and psychological well-being, and a major lack in providing parental supervision and meeting educational needs.

The issue of child neglect plays a paradoxical role within the field of youth protection for two reasons. First, in wealthy, developed countries such as Canada, a social problem of this type conveys an embarrassing

acknowledgment of the failure of social programs to provide access to proper living conditions for families and to promote and sustain responsible parenting. Second, child neglect is the least understood form of maltreatment because it is the least studied (Becker et al. 1995; Dufour and Chamberland 2003; Éthier and Lacharité 2000; Gaudin 1993; Klapper and Lacharité 2003; Sullivan, 2000). Other "new" forms of maltreatment (psychological abuse, exposure to domestic violence) appear to be a stronger focus for researchers and practitioners (Dubowitz 2007; McSherry 2007). Decision-makers and practitioners in the youth protection system constantly have to incorporate services to address an ever-increasing number of cases of child neglect; yet, there remains a discrepancy between the logic behind the services and the characteristic complexity of the issues. Eliminating the paradoxical nature of the situation (notably by developing more effective programs, either preventive or curative, to address child neglect) requires a better understanding of child and parental adaptation to personal, social, and economic hardships, as well as an increased knowledge of the institutional and social challenges brought about by such issues within our western society.

Another major point to help understand this paradoxical situation is that child neglect, as a social issue, is particularly difficult to grasp within a strongly "mediatic" society such as ours (Lacharité 2005, 2006). This issue does not mainly rest on broadcast *events* conveyed in words and images meant to arouse emotional response (within the public and among government decision-makers) and on the impression that there are specialists in place who will provide concrete solutions. Rather, child neglect rests more on *conditions* that, when described, are viewed basically as trivial and boring and for which it is tedious to conceive of prefabricated, one-dimensional, and targeted solutions. Moreover, a number of studies (Dubowitz 2007; McSherry 2007) suggest that protective service providers might be inclined to view issues of neglect as less serious than issues of physical and sexual abuse. Considering the lack of agency resources combined with the major complexity in evaluating situations of reported child neglect, it is no surprise that more attention is paid to situations that are perceived to be of immediate risk, to the physical safety and well-being of a child (rather than short, medium, and long-term development), and to situations where there are clear facts.

Another challenge in child neglect is that the social nature of the issue can neither be explained nor understood in strict terms (for example, by stating that children are victims of neglect because they have bad parents

and, in particular, a bad mother). Publications by Swift (1995a, 1995b) are particularly eloquent on this issue. Explanations of child neglect must address, *a priori*, related distal causes at the socio-cultural, economic and political levels, and the developmental history of individual children (Lacharité, Éthier and Nolin 2006). It is not an exaggeration to suggest that short-sighted or unrealistic frameworks that try to explain child neglect contribute to the obstacles that hinder the development of a coherent and exhaustive understanding of the issue.

CHILD NEGLECT: PROBLEM THEORY AND ACTION THEORY

The reorganization of the social and agency response to issues of child neglect implies "problematizing" the phenomenon in a different manner. There is a consensus drawn from studies undertaken in the last decade on the necessity to adopt an ecosystemic model that focuses on an analysis of the various needs of children at all stages of development and on various forms of behaviour within their environment in responding to these needs, rather than focusing strictly on parental behaviour (Dubowitz et al. 2005a, 2005b; English et al. 2005; Lacharité, Éthier and Nolin, 2006; Stowman and Donohue, 2005). From this perspective, child neglect, in its clinical definition within youth protection services, is not characterized by concrete, visible acts that run contrary to parental responsibility (as in cases of physical, psychological and sexual abuse), but rather by the *omission of behaviours viewed as intrinsic to responsible parenting within a given society.* In western-world culture, child neglect can be characterized ecosystemically as the result of a twofold breakdown: 1) a breakdown in child-parent relationships characterized by significant difficulty, for immediate caregivers, in manifesting emotional responsiveness to the basic needs of the children and, as such, hindering their physical well-being and/or their development at various levels (physical, cognitive, emotional or social); and 2) disrupted interaction between the family and the local community, characterized by the isolation of family members and a lack of suitable alternatives for adequately meeting, or substituting for children's needs in the face of temporary or long-term probable limitations or failures by the caregivers. The main components of an ecosystemic model are outlined in Table 9.1.

Table 9.1 Ecosystemic Theory of Child Neglect

Systemic level	Children	Parents
Ontosystem	• Adaptations (neuropsychological, cognitive and affective) that neglected children must possess in order to cope with the difficult and unpredictable environment to which they are exposed • Traumatic reaction by children to situations of neglect	• Developmental overload in the form of personal problems directly linked to parental characteristics and/or their own problems (mental problems, traumatic events, substance abuse, cognitive problems, etc.) • Acquisition of coping strategies in assimilating related information which interferes with the capacity to pay attention to and be available to meet the needs of the children
Microsystem	• Relationships that give rise to fear and confusion in children and interfere with their ability to function at the behavioural, academic and social levels • Relationships that emotionally and socially isolate parents from existing and potential sources of support in their parental role (conflicts, violence, etc.) • Relationships such as these are also responsible for intergenerational distress within the families	
Mesosystem	• Troubled relationship between the family and other social groups in which the children and parents are actively implicated • Restrictions in normal development affecting both children and parents	
Exosystem	• A major gap in living conditions compared to middle class living conditions in the dominant culture • Constant presence of authority figures creating, both for the children and the parents, an institutional spotting and tagging • Institutional practices that decontextualize issues faced by children and parents and selectively focus on the behaviour and capability of mothers	
Macrosystem	• Social organization of childhood with an accent on objective knowledge related to child development • Social organization of parenting with an accent on the individualistic character of parental responsibilities	

Problematizing child neglect in this manner calls for a re-evaluation of the principles on which support of responsible parenting and of child development regarding these issues must be based. This type of re-evaluation clearly affects professional practices in various service sectors. The challenge is to do whatever is required for child neglect to no longer be considered an issue under the sole responsibility of youth protection system, but rather to be more broadly defined as an issue of public health. Within child neglect as a broad public health issue, complex and multi-determinant phenomena include the ability of caregivers to provide their children with needed attention, and to understand and respond to their needs as they change with child development stages. Figure 1 illustrates the main components of an ecosystemic theory of intervention in response to situations of child neglect.

A theory of coherent action along with an ecosystemic theory on child neglect is based on an interlocking of goals or targets at all systemic levels. Figure 1 is a schematic illustration of these goals. Ultimately these goals aim to bring forth normative opportunities of development for neglected children, as well as to provide corrective developmental experiences for children displaying problems of a clinical nature (e.g., complex traumatic reaction). However, these kinds of goals can only be feasible if we have assurance that the caregivers responsible for the well-being of the children (in particular, their parents or other parental figures such as a foster family) are adequately supported in their ability to consider the consequences of their actions on their children (reflective function), and in their capacity to forge functional social links with other adults in their networks (relay function). Providing support to parents and parental figures must clearly result from an analytical approach focused on the developmental needs of the children in which the caregivers and professionals both take active parts. This type of analytical approach will have little effect if it does not stem from concerted socio-institutional efforts to establish a conception of child development and parental responsibility that illustrates the complexity of situations of child neglect.

What kind of institutional system is able to address the various challenges faced in forging social innovations to prevent and reduce child neglect? This question was the focus of a work by a team of practitioners and researchers within the youth protection network in Quebec. Activities designed to address this question by a research-practice team – notably the creation of programs targeting neglect – formed the structure around which a research-practice partnership was put in place to develop an ecosystemic plan of action against child neglect.

Normative child developmental opportunities and corrective developmental experiences

Parental experiences linked to the reflexive and the relay functions

Participative evaluation and analysis of the needs of children, parental capacity and environmental conditions

Ecosystemic understanding of child development and parental responsibility
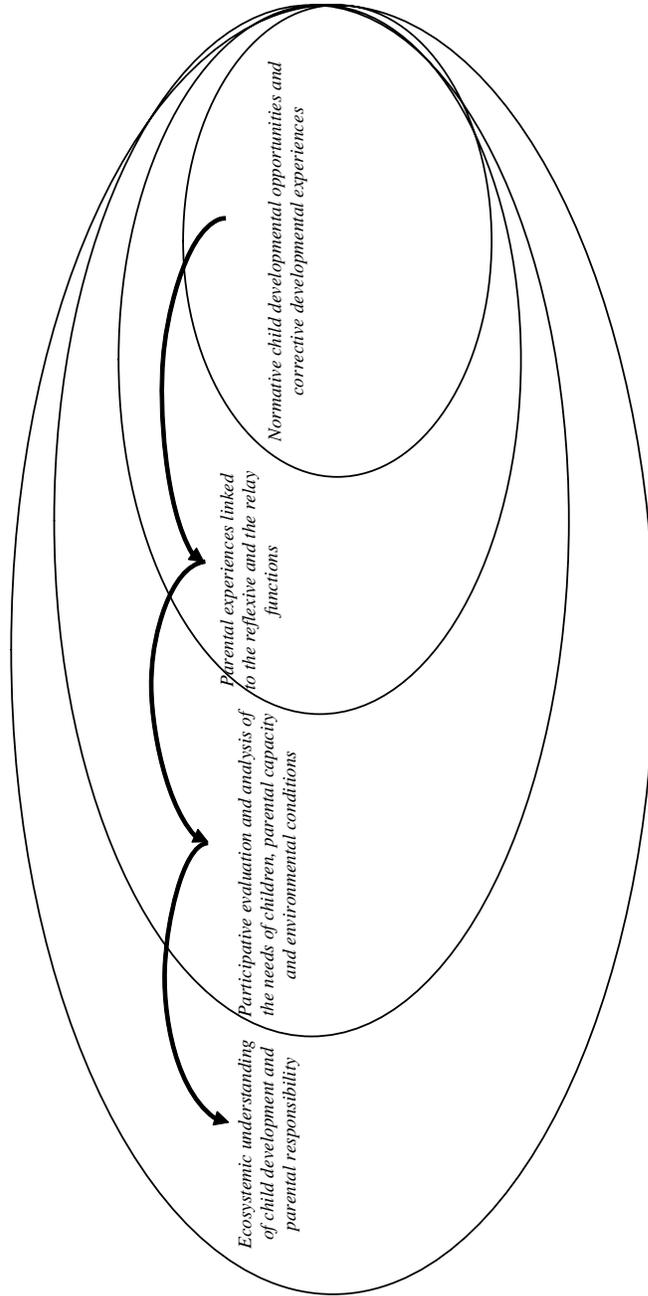
Figure 9.1. Theory of action in situations of child neglect.

RESEARCH SUMMARY

Objectives

A concerted effort by the research team generated three objectives. The first was to *establish a research-practice partnership* to address the challenges inherent in dealing with families faced with issues of child neglect or families that were at risk. The second objective, within the framework of a research-practice partnership, was to *develop an ecosystemic model of intervention* aimed at allowing targeted children to eventually live and interact with adults who are able to provide them with the attention they require and to meet their developmental needs (based on their individual characteristics). In addition, the adults in the children's lives would come together to share the responsibilities and work together to ensure their well-being and optimal growth. The third objective consisted of the *implementation this model of intervention within the framework of the pilot project in three Quebec regions and monitoring ongoing progress and effect.*

Methodology

The project unfolded in three stages. The first stage focused on establishing an ecosystemic understanding of child neglect (Objective 2), led by a committee of researchers and professionals. The committee also organized a number of forums that allowed approximately 10 researchers from Quebec, France, Brazil, and more than 100 practitioners and managers (from youth protection, social services, community services, education, and health sectors) to come together and discuss their experiences and knowledge of child neglect, and to identify the main characteristics surrounding the issue. The second phase consisted in the creation of a model of intervention (targeted clientele; the type of rapport with them; strategies and methods for intervention; measures related to program implementation) carried out by the same committee (Objective 2). The third and last phase consisted of implementing the program within three pilot regions of Quebec (Objective 3).

The research project included an assessment of the innovative research-practice partnership and procedures (Objective 1). The assessment revealed four challenges associated with this type of partnership: 1) power relations between researchers and practitioners; 2) the role of practitioners in the development of evidence-based knowledge; 3) the boundaries of the partnership, notably in terms of the people involved

and their active role; and 4) the objectification of neglected children and their parents. An assessment of the research-practice partnership process was based on participant observations at each of the three phases of the project: the problematization of neglect (15 committee meetings and six researcher-practitioner forums); program development (10 committee meetings); and program implementation (coordinating committee meetings in each of the three pilot regions). Data collected were subjected to a thematic analysis based on conceptual categories. It is to be noted that specific results for this phase of the program constitute a major section of the latter half of the chapter.

The research initiative also made it possible to assess the quality of the *Programme d'aide personnelle, familiale et communautaire* (PAPFC) that included a program implementation evaluation (Objective 3) and an evaluation of intermediate program effects in all three pilot regions (Objective 3). The methodology used in the implementation assessment was based on a multiple cases study design, with each region identified as one case. Local coordinating committees were required to produce an annual report on the program implementation in their separate regions using a systematic framework (Fafard and Lacharité 2006). An assessment of the intermediate effects stemmed from a study of the effects of intervention, mid-way through the intervention, of 89 children and their families. Data taken from youth centre client files served as the basis for the study (Fafard et al. 2007).

Results

Results of the research-practice partnership assessment are the focus of the next section of this chapter. Findings from the implementation evaluation, in turn, reveal major challenges in modifying current practices related to child neglect, particularly pertaining to parents. First, the difficulty in establishing a collaborative bond between the practitioners and the parents remains the single most challenging aspect in implementing of the model of intervention. The second major challenge in modifying existing practices stems from the difficulty in putting into place and sustaining at the institutional level the needs of child victims of neglect within contexts where the parents themselves have numerous needs as human beings. The weight of the psychosocial context in cases of neglect often draws away the attention and availability needed to address developmental issues faced by children.

It is estimated that within a period of 6 to 12 months, approximately half of the model of intervention components were implemented in

the pilot regions. This suggests that the time period required in order to implement this type of model will be at the very least two to three years.

Results on the intermediate effects (in the course of the intervention and in view of partial exposure to various components of the program) on children and their families (paired with a comparative group of 89 children victims of neglect and who received services from the same establishment and on the same territory) suggested two things. First, although only a portion of the program components were implemented, notable gains were made in attaining specific intervention plans and service goals. Second, there was a change in the number of re-reported children under intervention (notably a reduction in the number of retained cases for new reports).

PARTNERSHIP: VIEWS OF THE AUTHORS-RESEARCHERS AND COMMUNITY PARTNERS

Nature of the Research-Practice Partnership

Within the framework of the program described, the partnership is the result of a formal agreement between the Université du Québec à Trois-Rivières and the Centre jeunesse de la Mauricie et du Centre-du-Québec. The Mauricie et Centre-du-Québec health region has approximately 500,000 inhabitants living in five medium-sized urban areas (the major one being Trois-Rivières with 141,000 inhabitants), and a number of rural areas within a territory similar in size to Belgium. The latter region has approximately 65,000 families with children 17 years of age and under. Its socio-demographic profile resembles that of the province of Quebec as a whole.

The partnership agreement was ratified by management at the agencies in question. It is, as such, an alliance that stretches beyond the implementation of specific projects. An alliance of this type is based on a joint structure of management that promotes the direct involvement of practitioners in outlining research projects, the implementation, the appropriation of research findings and, eventually, the creation of "products" that directly meet their needs.

The partnership agreement also promotes regular contact between researchers and frontline workers and, in return, the contacts have a direct impact in identifying issues for research projects by taking

into account the concerns of practitioners. The regular presence by researchers in the service areas of partnership agencies allows them to become more attuned to the needs and constraints in these agencies at both the management and intervention levels.

The partnership agreement also promotes the development of a shared view and common language in addressing the various challenges faced by researchers in conducting their research and by frontline workers in fulfilling the missions and mandates entrusted to them.

Advantages and Drawbacks of the Research-Practice Partnership

Forging partnerships between practitioners (and their social work environment) and researchers (and their scientific world) is likely the most promising way of developing social programs that rely on an ecosystemic understanding of child neglect. The encounter (and confrontation at times) of the two worlds may, under some circumstances, results in *effects of perspective* that lead to a broader and more in-depth vision of the situations faced by children and their parents affected by child neglect, and to a deeper understanding of the circumstances surrounding their situations.

This being said, the creation of research-practice partnerships on child neglect is not without pitfalls. Experience has shown us that at least three components must be considered in forging these types of partnerships, and that these must also be monitored on an ongoing basis.

To begin with, and based on our experience, there are major gaps between the "symbolic capital" of practitioners and researchers (Lacharité 2005). Researchers usually have a symbolic capital that confers "privilege" in terms of their opinion on issues as compared to practitioners. This type of situation creates circumstances that do little to promote discourse and reciprocity between researchers and practitioners or the integration of their points of view.

Within a context where the "voice of authority" conferred on researchers is not challenged, the weight of their opinions dominates the points of view of practitioners and cancels the effect of perspective obtained in the partnership. Within such a framework, although all participants may work well together and their efforts may be well coordinated, practitioners often remain restricted to the role of expeditors of researchers' ideas. Because they base their work on conceptual categories and thinking, researchers often overlook the wealth of field experience of practitioners and the local knowledge they develop from it.

Within a context where the researcher's position of authority is challenged, attention often veers towards a sterile debate over individual contribution and action that does not allow for integrated points of view. Within this framework, the partnership becomes a collision course leading to a power struggle that determines the outcome of decisions made. The partnership becomes "territorialized" meaning that the key players will strictly rely on it during forums of exchange (formal meetings, reports, memorandums). All that stretches beyond the official territory is considered little or not at all as being within the partnership.

As part of our initiative focused on developing an ecosystemic model of intervention against neglect, and on implementing the model, considerable attention was given to the place of researchers within the partnership. For one, efforts were made to first and foremost clearly acknowledge the expertise of practitioners on the issue of child neglect and the complementary role of their knowledge and experience with that of the researchers. Many opportunities for group reflection were set up, some very formal at the local or regional level or as office meetings, while others were more informal (and much more numerous) such as talks over coffee, a meal, or while driving in the car.

One guiding principle for researchers has always been to assume a "de-centred" position within the partnership – to actively seek to enrich and complement the point of view of practitioners. It is not about researchers setting aside their knowledge and point of view, but rather it is a question of combining their perspective with that of practitioners. For the practitioners, this decentered position of researchers is not familiar but it allows them to share in more detail and depth their field observations, the knowledge they put to use and their actions. In addition, this type of approach allows researchers to have a better understanding of the point of view of practitioners and to introduce new components that, in return, allow practitioners to have an increased sensitivity to the meanings of researchers. Within this context, diverging ideas or disagreements take on a new meaning. They are no longer a source of confrontation, but rather a source of innovation. Experience has taught us that diverging points of view must explicitly be addressed as they emerge and that time and energy must be invested in finding solutions prior to moving on to other issues.

The second component to consider within a research-practice partnership is in regard to institutional mandates and emergency situations faced by practitioners and, in particular, the fact that these issues constitute the main determinants that affect their position on

child neglect. Paradoxically, our work has indicated that the practitioner point of view has little to do with their field experiences with children and parents ("what they experience and what they do"), but rather is based on normative guidelines that provide outlines or scenarios on the experiences, ("how to apply them" and "how to deal with the situations"). The depth and wealth of experience that practitioners are reputed to bring to the partnership is not always made evident. Consequently, the inclusion of a perspective with regard to a researcher's point of view is not truly complete. It should be noted that, within the framework of partnerships in youth protection, the researcher's point of view is not only more abstract (compared to that of the practitioner), but also tends to be just as normative as that of the practitioner, with scientific arguments being major standard setting mediums and researchers being major standard setters (notably pertaining to child development and parenting). Research-practice partnerships often fall into a trap of excluding practitioner field experiences and emphasizing various concepts of norms related to neglect. Partnerships of this type remain horizontal and superficial. However, when researchers assume a more de-centered role, they can actively support practitioners in refocusing on their direct experiences with children and parents they work with, and in examining the real effects of the norms (social, cultural, scientific) on the nature and quality of their experiences. Within the framework of our initiative, "inter-vision" group activities have been organized to allow practitioners directly involved in implementing the program to cast a new light on their everyday experiences. The activities are not about clinical supervision. They are usually led by a researcher who has no supervisory role. Within an inter-vision context, researchers may also assume the role of participant who has enough direct experience with children and parents targeted by the model of intervention (e.g. if they have had qualitative or clinical contact with the people within the framework of their research).

The last component to consider is that, in discussing parents and children within the partnership, researchers and practitioners may give the impression that they have a better knowledge of family experiences (their everyday life, how they make sense of events, the obstacles they face, issues of identity and so forth). Such partnerships may function to the detriment of the main people actually involved in child neglect. Professionals often state that "services are user-centred." A statement of this type is "formulaic" in nature as it only superficially acknowledges the point of view of parents and children. For their part, researchers rely on methodological, analytical and interpretive practices based on a segmented

portrait of the life of the participants in their research. Professional and scientific practices of this type often result in a manufactured, flattened and unrealistic image of children and parents of concern to practitioners and researchers. Giving the impression of being open to other points of view, these partnerships may also become systems that further alienate professionals and reseachers from the everyday experiences of children and parents living in a situation of neglect.

Partnerships should never be defined as dyadic (practitioners versus researchers), but rather as triadic (users versus practitioners versus researchers). The virtual and, if possible, real participation of children and parents should be a core dimension of this type of partnership that has as its mission to provide innovative forms of assistance and support adapted to the challenges faced by families. Again, experience has shown us that the last component is likely the most complex to incorporate into the partnership. For one, it requires an ethical foundation that differs from the one that currently exists within research-practice partnerships. In addition, it includes major operational challenges. How do we proceed to include children, mothers and fathers as true partners in new approaches such as these? Within the new proposed partnership, our work is in its early stages, and we are therefore unable to present findings at this time. It will remain the main target of our plan of action over the course of the coming years.

Conclusion

The components just outlined may serve as guidelines in forging ahead with research-practice partnerships that are both promising and rewarding. In keeping with a concerted effort to develop an innovative plan of action to deal with child neglect, a partnership of this nature has led to the creation of three distinct yet interrelated programs. The first (Leg-Up) program entitled "Faire la courte échelle" aims to put into place integrated services to prevent and combat child neglect (Lacharité et al. 2007). The second program, the PAPFC[2] (Programme d'Aide Personnelle, Familiale et Communautaire – Nouvelle Génération), aims to offer services to parents and children faced with issues of child neglect (Lacharité et al. 2005). The third program, IACDW (Intersectoral Action for Child Development and Welfare), aims to introduce a frame of reference and a procedure that allow for the participative evaluation of the developmental needs of children (Chamberland et al. 2005). The three programs have been implemented in various regions throughout the province of Quebec. These innovative "social" advances probably

would not have seen the light of day if not for a sound, active, and committed research-practice partnership. Assessments are currently underway to report on the effectiveness of the programs and their impact on the services network and child neglect in the province of Quebec. The partnering nature of the program has resulted in an evaluation based on a close collaboration with the various agencies.

Furthermore, the partnership has had a major effect at the research level. Increased knowledge on the issue of child neglect is due in great part to the contribution of practitioners and their day-to-day experiences. The usual distance between the researcher, producer of knowledge, and practitioner, producer of action, has largely diminished within our partnership, resulting in new possibilities in the social organization of knowledge on child neglect. The next step will be to create the conditions needed for the persons most concerned by child neglect, the children and their parents, not only to be the focus of the partnership, but also to make their contribution within the social framework of advanced knowledge.

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CHAPTER TEN

Treatment Foster Care: Children's Voices and Perspectives

Nitza Perlman, Barry Isaacs, and Anne Pleydon
Community partnership comments by **Kevin Sullivan**

INTRODUCTION

Treatment Foster Care (TFC) has existed for several decades but it was only in the 1980s that it became generally recognized as helpful to children with severe difficulties and agencies became interested in including TFC programming to serve children in their care. It combines the treatment technologies typically associated with more restrictive settings with the nurturing and individualized family environment and has now become a common alternative to residential group care (GC) for children requiring out of home placement for severe behavioural, emotional, and mental health problems (Chamberlain 2000; Curtis, Alexander and Lunghofer 2001; Reddy and Pfeiffer, 1997).

Curtis et al. (2001) stated that, according to best "practice wisdom," TFC is most appropriate for children who are too young for institutional care or who are capable of engaging with a family. In TFC, specially trained foster parents supported by program clinicians strive to meet the child's treatment needs by establishing an integrated and coordinated system of care. The child is first matched with, and placed into, the foster family home. The foster parents then meet regularly with program professionals to design and adjust individualized treatment plans for the child. The foster parents, under the supervision of program clinicians, are responsible for carrying out the bulk of this plan which, depending on the program, can be based in any number of therapeutic orientations. Much of the treatment takes place within the foster home, but emphasis is also placed on community involvement, accessing community resources for the child, and the attainment of educational goals. This requires that

foster parents also work with others in the community such as teachers, recreational volunteers, and other professionals. Many programs also provide the child access to specialized assessment and therapeutic services as needed. Foster parents are provided with emotional support, crisis intervention, and relief services as needed (Curtis et al. 2001). Many programs attempt to include birth families in the treatment plan by arranging visits or providing family therapy (Chamberlain 2000). As such, this method of care differs from regular foster care, where little or no training or supports are provided to foster parents.

Research has shown that TFC results in positive outcomes in multiple areas such as social skills, behaviour problems, self esteem, psychological adjustment, placement permanency, and decreased level of restrictiveness at discharge (e.g. Curtis et al. 2001; Hudson, Nutter and Galaway 1994; Reddy and Pfeiffer 1997); is more effective compared to GC (e.g. Almeida et al. 1988; Chamberlain 1990; Chamberlain and Ried 1998; Colton 1988; Curtis 2000); and is a cheaper alternative to various available GC arrangements (Almeida, Hawkins, Meadowcroft and Luster 1989; Hudson, Nutter and Galaway, 1994; Rubenstein, Armentrout, Levin and Herald 1978).

Although there has been a great deal of research focussed on outcomes for children, there has been very little work done to understand the experiences of children themselves in TFC. The purpose of this study was to interview children currently in a TFC program to gain insights into their experiences, levels of satisfaction, and understanding of the program.

Context of Current Study

This study took place in the context of a much larger evalution of a TFC program based in Cobourg, Ontario (and sponsored by four Children's Aid Societies including Durham, Hastings, Kawartha-Haliburton and Northumberland). The program serves children and youth experiencing the after effects of sexual abuse. Problems include severe social, emotional, cognitive, and behavioural difficulties such as Attachment Disorder, Post-traumatic Stress Disorder, anxiety, depression, dissociative disorders, sexual dysfunction, and aggression. In most cases, children do not leave the program until they become too old to be under the care of the Children's Aid Society.

In the program, the treatment foster family is viewed as the primary treatment setting. Services are delivered primarily by the foster parents (referred to as parent-therapist from this point on), who are trained,

supervised, and supported by agency staff. Designing the treatment plan is a team function that is carried out by the parent-therapists under the clinical supervision of qualified program staff. Where possible, children in the program have contact with their biological parents. The parent-therapists are an integral member of the teams. They are employees of the Children's Aid Societies supporting the program and are compensated for their work.

In an evaluation conducted in the early 1990s, the Cobourg TFC Program was found to have evidence of program efficiency and effectiveness (Osmond 1992). Since that time, the TFC program has evolved in an effort to better meet the needs of the children and youth it serves. In the late 1990s, Dr. Paul Stienhauer, a recognized advocate for children in Canada, identified this TFC program to be particularly effective in responding to the needs of hard-to-serve children in the child welfare system. One of the present authors, Nitza Perlman, was recruited as a consultant to the TFC program. Working with the staff reinforced the impression that this program provided a unique opportunity for children to recover some of their social/emotional and cognitive skills, and to improve their well-being in general. Of particular interest was the TFC program's success in responding to the needs of attachment-disordered children and youth. It became clear that identifying factors that contributed to the successful outcomes of the program may allow other programs serving children in similar predicaments to replicate all or parts of the TFC program.

In 2001, a 5-year evaluation funded by the Centre of Excellence for Child Welfare was initiated. The evaluation was carried out under a partnership model within which collaboration between the evaluation team (the authors on this chapter) and the program stakeholders (staff, parent-therapists, sponsoring agencies) in formulating the evaluation questions and methods, and interpretating results was deemed essential. The nature, processes, benefits and challenges of the partnership throughout the evaluation as a whole are discussed in detail later in this chapter. The goal of the overall evaluation, developed within the partnership model, was to identify important components of the Cobourg program and other factors contributing to outcomes. This specific study into the childrens' experiences was one of several undertaken toward that larger purpose. To that end, the implications of the findings for service delivery and evaluation are discussed.

RESEARCH SUMMARY

Methods

Twenty-eight children who were enrolled in the TFC Program at the time of the research participated in this study. The children ranged from 6 to 18 years of age and had a mean age of 10.6 years. Seventeen boys (age range: 6-13 years; mean age: 10.35 years) and 11 girls (age range: 6-18 years; mean age: 11 years) were interviewed. Half of the child participants fell in the average range of intellectual functioning, while the other half were borderline or fell within the range normally associated with intellectual disabilities. Almost all of the participants had histories of neglect, physical and sexual abuse, as well as at least one Axis I diagnosis (e.g. Post-traumatic Stress Disorder, Oppositional Defiant Disorder, Conduct Disorder, parent-child relational problems, and sibling relational problems). The majority of the children had been diagnosed with some variant of an Attachment Disorder. Twenty-seven of the children were Crown Wards (4 without parental access and 23 with parental access) and one was a Society Ward (with access).

Children participated in a one-to-one semi-structured interview about their thoughts, feelings, and recollections of their experiences in Treatment Foster Care. All interviews were conducted by the first author of this chapter. To examine the children's experience, we utilized the qualitative research method of *grounded theory*. The defining characteristic of grounded theory research is that the research methodology is not structured to test a theory. Rather, through surveys and interviews about existing phenomenon, the grounded theory approach allows a theory to emerge from the investigation of that phenomenon. Interviews were transcribed and QSR N6 software was used to assist in the analysis of the transcripts.

Results

The following themes emerged from the interviews: the role of the family of origin, experience in previous placements, relationship with and attachment to the parent-therapists, relationship with and understanding of the TFC Program, treatment issues, sense of progress, school, peer/ social world, thoughts about the future, identity, and experience of being a "foster child." Many of the children's perceptions of the issues mentioned above supported previous studies of foster children in the regular child welfare system. However, some themes are unique to this study and, perhaps, this population. We hope that information provided

by the children will help identify the mechanisms and factors associated with the program's treatment outcomes.

Children's satisfaction and preferences

Previous qualitative research has found that foster care children tend to express satisfaction with their care experience (Blower et al. 2004; Whiting and Lee 2003). In keeping with this, when asked about their current placement the participants in this study used words such as "good," "positive," "fun," and "safe" to describe experiences of their foster care placements. Most said that they enjoyed their school and their relationships in the community, and viewed their experiences favourably when compared to their previous experience at school, home, and in the community. Consistent with Gil and Bogart's (1982) findings, the participants in the present study stated that they enjoyed being able to do more activities, and having more material possessions, such as clothing, toys, food, and space (e.g. their own bedroom).

Twenty-five percent of the participants reported having difficulties adjusting to and following household routines in the TFC Program. Negative statements about being labeled a foster child were expressed by 20% of the children. These statements tended to be associated with the children missing their biological families or previous foster parents.

Children's experiences of removal

In this study, the children indicated that they were confused about the reasons for being removed from their birth parents. Twenty of the 28 participants remembered being apprehended and brought into care. A quarter of them stated that (at the time of the study) they did not know why they were in care. The other children stated that they were in care because of a variety of reasons: their parents could not take care of them, were not nice, or were abusive or absent due to mental or physical disabilities. Some thought that their own behaviour had resulted in their placement. The majority of the participants believed that they were now with "better" parents who had the capacity to care for them.

As in previous studies, the children in the present study reported that during the removal process they were not informed about what was happening or what was about to happen to them. When they recalled the day of the apprehension, they described being unexpectedly taken from their home and brought to a strange place (e.g. an agency, emergency foster home, or temporary shelter). The children did not recall the Child Protection Workers explaining to them the reason for the removal. They reported the feelings of terror they experienced on being separated from

their parents and about the unknown. They felt that these feelings were not acknowledged and their fears were not addressed at the time of the apprehension.

Relationships with biological family

The TFC children were asked about their contact and relationships with their biological family while being in care. Consistent with previous studies (Blower et al. 2004; Chapman, Wall and Barth 2004), the participants described their emotional ties to members of their birth families and their hopes for reunification. Seventeen of the participants had visits with members of their biological families (e.g. both parents, mother, one parent and siblings, siblings only, or other relatives). More than half of them had visits with members of their birth families at least monthly. Seventeen of the children said that they missed their biological families, seven were ambivalent, and two stated that they did not miss their birth parents. Two of the 28 children interviewed did not mention missing their families or wanting to visit them. Approximately half of the children expressed a preference about where they would like to live; five preferred to rejoin members of their biological family over their current placement, while the rest preferred to be in care with their current parent-therapists.

Hopes for the future

Participants were asked where they would like to live and what they would like to do (e.g. school/employment) in the future. When asked specifically about what kind of employment they would like to pursue, over half of the participants could name a potential future profession or occupation. When asked where they would like to live, the majority of the participants assumed that residing with or near their foster parents was an option. Four TFC children said that they wanted to live with or near their biological families when they grew up. One child wanted to live near his previous foster parents and another was ambivalent, stating that he wanted to live with both his parent-therapists and biological family. Eleven of the 28 children interviewed said that they wanted to live with or near their parent-therapists when they grow up.

Children's wishes

The participants were asked, "If you could make any wish, what would it be?" Three children wished to visit their biological families, two wanted to see their own behaviours improve, two others desired to be (emotionally) closer to their parent-therapists, one wished to be a birth child of the foster parents, and another wanted his parents to be well so

they could reunite. Twenty children focused on wishes to change the household rules (e.g. stay up later), participate in certain activities, have certain privileges, or acquire toys and material possessions.

Children's perception of the parent-therapists

The children were asked to describe their relationships with their parent-therapists and their understanding of the parent-therapists' role. They were also asked about the role of the TFC staff (the social workers and therapists). Questions included references to children's perception of their relationship and involvement with the TFC program staff and of their parent-therapist's relationship with the TFC program.

Eighty percent of the children in this study stated that their parent-therapists were able to provide them with good care. When asked if their parent-therapists needed or received help in caring for them, the same 80% of the children said their parent-therapists needed or received little or no assistance from others. Two of the children qualified their answer by saying that help is required when the parent-therapist is sick. When probed about the nature of the help that foster parents required, the participants described themselves as helpers, as well as other members of the family and friends. When asked about the role of staff in the program, more than half of the children named or identified several staff from the TFC Program. They said that the staff visited their homes frequently and their foster mothers visited the program's office. However, the children showed little if, any knowledge, about the role of the program's clinicians. This is an interesting observation as the parent-therapists in this TFC program consistently and enthusiastically reported the presence of and assistance from the TFC program (Isaacs, Perlman, and Pleydon 2004a).

Identity as a foster child in the TFC family and at school

The identity of a "foster child" was explored. Participants were asked if they thought that there were differences between foster children and non-foster children. The majority of the children identified differences, but did not think that they were treated differently than non-foster care children. Five children said that they did not know of any differences; seven reported that foster children moved a lot, had more problems, and needed more programs.

Participants were asked a second time if they were treated any differently at home because they were foster children and, more specifically, whether they were treated differently than the foster parents' biological children. The change in emphasis in the question yielded additional information.

Ten children said that they experienced no differences. However, eight teenage children believed that they have been treated differently. They explained that foster children cannot return home after they are 18 years old and that they have more problems so are handled differently. Two children thought that the parent-therapist's grandchildren were treated better; the rest were not sure.

When asked if they were treated any differently at school because they were a foster child, twenty of the children claimed they were not treated any differently than the other children. Four children suggested that other children may make fun of them or be curious about their status as foster children.

PARTNERSHIP: VIEW OF THE AUTHORS-RESEARCHERS

As mentioned above, this study took place within the context of a larger evaluation of the Cobourg TFC program. Publications and presentations of results from other aspects of the evaluation are listed at the end of this chapter.

Nature and Benefits of the Partnership

The overall evaluation was carried out in a partnership that included the TFC program staff and management, the principal investigators, and research assistants. The partnership was built on the foundation of a pre-existing relationship in that one of the investigators, Nitza Perlman, was a clinical consultant to the TFC program. This pre-existing relationship was characterized by important elements of mutual trust and respect that were vital to successfully addressing new issues brought on by the injection of a research element into the partnership. Additional issues raised by this included questions related to roles and expectations for the partners in:

- defining a research agenda to meet specific interests,
- formulating research questions and methods,
- recruiting participants,
- collecting, analyzing, and interpreting data,
- providing reports, and
- determining data ownership.

Underlying each of these issues are the differing agendas, interests, and ethical perspectives of the respective partners. Addressing these issues at the outset was important but, given that the project had multiple phases, it also had to be done on an on-going basis.

Reconciling issues in ways that facilitate the successful completion of the research can only be achieved in a collaborative and interactive relationship in which both partners discuss issues as equals, listen, are sensitive to the perspectives of the other, and are flexible. The fact that both researchers had experience working in community-based agencies and in doing community-based research, and that program stakeholders had a strong interest as well as experience in doing research, helped the partners understand and work through these issues.

The TFC program staff and investigators worked together to define a research agenda with the dual purpose of producing research to benefit the agency and the field of child welfare in general. The researchers began with a proposal outlining three phases that they felt met this purpose, but were not derived through consultation with the TFC program. After program input, Phase 1, the definition and description of the core components of the TFC program, and its expected outcomes based on stakeholder interviews, remained unchanged. The results in Phase 1, however, led to a reworking of the overall structure of the project away from an exploration of outcomes using single case designs and a matched control study to an emphasis on stake-holder experiences. In particular, the TFC program was interested in the experiences of its treatment parents and the children in care as it had certain goals for these groups around the provision of support and care. While different from the original plan of the researchers, investigation into these issues was seen as beneficial to both the TFC program and the field of child welfare.

In all phases of the overall evaluation, investigators and program staff worked in an interactive and collaborative process. Partners worked together in Phase 1 to develop a logic model of the TFC program. Interviews were held with program stakeholders including management, staff, parent-therapists, and other professionals associated with the TFC program. This information was organized into a draft logic model by the investigators. The draft was reviewed with the stakeholders in a group meeting and revised based on feedback, then reviewed again. This process continued until a final model was agreed upon by the group. This process accomplished two important things:

- It provided a means through which clinical staff could clarify and reach a consensus about the key processes and expected outcomes (short- and long-term) in the services they provided, contributing to shared understanding of the TFC program's goals and processes.

- It resulted in a tool, the logic model, that can be used for further evaluations.

The model itself served as a tool to facilitate the collaborative process in that the investigators and program staff used it as a reference point in joint discussions to identify aspects of the TFC program to evaluate, thus jointly revising the research agenda. This interactive and collaborative process was continued to identify the relevant variables, and define recruitment and data collection strategies and responsibilities for subsequent phases. Analysis was seen as an investigator responsibility but interpretation of the results was a shared activity. As projects within the research agenda developed, it was important that the variables identified and the relationship between factors and outcomes be meaningful to all stakeholders. This would not have been possible without the collaborative process.

Challenges for the Partnership

Recruiting of participants posed various challenges throughout the project. Difficulties in this area were influenced by factors of distance, given the TFC program was spread over a wide geographical area, and ethics. Distance issues were handled in two ways – engaging in telephone interviews where appropriate, and having participants come to the central program office for interviews. The latter strategy was used to interview children in the TFC program as telephone interviews were seen as highly inappropriate for this group.

Ethical issues made recruitment of children who had left the TFC program difficult. Given the vulnerable nature of the population, recruitment was limited to letters to potential participants without follow-up, leading to a very low response rate. A similar strategy of relying on participants to respond to advertisements, however, worked quite well for recruiting a comparison group of foster parents not working within the TFC program. Program staff played an important role in recruitment in terms of distributing information about the research, but had to be kept at an arms length from determining participant interest and gaining informed consent.

As a general rule, the researchers owned the data on the condition that it was stored only in de-identified form. While privacy and confidentiality is an issue in all research, the TFC program was particularly diligent in ensuring that data on children that was stored by the researchers did not include names or other identifying information. The partners needed to be further concerned with protecting the confidentiality of program staff who provided feedback on program functioning.

Discussion

Conducting research with children in foster care is fraught with difficulties. Access to research subjects, confidentiality, anonymity, agency support, attrition, and low response rates from both the agencies and foster children have been noted repeatedly in the literature (Berrick, Frash and Fox 2000; Gilbertson and Barber 2002). It has been noted that children can be influenced by the skill and presentation of the interviewer. Some authors have found it difficult to categorize and interpret children's responses.

There is a small body of research related to children's own experiences and their perceptions of foster care, particularly using the children's own words and stories (Chapman, Wall and Barth 2004; Folman 1998; Johnson, Yoken and Voss 1995; Whiting 2000). Children's experiences of foster care have been assessed through a combination of quantitative and qualitative approaches (Blower et al. 2004; Colton 1989). This integrative approach complements quantitative measures of personality, behaviour, and aspects of the foster care environment with the use of interviews (Biehal and Wade 2000; Colton, Heath and Aldgate 1995; Harker et al. 2003; Johnson, Yoken and Voss 1995; Schofield 2002; Triseliotis et al. 1996). Understanding children's perceptions of the relationships around them through their stories has been located within ecological, ethnographic, and phenomenological approaches (Altshuler 1999; Iglehart 1995; Whiting and Lee 2003). Further use of stories and storytelling has been promoted in foster care research (Conway, Uhrich and Shaver 2003; Whiting and Lee 2003). Whiting (2000) stressed that stories can help foster children better understand themselves, and in turn help case managers, therapists, foster parents, teachers, and policy makers better attend to the children's needs.

In this project, recruiting research subjects was facilitated by participation in the TFC program. The possible bias introduced by the interviewer remains a problem. Furthermore, we have not accounted for

the fact that the children's experiences may vary according to the time they have spent in the program.

Preliminary results from another study in the project indicate that the parent-therapists attribute their levels of success and satisfaction to their close contact with the clinical team. Parent-therapists reported a high level of job satisfaction and success, and related it to being an integral member of a treatment team, to the support provided to them and to their families by the TFC program staff, and to the ongoing opportunities for relevant education. They stressed the importance of including the birth parents in the TFC program as well as the importance of a comprehensive assessment and "in the moment therapy." All the parent-therapists stressed that they depended on the clinician members of the team to help solve problems in the care of the foster children. They all reported that the program members visited their homes regularly and were well known to the family, including the foster children. On the other hand, for the children, the "team" was not salient.

Analysis of the children's findings in isolation of the findings from other participants distorts our understanding of the children's responses. The significance of the children's responses can be fully understood only when the foster parents' findings are known and considered. For example, a child's notion that "my foster parents are perfectly capable of looking after me on their own" gains significance when it is known that foster parents consider that "clinicians are present in our lives constantly," "our work depends on having the clinicians input 'on tap'," and "it is our experience that we are part of the clinical team." The team is seen by the parent-therapists as empowering them, while the children have no sense of this role of the team. For the children, the parent-therapist is the powerful caregiver. This may be particularly important for children with attachment disorder as it provides them with an opportunity to develop trust in adult caregivers.

As mentioned earlier, this research project was a product of a collaboration between program members and the researchers. Formulation of the research questions and interpretations of the findings were the result of a process of discourse between the members of this partnership. Maintaining the ongoing discussions and feedback between program members and the researcher was a challenge. It involved traveling long distances and commitment to a shared understanding of factors involved in the study. The benefit of the partnership between the clinicians and the researchers was in the ability to identify factors that are meaningful to all members of the partnership – clinicians and

researchers. It enabled the study to contribute to future TFC program evaluation and immediate implementations of the findings, as well as examination of resource allocations.

PARTNERSHIP:
A MANAGER'S POINT OF VIEW

Kevin Sullivan

> Children in care do not trust – why should they? People they have trusted have hurt them. They are deeply scarred and they wonder if we are strong enough to keep them safe. It is our job to create a sanctuary for the children we care for – a place where they can release their pain and know it is safe to do so without being judged (Marie Croft, 2004, long time foster parent-therapist).

Overview

The idea for the Treatment Foster Care program emerged from an atmosphere of curiosity and inquiry, and from a desire for a more appropriate residential treatment response for children. Research was conducted and an article was published about placement patterns and needs of Children's Aid Society placements in group homes (Nutter and Sullivan 1989). These early beginnings laid down a culture of learning in the TFC program that exists to this day.

The fruit that has resulted includes participation in research projects, professional publications, development of original training, and using data to shape practice. The TFC program, when confronted with a perplexing problem, has always worked to develop a clear understanding and appropriate treatment response including tool development. An emphasis is placed on staying current with the literature. It is with this rich background and appetite to understand the nature of our work that the TFC program welcomed an opportunity to become a study site for the Centre of Excellence for Child Welfare. Qualitative evaluation (Osmond 1992) commenced in 2002. The TFC program embraced and welcomed the challenges of being involved in this type of collaborative research.

Background

Attachment disorders in children form the main target of our work at the Treatment Foster Care Program in Cobourg, Ontario. The

TFC program is sponsored by four Children's Aid Societies including Durham, Hastings, Kawartha-Haliburton and Northumberland. As such, the TFC program supports children in both large urban and rural settings.

The program, which has been operational since 1989, serves 125 children who range in age from 4 to 19. All children have been removed from their families and are living in substitute care. Those children who are living in homes under the program umbrella have had an average of almost five moves before their referral. All referrals have combined histories with elements of trauma, placement instability, neglect, and family dysfunction. As such, their profiles represent a combination of child welfare and children's mental health issues. Attachment disorders, anxiety, oppositionality, post traumatic shock disorder, exposure to fetal alcohol and drug effects, and various types of mental health symptoms are common. School related and developmental issues are also prevalent.

Research Start-Up

The ongoing relationship between the evaluators and program staff was collegial, cordial and friendly. There was an ease that pervaded the entire process. Approximately 8-10 face-to-face meetings took place over the duration of the process. Much of the meeting time was spent in intense discussion and review of child and program data. Learning was ongoing among all participants. For the researchers, formative information was gathered that provided direction for the next stage of inquiry. For program staff, new information provided insight into emerging clinical issues and program directions. During development of the program Logic Model, meetings were more frequent to allow for necessary thinking and clarification.

The TFC program Logic Model was very helpful and provided a launch for a larger strategic planning process. This process positioned the program for growth, change in practices, and alignment with transformative changes that foreshadowed broader Ministry policy shifts. Specifically, the program moved towards providing a number of expanded permanency options for children under its responsibility. At all times, the collegial relationship allowed for idea generation, support, and risk taking that may not have been otherwise present. It was noted that the program's familiarity with research and openness to learning helped to consolidate and move the process ahead.

The research indeed modeled the program organizational structure and style of management and staff relations. The process was equally

inclusive of all stakeholders including parent-therapists, children, program staff, outside consultants, and the Children's Aid Society staff. The TFC program operates on a model such that all treatment revolves around the child in the caregiver home. As such, the goal of program staff and outside consultants is to support the child in his or her placement. As the research findings point out, children do not readily notice input from people other than their caregivers. They view their caregiver as capable of protecting them and doing whatever is necessary to support and advocate for them. It is our belief that a mediating role for program staff opens up sufficient emotional and relationship space for children to form a selective attachment with their caregiver.

Caregivers are viewed as equal and important members of the broader treatment team. They attend all treatment meetings as equal members and participate in dyadic therapy as indicated with the children entrusted to their care. Parent-therapists participate in all aspects of the TFC program from staff hiring to policy formulation. They have their own business cards and attend professional meetings as equal members. The research successfully teased out the important nuances of the program and their contribution to the overall success of the program.

Working Together

Accommodating research within the context of an already busy and demanding work environment can indeed be a challenge for all involved. It is well understood that service must continue to be provided in an accountable and authentic manner despite increased demands of research. The demands on the TFC program were compounded by the fact that it was going through a period of rapid and significant growth at the same time research was being conducted.

A number of factors made the research possible and ultimately very successful: pre-existing relationships between the researcher and program staff; program history of involvement with research; and an organizational culture of teamwork and inclusiveness. These factors assisted in contributing to formulation of the research agenda, developing research questions and methods, recruiting a pool of possible research participants, and assisting in data interpretation.

Strategically, the initial focus of development of the TFC program Logic Model (Isaacs, Perlman and Pleydon 2004b) was paramount to the success of the entire research process. Basically, a logic model is a pictorial representation of a program that connects service activities and outcomes. It was a protracted and arduous piece of the research journey.

It involved a great deal of collaboration between the researchers and the entire program team. On completion of this stage, however, the TFC program staff had a clearer understanding of the program's key components, activities, target groups, and intermediate and long-term outcome objectives. With this foundation firmly in place, decisions about future directions became clearer and more obvious. The process then moved to gathering information from both active and graduate children, as well as treatment and non-treatment foster parents.

The process worked smoothly overall. At times it felt like the process moved slowly. This was in part due to geographic distance and work demands of all participants. However, in retrospect, these gaps allowed for the dissemination of findings and integration of new learning. As well, time was made available to set up for the next stage of research, which prevented overload on the TFC program. This time was profitably used by the researchers to present their findings to the professional community in professional conferences and workshops.

Results

In most cases, our philosophical and programming model was confirmed. However we have also been able to incorporate new learning. For example, we are re-doubling our efforts to ensure that children know their life-story and why they came into care. We have also been assisting in trying to help caregivers deal with frustrations around an unsatisfactory school experience for some of their children. As well, we have been developing programs to support children as they move towards independence in young adulthood.

We have moved toward an outcome evaluation model to better understand the impact of treatment and are well on our way to incorporating permanency for children as our prime mandate and reason for being. We are strongly committed to ensuring that children requiring out of home care are placed in family-based settings including adoption, kinship care, and long term foster care as necessary.

The research has also helped re-confirm strengths of the TFC program including: comprehensive assessment and matching; establishing safe stable environments; focus on facilitation of attachment; training of caregivers; teamwork, particularly including parents as part of the treatment team; supports and resources; and a program culture that emphasizes respect for all participants, the importance of learning, and the well-being of the foster family. We can continue to build on these strengths.

Key Ingredients

In summary, our research partnership worked positively, primarily due to the following factors:

- trusting, well-established relationships,

- ongoing face-to-face meetings and ongoing communication,

- a shared agenda and belief in value of research,

- willingness of researchers to share and report on findings to professional community as different phases were completed,

- a transparent learning environment,

- the entire team contributing to working through and accomplishment of necessary tasks.

The Future

Child Welfare is on an exciting journey in Ontario. The Transformation Agenda is committed to shaping services that are child-centered and driven:

> Research is playing a central role in the current planning for child welfare transformation. These activities will assist in future policy development, continuous improvements in child welfare and move the field towards evidence based practice. (Province of Ontario Publication 2005)

Based on confidence and expertise developed to date, the TFC program is moving quickly ahead as a participant in a new piece of research in collaboration with the Faculty of Social Work at the University of Toronto. The TFC program has long identified court awarded access as an issue for many children. For example, the frequency of access may not mirror the long term permanency planning, or sibling access may trigger memories of past abuse. Hence, we are now part of exploratory research with children and caregivers around their perceptions of access. We are also interested in learning more about the dynamics and needs surrounding kin placements and facilitating attachment in adoption placements. Within the TFC program, we are moving towards collection of outcome data as it pertains to permanency outcomes.

Participation in this research has been both stimulating and motivating. We are pushing strongly forward to build on what we have learned in helping children heal and grow within enduring and supportive family environments.

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CHAPTER ELEVEN

An Evaluation of Canadian Research-Community Partnerships in Child Welfare

Sophie Léveillé, Claire Chamberland, Nico Trocmé, **and** *Ivan Brown*

INTRODUCTION

In today's era of emerging "knowledge-based communities," child welfare must now fulfill a crucial mission: knowledge management. Within this "shared knowledge" perspective, child welfare as a field needs to successfully develop strategies for amalgamating collective intelligence (Brown and Lauder 2001). This notion of shared knowledge is not the product of a few researchers; rather, it represents the combined knowledge of all those committed to child maltreatment issues. It endorses collaboration and interaction between researchers and other members of the community. Together, they generate, share, use, and apply knowledge in order to better understand family issues, support the development of innovative practices, and evaluate various programs. However, these partnerships must be analyzed in order to appreciate their characteristics, functions, and impacts so as to identify future directions.

An Evaluation of Canadian Research Community Partnerships in Child Welfare, a research project by the Centre of Excellence for Child Welfare (CECW), is part of a global strategy aimed at increasing the applicability and impact of research subsidized by the Public Health Agency of Canada (PHAC), the Social Sciences and Humanities Research Council of Canada (SSHRC), and the Canadian Institutes of Health Research (CIHR). The purpose of this study was to identify the criteria needed to assess the impact of research-partnership projects on practices and policies. This chapter presents the evaluation results.

NON-TRADITIONAL METHODS AND PATHWAYS: THE IDEOLOGY OF RESEARCH IN PARTNERSHIP

The advantages of, and the need for, research-practitioner collaborations to resolve major social issues have been written about extensively in various fields. This current focus on partnerships has brought together knowledge in the field of child welfare. The suggestion that research be conducted "with" rather than "on" people (Lieberman 1986) has had a strong impact, and has led to the belief that collaborative frameworks that bring together two worlds empower people at the same time they develop knowledge. Partnership research works to recognize the harm in using knowledge as a source of authority and control (Hagey 1997; Reason 1994), and endorses the idea of researchers and non-researchers jointly sharing power to affect change. This notion is a departure from the positivistic tradition in research that assigns all expertise and knowledge to the researcher. Within the research-partnership framework, results must be analyzed throughout the research process and questions must be reformulated based on exchanges between the various partners. The principle of "zone of shared meaning" (Lieberman 1986) helps to formulate an understanding of the need to work towards common goals.

Underlying Paradigm for Research Partnerships

This section focuses on the paradigm that underlies research partnerships. Theoretical data on the subject are abundant, most notably on the research process required rather than on anticipated outcomes. The following is an outline of the characteristics, the functions, and the impacts of research partnerships, as proposed by the authors. The research partnership model is structured around four components defined in terms of nature (functions) and intended goals (impacts). The four components comprising the model are: scientific, social, political, and educational (Savoie-Zajc and Dobec 1999).

Scientific component

Research function. In research partnerships between researchers and service providers, the identification of problems in the course of a study can stem from either or both partners. In the first case, researchers typically make an effort to attract interest from targeted areas of practice. In the second case, practitioners faced with a specific problem usually approach researchers in order to gain a better understanding of the problem and develop the idea into a workable research agenda. Either

way, a key component of a successful partnership is that valid reasons for carrying out the project are held by both partners (Desgagné 1997, 1998; Lenoir 1996; Savoie-Zajc and Dolbec 1999). This suggests that throughout the research process, all of the players negotiate the various stages of the project as well as the separate roles they play within it. For some researchers, the active and full participation by community members at all stages of the research is an essential component of participatory research (Hall 1975). Others function from the belief that the practice community controls the process and researchers commit to it (Mason and Boutilier 1996). Scientific information is gathered and used continually by the various players in defining the research objectives, determining the data collection methods, and interpreting the research findings (Denis and Lomas 2003; Sullivan et al. 2003). In other words, applied research must function according to established principles guiding the production of knowledge and must reflect the needs of the community for which it is being conducted.

Research impact. The goal of all scientific research is the advancement of knowledge. The term science, from the Latin "scientia," means "knowledge" or "acquiring knowledge." This is the very essence of research. The quality of the acquired knowledge reflects the intellectual rigor applied throughout the research process. Research precision is defined in terms of predetermined criteria that encompass both quantitative and qualitative tenets by paralleling (Mucchielli 1996) internal validity and credibility, external validity and transferability, dependability and consistency, and objectivity and reliability. The results of this type of approach are evidence-based advances in research.

Social component

Social function. In traditional research partnerships, links between researchers and practitioners are minimal (Cousins and Simon 1996). However, in many current research partnerships, there are strong interactions between the partners. The highly collaborative nature of research partnerships enhances the human relationships between participants. The researcher has theoretical knowledge (abstract conceptualizations), whereas the practitioner has practical knowledge (concrete experience). When both worlds work in partnership, new knowledge stems from collaborative effort. Jointly developed knowledge is the result of interdependency (Charest 1997; Panet-Raymond and Bourque 1991) and dialogue (Do 2003) among the various players.

The process of interaction allows participants to establish links among themselves and formulate a common research goal. In a collaborative

effort, researchers and users focus on a research goal in terms of what it represents for them (Mead 1967). The research partnership progresses with a series of interpretations and reinterpretations based on a subjective reality of shared symbols (Callon and Latour 1986). The symbols are interpreted by the participants in terms of their respective interests and perspectives, then translated into a more realistic, adapted approach with new meaning being shaped by dialectical exchange between the participants. Shared discussion allows the players to define themselves and their identities. The resulting product is only possible through collaboration; it cannot be produced by any other means (Callon 1986). An analysis of partnership research simultaneously takes into account the interconnections that bring together the participants and the resulting organizational system of knowledge production; the two dimensions mutually sustain one another.

Research impact. Within a context of shared management and formal partnership (Lévesque 2007), participatory research is structured around evaluating practices, the needs of the community, and social innovations, with the ultimate goal being to respond more adequately to populations in need. According to a number of authors, the ultimate goal of the participatory research approach is to improve living conditions for the most destitute (Freire 1974).

Policy component

Policy function. One of the objectives of partnership research in the field of child welfare, like similar partnerships in other fields, is that it is undertaken with a utilitarian approach: it is a tool for problem-solving and an instrument for decision-making and formulating public policies. As such, it is in keeping with the new Canadian public sector policy "based on obligations to demonstrate, review, and take responsibility for performance, for both the results achieved in light of agreed expectations and the means used" (Office of the Auditor General of Canada 2002). Methods used in this results-focused management model are a departure from the policy model in which only a few government experts make judgements and decisions about what is best for all concerned (Dahl 1989; Lindblom 1977; Popper 1960). Instead, this model reflects a more deliberate form of democracy in which authority reaches all levels of the community because all experiences related to a social issue are viewed as essential to problem-solving. All players are invited to take part in the process: researchers, planners, managers, service providers, the public, the media, and others (CIHR 2004). Thus, this model reflects government recognition of the credibility of all participants, with their

various individual skills, and constitutes a more democratic approach to science.

The development of a collective intelligence (Lévy 1994) from mutual adaptation among participants' values, in a pragmatic way, only what is deemed to be socially useful (James 1927). Here, new knowledge is acquired by putting adaptation of the partners to the test (Dewey 1933). This is rarely studied, but such knowledge may be as important as the research results produced, if not moreso (Dupuis 2004). "How one delivers public services, uses authority, and handles public money are more than means of achieving results: they are ends in themselves, important reflections of public sector values and ethics" (Office of the Auditor General of Canada 2002). For many, the most important aspects of such a democratic exercise are the social links, participation, deliberations, and common actions undertaken, rather than the empirical results or decisions it produces (Renault 2005).

Policy impact. Within this new Canadian model of horizontal governance (Paquet 1999), research findings hold a privileged position in the political process. Research-based results must now "inform" policies. Public policies and programs are founded on evidence-based data. The value of scientific knowledge is recognized according to its evidence-based characteristics, its capacity to take into consideration all aspects of an issue, and to focus on the best practices for finding solutions to problems (Bogenschneider et al. 2000). The various participants in the scientific process are all key players in the well-being of a community.

Education component

Education function. Participatory learning relies on a socio-constructivist philosophy, which holds that human beings not only build on learning from a previous stage (Piaget 1947), but also construct knowledge through social interactions (Vygotsky 1962). Desgagné (1997) defines a research partnership as an educational process in which participants learn from one another in their effort to co-produce knowledge. The learning process is multi-dimensional. First, because they come from different professional and organizational backgrounds, researchers and practitioners must learn about their respective cultures. Cultural environments are steeped in their own values, logic, and ways of doing things (Chamberland 2000; Oh and Rich 1996). Collaborative research makes possible a transformation from an individual culture to a collective culture.

Second, researchers and service providers are able to develop shared understandings by working together (Cousins 1999). If researchers have

more frequent interactions with service providers, then it is reasonable to assume that they will develop a better understanding of user contexts and needs. Partnerships with practitioners will compel researchers to adopt more creative and flexible methods that are better suited to user needs and to various clinical contexts (Palacio-Quintin et al. 1994). In addition, practitioners will benefit from a closer collaboration with researchers because it will allow them to better integrate research data into their knowledge structures (Cousins 2001). According to Cousins and Leithwood (1993), "the stronger the links, the higher the potential for the researcher to develop an understanding of the practitioner's needs and communication system and for the practitioner to fully understand and appreciate the implications and relevance of a given set (or sets) of data."

Third, collaborative partnership research can also be viewed as a form of continuous education. Social agents contribute to the development of professional practices in social work. The reflective role of practitioners who are called upon to conduct a systematic review of their practices for the purpose of shedding light on them, or improving them, provides an opportunity for increased knowledge (Desgagné et al. 2001).

Education impact. This learning takes place within the framework of a new form of governance in which an organization's collective intelligence is recognized as the only source of sustainable competitive advantage (Le 1999). We now recognize that an organization's performance capability resides in the ability to mobilize the collective intelligence and knowledge of its stakeholders (Zara 2004). Moreover, each community represents a dimension in the production of knowledge (Lévy 2000). As stated by UNESCO (Delors 1996), education in the twenty-first century is based on four pillars: learning to know, learning to do, learning to live together, and learning to be. These are the fundamental backdrops to a lifelong effort in which education is based on research and the constant update of knowledge and qualifications (UNESCO CONFITEA IV 1997). These undeniable requirements are the modern-day drivers of economic and social growth in a local and global environment that is changing and becoming more complex at an increasingly rapid pace. The knowledge economy increases the capacity of communities to adapt to constant change in ways that stimulate humane and sustainable growth (UNESCO 2005).

Table 11.1 is a summary of the theoretical concepts described above.

Table 11.1. Function and Anticipated Outcomes for Four Components of a Research Partnership Model

	Dimensions	
Component	**Function**	**Anticipated outcome**
Scientific	Participation of both researchers and practitioners at all stages of research	Advancement of knowledge; compliance with scientific criteria
Social	Social interaction; dialogue	Improvement of services
Political	Participation of the fields of research and practice in finding solutions to social issues, policy decision making; knowledge sharing	Formulation of new policies
Educational	Knowledge of the culture of each participant; Building of shared knowledge; Lifelong learning: continuing education	Skills development or increase

Sparse Empirical Data

Despite the presence of theories on research partnerships, empirical data on the topic are very sparse. Of the available data, most are results of evaluations of other forms of partnerships. Of these, community coalitions for the promotion of public health, community health, and development projects (e.g. *Community Health and Development*) are the most thought-provoking. case-based literature reviews in this area (Butterfoss 2006; Butterfoss and Kegler 2002; Granner and Sharpe 2004; Roussos and Fawcett 2000), and taken together illustrate the diversity of concepts analyzed and measures used. They give greater importance to the collaborative process than to research outcomes, and stress the relationship between the effects observed and the processes that led to them. However, the results of the systematic synthesis presented in the first chapter of this book (Saini and Léveillé) provides some indication of the necessary ingredients for success and the impacts of a knowledge management partnership.

PARTICIPATORY RESEARCH PARTNERSHIP STUDY

Objectives of the Study

Inspired by empirical data and theory, the present study aims to explore the functioning and effectiveness of collaborative research partnerships in the field of child welfare. Its purposes are to:

1. identify the components of the process for 20 research partnership models in the field of child welfare,
2. outline the outcome of the research partnerships,
3. determine the criteria for success for these partnerships,
4. extract a partnership research typology,
5. examine how the process related to the partnership is connected to the criteria for success, and
6. develop a conceptual framework for the creation, functioning, and outcome of successful research partnerships.

Methodology

The case study method of analysis is an explanatory exercise, conducted for the purpose of establishing causal links between facts and complex situations difficult to dissociate from their context (Yin 2003). Two levels of analysis are used: an intra-case analysis and an inter-case analysis. The analysis examines 20 participatory research projects, studied individually (intra-case analysis) to outline the partnership components present. Work began with a triangulation of the data on each theme drawn from the opinions expressed and codified by the respondents for each participatory research project.

Next, a comparison among the participatory research projects (inter-case analysis) was conducted to highlight each project's most distinctive or influential components. This chapter outlines the results of the inter-case analysis only.

The research was based on a heuristic type of methodology founded on a successive evaluation approach to the issue under study. In concrete terms, the partnership between researchers and users was analyzed with a series of evaluations of individual interviews with key informants. Three separate sets of data were compiled at 18-month intervals for the period between November 2003 and June 2007. The examination of multiple case studies allowed for the development of a typology of research

partnership methods resulting from subjective and objective measures. It was also possible to connect each typology with a distinctive process.

In total, 20 Canadian research partnerships were evaluated based on three sets of data. Table 11.2 provides a list of the partnerships. The research projects were sponsored by the CECW with additional financial support from IRSC, PHAC, and SSHRC.

Table 11.2. Participatory Research Partnerships

- Secondary analyses of data for the *Étude sur l'incidence et les caractéristiques des situations d'abus, de négligence, d'abandon et de troubles de comportement sérieux signalés à la Direction de la protection de la jeunesse au Québec (ÉIQ)*

- Effectiveness of a respite program for families with young children under child welfare

- Evaluation of a multidimensional model of intervention for neglectful families

- Evaluation of a placement program for children with disordered attachment

- Evaluation of the effectiveness of self-managed respite services to meet the needs of families recipients of child welfare services

- Evaluation of the effectiveness of "*Beyond the Basics*" parenting groups intended for parents and service providers with young children under the child welfare system

- Evaluation of the factors that contribute to positive results within the framework of the Awasis Agency *Pimicikama Cree Nation Kinship Care Program*

- Evaluation of the process and impact of the *IRI-Accueil du Centre jeunesse de Montréal* program

- Evaluation of the *Baby First Home Visiting* program to determine the impact of prevention in cases reported to child welfare

- Evaluation of the parental capacity reinforcement program entitled *Éduquons nos enfants sans correction physique*

- Determining factors for children with disabilities (including fetal alcohol syndrome) (FASD) in care

- Leadership development forums for Aboriginal child welfare agencies – Alberta

- Leadership development forums for Aboriginal child welfare agencies – Saskatchewan

- Impact of service provider changes on child welfare

Table 11.2 Continued

- Lessons learned from the *Changing the Script Program*: *Supporting Foster Parents to "Go the Distance" with the Children in their Care*

- *Family Group Conferencing*: evaluation of the long-term effectiveness of a differential approach to child welfare

- Data analysis of services provided by child welfare

- Project on maltreatment and outcome for youth

- Family group conferencing and decision-making in child welfare within the Mi'kmaq community of Nova Scotia

- Addressing the impact of child maltreatment within the perspective of domestic violence: *Wood's Homes Habitat* program

Approximately two-thirds of the studies (65%) consisted of research evaluations with funding of $25,000 over 1.5 years (see Table 11.3). Of the projects, 25% were large scale projects with funding of more than $180,000 over a period of five years. These were spread across the various regions of Canada, and included both French and English language partnerships, and Aboriginal partnerships.

Table 11.3. Characteristics of 20 Participating Research Projects

Characteristic of research in partnership	n (%)
Nature:	
Evaluation of needs	5(25)
Evaluation of practices	13(65)
Innovation	2(10)
Anticipated timeframe:	
1.5 years	15(75)
5 years	5(25)
Amount of funding:	
$25,000	11(55)
From $120,000 to $149,000	4(20)
More than $150,000	5(25)
Cultural identity:	
Aboriginal	8(40)
Anglophone	7(35)
Francophone	5(25)

Interviews

Participating key informants. The technique of drawing a non-probable sample relies on typical case sampling. The process is called "logical choice" (Desabie 1966) as it entails focusing, as much as possible, on typical cases or persons who meet the criteria of an "ideal type" according to the objectives of the research (Mayer and Ouellet 1991). The study sample consisted of key informants who participated in at least one of the research partnerships listed above. The key informants were also selected for their professional roles as service providers, managers, or researchers. In addition, they were included in the present study only once the partnership had produced preliminary or final research results.

Twenty researchers were informed of the study and were invited to take part and to submit a list of all collaborators in the research partnership process for which they were jointly responsible. Next, service providers and managers were asked to take part in a phone interview in order to have, at a minimum for each project, the point of views of a researcher, a service provider, and a manager.

In total, 91 persons were interviewed. Forty percent (40%) were researchers, 32% were managers, and 24% were frontline service providers. Fifteen percent were interviewed twice, and 7% were interviewed three times. The majority of those who took part in more than one interview were researchers (58% twice; 67% three times).

Interview guide. The above-mentioned theoretical and empirical data were used as a basis for developing interview guides to gather information on the following themes:

- The origin of the research partnership:
    - the initiator of the project, and
    - the research infrastructure.

- The functioning of the research partnership:
    - the level of contact between the researchers and practitioners,
    - the level of participation by both groups at each stage of the research,
    - leadership,
    - favourable and unfavourable conditions, and
    - roles assumed by researchers and practitioner partners.

- The impact of the research partnership on:
    - the practice network,
    - research development, and
    - public policies.

Procedures for the pre-analysis of content

All audio recordings and phone interviews were transcribed using a word processing software program. The transcriptions were then imported into a software program for qualitative data analysis, *NVivo 7.0* (QSR International 2006). These steps were the basis of a pre-analysis that relied on a systematized procedure by L'Écuyer (1990): 1) preliminary readings and a recorded list of statements; 2) selection and definition of classification units; and 3) categorization and classification.

Coding grid development

Coding grids were used to encode replies to semi-structured questions. A coding grid was created for each theme. All replies to a question were read and reread to gain a full understanding of the content. The "floating texts" made it possible to extrapolate main points from the available information; these main points were then transformed into main categories. The tool is developed based on an open concept; in other words, the categories are corpus generated (L'Écuyer 1987).

Data coding

Procedure. The material was coded by a research officer qualified in content analysis and by two research assistants. First, the code writer read all of the transcripts linked to a theme for an overall view of the material. Next, the research officer identified the related units of meaning, then assigned a content code every time the text revealed information datum. One code only was assigned to each unit of meaning. The units of meaning were identified semantically, according to a conveyed theme or idea. This process was carried out simultaneously with the assigning of codes.

Conceptual validity and reliability of code grids. Strategies were present throughout the pre-analysis process in order to attain and maintain the quality of data validity. More precisely, the coding system was the object of a content validation process with monitoring of the inter-judge agreement to ensure that interpretations by the judges (or code writers) converged. In other words, the meaning assigned to the information provided by the interviewed participants must be similar to

whoever the code writer might have been. The preferred process here is to have a 100% inter-judge agreement for all material to be coded. The code writers performed an independent analysis of all the material. The codes unanimously assigned were not discussed. However, disagreements led to discussions to reach a consensual agreement.

Derived products

The dissemination products for all research partnerships were compiled in CECW annual reports, produced each year since the Centre's establishment in 2001. Beyond the strategy used in the pre-analysis stage of the content provided by key informants, a code grid was developed to gather the data on research products under analysis. All findings were coded independently by two code writers. Two content categories were assigned to each product: the type of product and the target user. The validity process applied also included a consensus on all of the material.

Results and Discussion

The results are presented according to the objectives of the study.

Objective 1: Identification of the Procedural Components for 20 Research Partnership Projects in the Field of Child Welfare

Origin of the research partnerships

Two aspects of the origin of the research partnerships that were considered to have a particularly strong influence on how they functioned were examined: 1) who initiated the research partnership; and 2) the type of infrastructure that was in place at the time. As indicated in Table 11.4, the user network initiated the research partnership in more instances (40%) than the researcher network (30%). Few research projects were launched jointly by both communities (15%). In 15% of cases, opinions expressed by the participants diverged on the issue. It is reasonable to believe that the user network that invites the academic world to join in partnership research, and the research world that approaches practitioners to work with them, are two essential and complementary components for the advancement and dissemination of knowledge. There are documented instances of successful research partnerships in which users took credit for results when the project had been initiated by researchers or emerged from the practice community (Lefebvre 1996). Various fields of activity are now increasingly attracted by a more hybrid, top-down/bottom-up research strategy.

Table 11.4. Initiator of a Research Partnership

Partnership initiator	Number of projects (N=20)
Users	8
Researchers	6
Joint communities	3
Contradictory data	3

An analysis of the structural foundations in place at the onset of the research partnerships indicated that when projects were launched, research tools were not only found in university settings (55%), but also within the institutional network of child healthcare services (60% and 5%). Table 11.5 illustrates the range of research tools used by practitioners to support their research from the onset of the partnership. Whether it is the existence of a quality control service department in a child welfare agency, the possibility of accessing a computer data system within a given institution, making contact with a research group in a provincial public health agency, or having access to data at a community organization, results suggest that there was, at the very least, a research infrastructure in place within the practice networks before the launch of a research project. This reflects a keen interest in research and a willingness to get involved in the process on the part of the organization. However, it is surprising to note that only half of all cases had some form of scientific input. It is quite possible that the information providers simply did not identify the university component of the research infrastructure, which is inherent to the nature of their partnership. As well, in 25% of cases, points of view did not converge on whether or not a research infrastructure was established at the outset of the partnership.

Table 11.5. Research Infrastructure in Place at the Onset of a Research Partnership

Infrastructure Components	Number of projects (N=20)
Established research infrastructure	
Academic world	11
Researcher consultant	6
Institution/faculty of social work	6
Research group	2
Statistician	1
Inventory of knowledge	1

Table 11.5 Continued

Institutional practice network	
Child welfare agency	12
Contact-person	7
Task force	4
Research centre	3
Access to databanks	3
Public health agency	1
Research centre	1
Community network	1
Research centre	1
Government program	2
Contradictory data	5

Level of contact between the user and research communities. Monthly meetings were the most frequent means of contact for research projects. However, in more than one-third of all partnerships, various forms of contact took place based on need. In one-quarter of all cases, the points of view expressed by participants diverged in terms of the frequency of meetings held in the course of a project. It is possible that this incongruence may have resulted from some partnerships having multiple levels of participation, with some informants referring to one level and other informants referring to another level. In this study, working meetings were used as the measure of contact (see Table 11.6). It is also possible that the number of meetings would have been higher and more often corroborated by key informants if the various types of electronic communication mechanisms (e.g. Internet, Webcam, videoconferencing, and teleconferencing) had been taken into consideration in evaluating the frequency of contact between participants. The results, like those obtained in the systematic synthesis of chapter 1 (Saini and Léveillé), suggest that maintaining consistent contact facilitates functioning.

Table 11.6. Frequency of Meetings

Frequency of meetings	Number of projects (N=20)
Monthly	8
As needed	6
Quarterly	1
Contradictory data	5

Level of participation by users and researchers. Considering the importance of the actors' commitment in the efficient conduct of collaborative research (chapter 1; Saini and Léveillé), Figures 11.1 to 11.4 were created to illustrate the relative participation of service providers and researchers within the research projects. Results indicate that the researchers were actively involved at all stages of the research process (80% were involved in formulating research questions, 85% in gathering data, and 90% in data analysis and interpretation). A little more than half (60%) of researchers reported participating in assessing results. The service provider network took part in the research process in a variable way, depending on the stage of the project. Its contribution is more notable during the data collection process (50% of cases reporting participation) and less evident during the stage of data analysis and interpretation of results (40% of cases reporting participation). It is during this last stage of the research project that the consensus regarding researcher commitment was highest. These findings could indicate that the two communities continued to maintain their specific roles within the interdependent structure of the project.

Overall, the service provider network displayed less of an attachment to the research process than did the research community. However, the points of view of the various participants were also the least well defined in terms of the degree of involvement by the user network. In fact, in approximately one-third of all cases, participants did not agree on the level of participation by service providers at each stage of the research. Results point to the possibility that the expectations and indicators regarding the sharing of the research process were unclear. In addition, with reference to the scientific function of research partnerships, the data reaffirms the basic premise that both groups have a role to play at every stage of the research project. In fact, both communities did participate, but participation varied according to each partner's abilities.
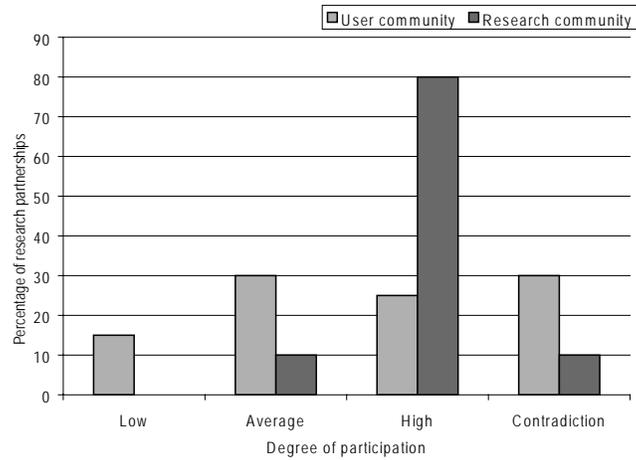
Figure 11.1. Degree of participation by the user and research communities in the formulating of research
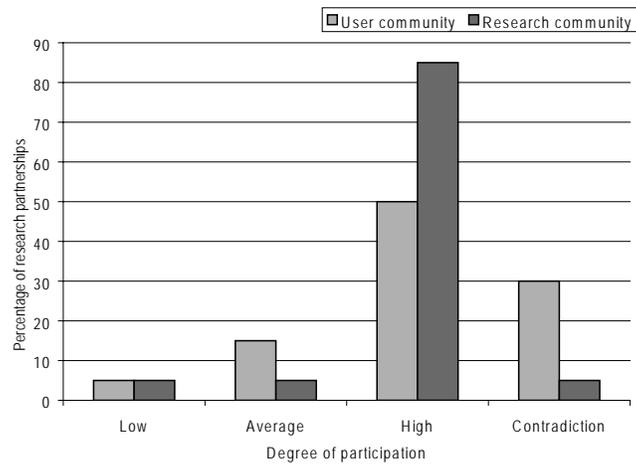
Figure 11.2. Degree of participation by the user and research communities in the data collect.
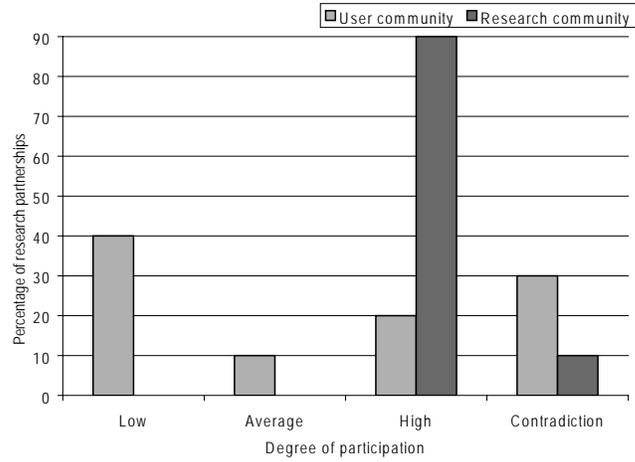
Figure 11.3. Degree of participation by the user and research communities in the analysis and interpretation of data.
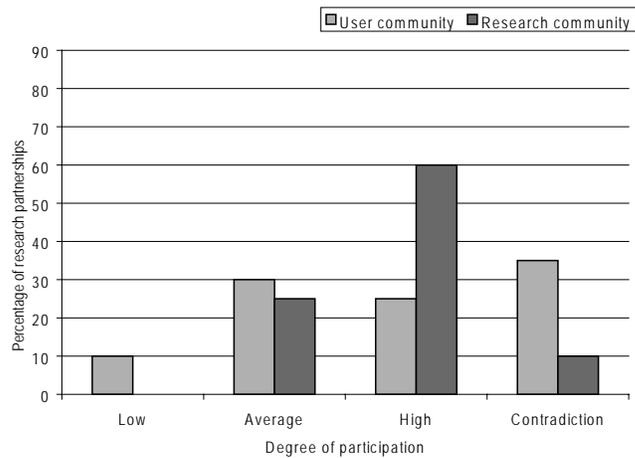
Figure 11.4. Degree of participation by the user and research communities in the research valorization.

Leadership. Leadership is the ability to effect persuasive power and the ability of one group to influence another in obtaining active support for ideas, objectives, and so on. As emphasized in the systematic synthesis of Saini and Léveillé (chapter 1), a strong and active leadership

is a necessary factor for effective partnerships. Two dimensions of the leadership concept were explored: operational leadership and decisional leadership. Analysis of leadership involved identifying which group managed operations in order to see a research project to its conclusion and which group made the decisions. Data in Tables 11.7 and 11.8 indicate that leadership was more often shared than assumed by one group, both at the operational (35%) and decision-making (50%) levels. In a number of cases, both types of leadership were assumed by the researchers (30% of partnerships for operational; 35% of partnerships for decision-making). The service provider network, for its part, rarely took on the management of operations and decision-making within a research project. Moreover, in almost one-third of cases, it was impossible to identify the operational leader.

Table 11.7. Operational Leadership Holder

Operational leader	*Number of projects (N=20)*
Joint leadership	7
Research network	6
Practice network	1
Contradictory data	6

Table 11.8. Decision-Making Leadership Holder

Decision-making leader	*Number of projects (N-20)*
Joint leadership	10
Research network	7
Practice network	2

Optimal conditions versus obstacles in partnership research

Optimal conditions. Of the four categories of factors conducive to the smooth running of the research partnership (see Table 11.9), the predominant one was the relationship between research and practice (95%). Second, in the majority of cases (60%), a number of components converged, indicating that both researchers and service providers shared many commonalities. A third major influence (55%) was the adjustment factor between the two groups. Finally, a positive partnership experience seemed linked to having had a connection with the other partner or to having worked together previously (45%).

Table 11.9. Optimal Conditions for Research in Partnership

Optimal conditions	*Number of projects (N=20)*
Optimal conditions linked to the field of research	9
Personal or professional conditions for the researcher	7
Adjustment	1
Organizational characteristics of scientific work	2
Reflective nature of scientific work	1
Precision	1
Optimal organizational environment for research in partnership	1
Consistency of personnel	1
Optimal conditions for the field of practice	9
Personal or professional conditions for the practitioner	1
Liaison	1
Organizational conditions for intervention work	8
Interest in evaluating practices	3
Environment enhancing research	2
Direction/mandate	1
Access to databanks	1
Interest in research	2
Commitment	1
Optimal conditions linked to interaction between research and practice	19
Convergence	12
Commitment of participants	2
Shared openness	1
Shared interest in research results	1
Shared willingness to meet user needs	1
Participant availability	1
Shared willingness to see the project to its conclusion	1
Communication/co-construction/adjustment	10
Collaborative nature of the relationship	2
Complementary nature of the relationship	2
Informal nature of the relationship	1
Knowledge sharing	2
Prior relationship	9
Other optimal conditions linked to interaction	2
Optimal conditions linked to the context of research in partnership	6
Needs/opportunity	3
Inclusion of a research infrastructure	2
Funding	1
Other factors linked to the research context	1

In almost half of all cases (45%), the scientific community encouraged the partnership. Effective collaboration was more connected to the personal or professional attributes of the researcher (35%) than it was to the organization of research work (10%). This pattern was reversed when the elements associated with the practice community (45%) that enhanced the research process were analyzed: the organizational aspects of the interventions (40%) were more influential than the personal or professional qualities of the service providers.

The context of the partnership was the partnership catalyst in 30% of cases. This factor was neither the product of the research or practice community, nor the result of interaction between them.

In summary, a number of factors were involved in the success of a research partnership, the most important being the interrelationship between the research and practice communities. This finding supports the section of Saini and Léveillé's systematic analysis in chapter 1 entitled "Attention to Relationships." Next in importance were the qualities of the researcher. Human relationships are a determining factor in the success of partnerships. This finding supports the recent literature on the importance of relationship capital (i.e. resources stemming from personal and professional relationships networks) in the application of knowledge and in economic development. Landry et al. (2000) demonstrated that the relationship capital of researchers is the most significant factor in the successful transfer of social research outcomes. Putman (1993) showed that geographic regions that have a rich relationship capital, including such elements as strong cooperation networks, civic duty norms and a spirit of confidence, benefit by having dynamic regional administration and strong economic development. Regions that lack relationship capital do less well, often having a more passive administrative climate characterized by mistrust and social isolation.

Obstacles. Partnership research projects were hampered equally by factors associated with research (55%) and those associated with practice (55%). In seventy percent of all cases, the obstacles were due to an incompatibility between the two communities. As Table 11.10 indicates, obstacles were apparent in both structural and functional parameters. Organizational conditions hindered both the research field (45%) and the practice field (55%), as well as the area where the two converged (divergence of environments: 30%). The process of obtaining research ethics approval, the study design, a lack of support by the agency providing services, a heavy workload for service providers, and conflicting organizational structures between the research and practice communities were all working conditions that limited the proper

functioning of a partnership. These data point to a need for increased flexibility in working structures so that they can support the horizontal management style advocated by the public sector (Human Resources Development Canada 1999). Differences between the organizational cultures of research and practice were also identified as primary barriers to collaborative research by Saini and Léveillé in chapter 1.

Two other overarching factors hindered the functioning of the research partnerships: insufficient funding grants (25%), and the distinct character of some clienteles (10%).

Table 11.10. Obstacles to Research in Partnership

Obstacles	Number of projects (N=20)
Obstacles linked to the field of research	11
Personal or professional conditions for the researcher	2
Organizational obstacles to research work	9
Research ethics	2
Heavy workload	1
Too scientific	1
Lack of coordination	1
Obstacles linked to the field of practice	11
Personal or professional conditions for the practitioner	3
Organizational obstacles to intervention work	11
Heavy workload	3
Turnover of personnel	3
Lack of support by the organization	2
Administrative nature of databanks	1
Funding challenges of the organization	1
Restructuring	1
Obstacles linked to interaction between research and practice	14
Divergence	6
Conflicting organizational cultures	2
Lack of knowledge of the other's culture	1
Diversified organizational cultures within the field of practice	1
Lack of knowledge sharing	1
Remote concept of the presentation of research results	1
Different views of the research design	1
Lack of structure	1
Lack of communication	1

Table 11.10 Continued

Other obstacles linked to interaction between the two communities	5
Obstacles linked to the context of the research partnership	10
Lack of funding	5
Other obstacles linked to the context	3
Obstacles linked to the clientele	2
Other obstacles	4

Summary. Successful partnerships are supported by strong networking; the interactive relationships underlying research activities are very important to their success. Partnerships are hindered by divergent organizational cultures in the working environment of the collaborative partners. Conner (1993, 1998) acknowledged that organizational culture is a challenging adversary to collaboration.

Roles of service providers and researchers

The roles assumed by the research and practice fields respectively within a partnership were explored in detail. Major themes concerned the nature of individual roles, how these were defined, and when they occurred.

Nature of the roles. Table 11.11 provides a definition of the roles within a partnership. Role-related functions were two-dimensional: the role assumed at a given stage of the research and the role assumed in the research process. In terms of roles assumed at various stages of the research, results coincided with the analysis of the degree of participation for each given community. The service provider community had a pronounced involvement in the data collection stage in 45.5% of cases. The research community had a role at various stages, especially (54.5%) in the analysis and interpretation of data.

Both communities were involved in advising and guiding the research, although the researchers did so more commonly (54.6%) than the service providers (36.4%). Researchers guided the research process most of the time (63.6%), provided help to users (45.5%), and did the required writing (36.4%). Service providers determined the issues to be addressed, selected practitioners for research, and trained and supervised them.

Table 11.11. Definition of Roles in a Research Partnership

Nature of the roles	*Number of projects (N=11)*
Roles assumed by the practice community	
Role linked to a stage of research	7
Gather data	5
Disseminate/apply	2
Request funding	1
Role linked to the research process	**8**
Advise/guide	4
Determine the issues to be addressed	3
Select service providers	2
Aid/support	2
Train service providers	1
Supervise	1
Ensure funding	1
Other roles linked to the research process	3
Other roles assumed by the practice community	**1**
Roles assumed by the research community	
Role linked to stages of research	**8**
Analyse data	6
Compile data	4
Request funding	3
Disseminate/apply	2
Meet ethical criteria	1
Role linked to the research process	**10**
Ensure research structure	7
Advise/guide/direct	6
Facilitate/support/assist	5
Write	4
Inform	1
Evaluate a program	1
Translate/interpret	1

How and when roles are defined. Roles were defined officially in almost three-quarters (72.7%) of the research partnerships; more than half of the projects (54.5%) had roles defined at the outset. There were different points of view as to how tasks were to be defined (18.2% of cases) and when tasks were to be determined (36.4% of the projects).

Overall, this research supports the perspective that communities negotiate their roles within the research process (Goodson and Fliesser 1995). The research also supports the view that roles should be decided upon and clearly set out, and that steps should be taken to limit role ambiguity (see also Saini and Léveillé, chapter 1).

Summary of objective 1

A number of summary points can be made from the foregoing discussion:

- Overall, research partnerships are initiated by either research partner but, more frequently, by the research community. From the outset, they can rely on a relatively solid research infrastructure.

- Task force members meet on a monthly basis or, in many cases, on an as-needed basis.

- The research community is more involved in research practice than is the service provider group. The service provider community is variably involved according to the stage of the research project.

- Decisions are more often made jointly. The research process is also more frequently led jointly; nevertheless, in approximately one-third of research projects, opinions differ as to who is to assume the role of operations manager.

- Overall, relationship capital is a favourable condition for the partnership to succeed, but the organizational culture of one or both communities can be an obstacle to the proper functioning of partnership activities.

- The research group plays a major role in the analysis and interpretation of results, whereas the practice community plays a key role in the gathering of data. The roles are generally made official at the beginning of the partnership research project.

Objective 2: Focussing on the Outcomes of Research Partnerships

The performance of a research initiative is usually measured by two indicators: outputs and outcomes. Outputs are the direct products stemming from the activities of a research initiative; they are the partnership deliverables. Outcomes define the impact of a research initiative; they may be immediate, intermediate or final, expected or unexpected, and desired or accidental.

Within the framework of the present study, outputs were compiled by way of CECW annual reports (impartial data). The results, or outcomes, were generated from interviews conducted with key informants (perceptive data), and were then triangulated. On the whole, the findings of this evaluation point in the same direction as those of the systematic summary presented in chapter 1 (Saini and Léveillé).

The impact (outcomes) of the research partnership

The changes resulting from the partnerships were evaluated as they were perceived by the main participants.

Impact of the research partnership on service providers. Table 11.12 outlines the impact of the research partnerships as reported by participants. In almost all cases (90%), the practice group reported an increase in level of empowerment. This empowerment translated into increased awareness or greater knowledge (60% of cases) at one stage or another of the research process, either through acquisition of knowledge or consolidation of skills (75% of cases), exchange of information (60% of cases), or the exercise of power (20% of cases). This increase in knowledge, awareness or level of skill was one of the anticipated impacts of the research partnerships, which were developed with the aim of improving or advancing the skills of the partnership affiliates.

In addition to recognizing the role of practitioners in finding solutions to issues of child maltreatment, the participatory research projects fostered changes in practice on the part of service providers (45% of cases) and their clientele (30%). Supported by the social network of the research partnerships, the effectiveness of the service providers was improved.

Table 11.12. Impact of the Research Partnership on the Practice Community

Reported impact on the user community	Number of projects (N=20)
Empowerment	18
Awareness/increase in knowledge	12
Skills/power	15
Consolidation of existing capabilities	10
Acquisition of new capabilities	8
Networking	10
Communication	12
Promotion	7
Dissemination	5
Access to information	2

Table 11.12 Continued

Power	4
Of influence	4
Decision-making	1
Innovation	14
Organisation	9
Clientele	6
Community/social group	1

Impact of the research partnership on the scientific community.
More than one-third of research partnerships had no effect whatsoever
on the academic community (35%: 13 research projects). Among the
partnerships that produced an impact, half generated new research
questions (7 out of 13) and approximately one-third introduced a new
approach (4 out of 13) in terms of concepts, procedure and measurement.
Two-thirds of the partnerships, therefore, succeeded in contributing
to research development and attained the scientific objective of the
participatory approach to research. Since both collaborating communities
played a role in achieving the objective of the research, both needed
to work together to answer the new questions that emerged from their
collaboration, thus fostering a cycle of increased interdependency.

**Table 11.13. Impact of the Research Partnership on the
Research Community**

Reported impact on the research community	*Number of projects (N=20)*
Introduction of new research questions	7
Innovation	4
Changes in the practice community	3
Understanding of the practice community	2
Dissemination	2
Training of graduate students	2
Training of new researchers	1
No impact recorded	7

Impact of research partnerships on public policies. In almost half
of all cases (45%), no impact on public policies was noted. There may
be a number of reasons for this: the type of participants involved in the
research, the objectives of the participatory research, too short a time
span after the end of the research for makers of public policy to take up
the results, and others. Key informants reported that the participatory

research projects had something to teach policy strategists (25%) and that they provided a new way of thinking for policy developers (25%).

Table 11.14. Impact of Partnership Research on Public Policies

Reported impact at the policy level	*Number of projects (N=20)*
Heightened awareness/understanding by decision-makers	5
Innovation	5
Influence	3
Visibility	2
Access to information	1
Development of a culture of program evaluation	1
No impact reported	9

Deliverables (outputs) of the research partnership

The 20 research partnerships generated 355 deliverables divided into 19 categories (Figure 11.5). Results indicate that oral communication topped the list (29%), followed by articles (28%) and information sheets (14%). The outputs fall under 12 target categories (non-mutually exclusive).
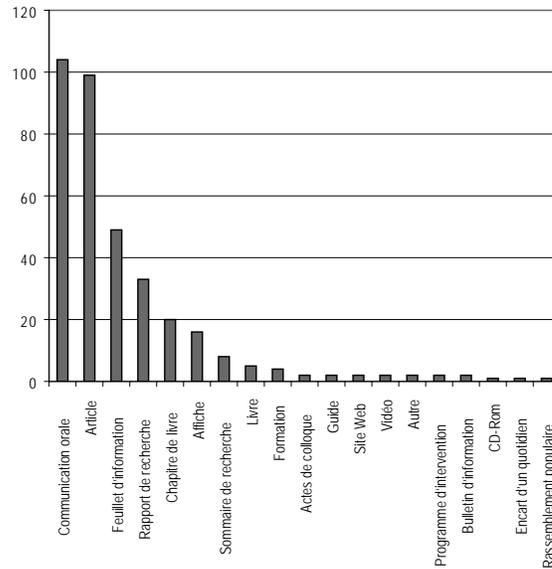
Figure 11.5. Types of knowledge products produced by the research partnerships.
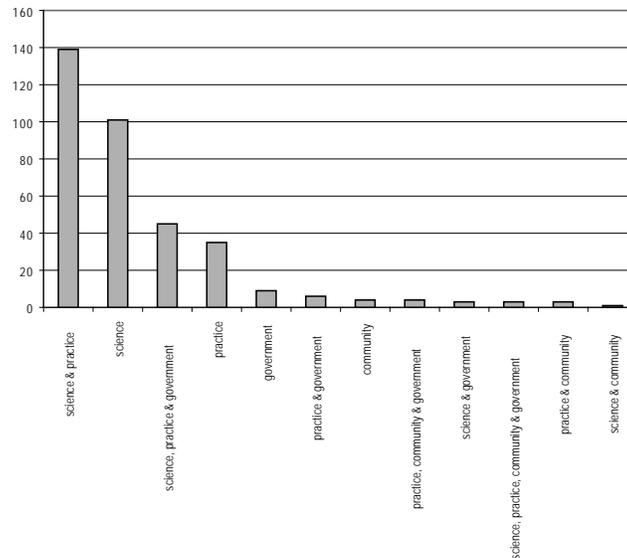
Figure 11.6. Distribution of target markets impacted by research partnership products (outputs).

Figure 11.6 indicates that 38% of research partnership results affected both the fields of research and practice, and that 29% affected the field of research only. In total, only 18% of deliverables exclusively reached the service provider communities. The results suggest that most of the research products were not adapted to practitioner needs. In order to validate this hypothesis, a recoding of the deliverables was conducted.

Recoding of deliverables according to their level of applicability in the user community. Although deliverables are an indicator of the performance of research partnerships throughout the knowledge exchange process, they are not an indicator of their potential use and application in non-researcher communities. A partnership can deliver a considerable number of products and services to a wide range of users without research findings being applied in a way that changes practice. Consequently, each product of a partnership was again coded according to its potential level of use. A three-code graph has been developed for this purpose based on a number of written documents on its use (Landry 2000), application (CIHR 2008), and valorization for research results. The codes are: knowledge dissemination, knowledge transfer, and valorization. Knowledge dissemination refers to making published information accessible (e.g. articles, conferences, inventories

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of current knowledge). Knowledge transfer consists of the production of products and services that stimulate thought and understanding of knowledge (i.e. training programs, conferences, forums for discussion). Valorization is concerned with producing material to support evidence-based practice, such as information kits, learning resources, or a website. The three categories of knowledge application represent three degrees of knowledge acquisition and application on a continuum: the lowest degree is dissemination while the highest degree is valorization. In other words, the distribution of a written product such as a report is less likely to see the knowledge being integrated into practice than a valorization product such as a tip sheet for practitioners. Table 11.15 outlines the ways research findings were distributed to practitioners for all 20 research partnerships. The dissemination of knowledge products accounted for more than 60% of all research outputs. The transfer of knowledge made up more than one-hird (35.2%) of products delivered.

Table 11.15. Three Types of Knowledge Distribution for All Research Partnerships

Type of knowledge distribution	*% of all types distributed (n=355)*
Dissemination	61.7
Transfer of knowledge	35.2
Valorization	3.1

Summary of objective 2

- The effects of partnerships, as reported by participants, were felt at the research, social, political, and educational levels. The educational level appears to be the most targeted, whereas the policy implications are less often given attention.

- Partnership deliverables were, for the most part, numerous and diversified, and reached various users. However, the vast majority of them were tools used to transmit knowledge. Tools that would help knowledge to be appropriated into evidence-based practice, as observed under research performance, were seldom reported.

Objective 3: Establishing Success Criteria for Research Partnerships

Principles of market reach and penetration were used to measure the quality of the research partnerships empirically. This was done by analyzing the scope and the concentration of targeted service providers.

The term "scope" refers to the diversity of the target groups for which a research partnership is likely to have an impact. In other words, it is the capacity of a product's output to be of interest to the largest number of possible communities. In terms of perceptual data (application of the partnership as noted by the participants), there are three distinct target groups: practitioners, researchers, and policymakers. In terms of outcome measures (products of a partnership as recognized in the CECW 2006-2007 Annual Report), there are eight target groups: researchers, practitioners, community, the research-practice community; the practice-policy community; the research-policy community; the combination of community/research/policy; and finally the combination of the fields of practice and policy at the various regional levels.

The term "market concentration" refers to the extent to which a research partnership will have an influence on a target group. It indicates the capacity of the product's output and results to carry weight in a given type of community. It corresponds to the influence of a research partnership within a given community. In other words, it concerns the number of products of interest to a community.

Finally, the success of partnerships was also evaluated in terms of how applicable the deliverables were to the user community. The more the products fit into the "knowledge valorization" category, the better are the chances that they will be acknowledged and integrated into social work practice by community agencies and other user groups. On the other hand, the more the deliverables come under the category of "dissemination of knowledge," the fewer are the chances that they will penetrate user communities. This third criterion of research quality is measured by the diversity of the types of research findings as well as the product concentration.

Rating system for quality research criteria

A maximum rating of 3 was assigned to the range of research effects as well as to the range of targeted groups affected by the reported deliverables. In addition, a maximum rating of 3 was assigned to the concentration of reported effects and to the deliverables. However, the concentration ratings were weighted according to key structural

components of partnership research from which they stemmed: the amount of funding granted, and the length of time for which financing was granted. There were three categories of research partnership funding: large scale (more than $180,000 over five years), medium scale (from $120,000 to $150,000 for 1½ years) and small scale (from $25,000 for 1½ years). Consequently, the criteria for the outreach and impact of research findings individually were rated on a scale of 0 to 6. The applicability of research findings was also rated on a scale of 0 to 6; there was a scale of 0 to 3 for the diversity of usable products and another scale of 0 to 3 for the number of deliverables per category.

Summary of objective 3

The quality of participatory research was acknowledged by measuring impact and deliverables according to three criteria: 1) the reach of user "markets" affected by the impacts and deliverables, 2) the "market" concentration, and 3)the usefulness of the product.

Objective 4: Establishing a Research Partnership Typology

From the methods explained above, a typology for research partnerships emerged. This research typology included four levels of research partnership success:

1. Deeply established outcomes (n=5; research partnerships 1, 2, 3, 12 and 19),

2. Widespread outcomes (n=4; research partnerships 11, 16, 18 and 20),

3. Traditional outcomes (n=6;research partnerships 5, 10, 13, 14, 15 and 17), and

4. Specialized outcomes (n=4; research partnerships 6, 7, 8 and 9).

Deeply established partnerships were those with a high impact, concentration and usefulness. In other words, they produced an impact on various groups in a major way. Partnerships with widespread outcomes were those with high impact, but average concentration and usefulness; they reached various groups, but without major impact. Partnerships with traditional outcomes had an average impact and concentration and a low level of applicability. Partnerships with specialized outcomes had either a widespread effect or a high concentration.

Summary of objective 4

Four types of research partnerships can be described: 1) deeply established, 2) widespread, 3) traditional, and 4)specialized.

Objective 5: Assessment of the Ways That the Research in Partnership Process is Linked to Criteria for Success

In order to meet this objective, research projects were grouped according to the new typology, with the functional elements of each type of partnerships being taken into account. The characteristics and function of each type of research partnership are summarized in Table 11.16.

Table 11.16. Portrait of the Characteristics and Functions for Each Type of Research Partnership

Name and description of the type of research partnership	*Portrait of characteristics and function*
Deeply established: high degree of three quality criteria	• Large sized projects • Comprehensive research • Established research infra- structure both in the child welfare agency and in the academic institution in all cases • Identification of a greater number of favourable con- ditions rather than obstacles to the research process • Shared operational and decision-making leadership in most cases
Widespread: the impact is high; the concentration and applicability are average	• Mid-sized projects – with funding exceeding $120,000 for a one-and-a-half year period • Initiatives in Aboriginal communities • User participation somewhat high throughout the process • Identification of a higher number of obstacles than of favourable conditions to the research process

Table 11.16. Continued

Traditional: the scope and concentration are average and the level of applicability is low	• Small research projects in all cases – with funding of $25,000 for a period of 1½ years • Evaluation type research • Operational and decision-making leadership more often assumed by research
Specialized: high scope or high concentration	• The user community launched the initiative • Contradictions noted regarding the research infrastructure at the outset of the project • High number of contradictions in terms of the degree of participation by one or the other group in the course of the research process

Objective 6: Establishing a Conceptual Framework for the Design, Implementation, and Actualization of Successful Participatory Research

The purpose of this chapter is to provide an account of 20 collaborative research projects, outlining their characteristics, function, and impact in order to propose guidelines applicable to the field of child welfare. The analysis highlights the importance of the various functions that can be assumed within research partnership projects. Specific collaborative research models are outlined that show the various needs and realities within child welfare.

Research partnerships that fulfill their social, educational, political, and scientific mandates

The 20 research partnerships analyzed in the present chapter highlighted the distinct, but somewhat variable, mandates underlying this type of research approach (see Table 11.1).

Notably, the study emphasized the indicators of social function in each of the models. For most of the partnerships analyzed, contact between researchers and practitioners occurred on a regular basis, with a frequent

number of meetings at the outset of the project and more infrequent meetings toward the end. The frequency of contacts between participants has been identified as a key beneficial component of partnerships (Israel 1982; Putman 1993). Social frameworks established at the outset of a project, often by official agreement, will characteristically result in project members taking on different roles and interacting with one another. Other empirical studies confirm the importance of formalizing tasks, functional roles and mechanisms for decision-making in order to achieve optimal success in collaborative efforts (Butterfoss 2006; Kegler et al. 1998a, 1998b; Mayer et al. 1998; Reininger et al. 1999; Rogers et al. 1993).

Our study also revealed the existence of pre-research relationships. Previous work experience on the part of participants appears to be a condition that favours the best functioning of a partnership. Interaction (close and continuous knowledge exchange) (Beaudry, Régnier and Gagné 2006) not only took place throughout the research process, but also occurred prior to the research project. These conditions, combined with adjustments made by all participants throughout the research process, likely fostered points of convergence that were clearly acknowledged by all as being beneficial to the project. In other words, frequent, timely, structured, ongoing and adapted interaction between researchers and users provided a meeting point for all players involved. These interactions seem to have had an educational component that was particularly valuable for the practitioner communities. Participants agreed, saying that the effects of the research partnership on the practitioner network were due largely to their heightened awareness of the issue being addressed, the scientific process, or the organizational culture of each partner. This is not necessarily a new idea. Hall (1981) and Maguire (1987) claimed more than twenty years ago that this increased awareness is a favoured mechanism for change in participatory research. The increased level of knowledge acquired through the project is a starting point for increased empowerment on the part of practitioners. The results of this study focus on the acquisition of several specific kinds of empowerment (Ninacs 1995; Rappaport 1987): knowledge, skills, communication and power.

It should be noted that the collaborative research models in this study varied in nature. Most of them focused on a form of intervention already in place in the field of practice. One-quarter of them were based on a descriptive design (illustration of a situation or evaluation of needs). Two called for innovative social models. Each of the three types of

research relied on specific frameworks of evaluation. Although all of the models fostered the sharing of knowledge by virtue of their participatory nature, they did not all present the same political challenges. For example, program evaluation includes three components: knowledge-building, judgment, and decision (Demarteau 2002). Within this context, knowledge-building implies that intervention practices be both evident and straightforward to compare by describing the analysis of the conducted research and by exploring the nature and level of the interventions carried out (Lesain-Delabarre 2007; Patton 1986). Judgment is based on the value assigned to the intervention; even if the evaluation is conducted in a neutral and non-partisan manner, it is an assessment of the performance of a program (Palumbo 1987). A decision is made based on how the results of the evaluation will be disseminated, and how the program itself will be put into practice. These are processes that the various stakeholders in the project may not all see from the same perspective. They may differ in a number of areas, such as how they think service provision should be managed, their concepts of appropriate intervention practices, or how they think public policies should be improved (Rossi, Freeman and Wright 1979). Evaluating intervention practices is a challenging undertaking, particularly when addressing such issues as:

1. the origin of the evaluation (i.e. who wants the evaluation, and why?),

2. the type of organization (i.e. governance; evaluation and procedures to ensure quality control),

3. the purpose of the evaluation(i.e. supervision or shared power, incentive towards change), and

4. the type of professional guidelines followed by the organization (i.e. their credibility and level of practice within the organization; organizational acceptance or resistance to guidelines; Bouquet, Jaeger and Sainsaulieu 2007).

In order to address issues such as these, the evaluation must be explicit in pinpointing the numerous challenges involved.

These political issues describe what can occur between researchers and service providers within the context of a project evaluation. They would probably be different if the issue consisted of profiling clients whom the practitioners wanted to help, or if it consisted of an epidemiological study monitoring the well-being of a population. In future participatory

research evaluation, it would be interesting to look at the type of research being conducted (such as evaluations of programs, needs, or innovations) or to analyze the influence of the research. It would also be beneficial to observe the challenges "on the ground" (such as the interactions between researchers and service providers, or those between agencies) and how these have an impact on social policies. Is the political influence heightened when the participants are able to have an impact on the development of innovative programs at these various stages? What about descriptive or evaluative forms of research? How should the inherent political challenges for each type of research be addressed in order to reach a socio-political target?

In spite of the fact that the political context may have varied from one research goal to another, the study nevertheless clearly reveals the nature of the collaboration by the participants at the various stages of the research project. Researchers were actively involved at all levels of the research but were less involved at the stage of moving research evidence into practice. Practitioners were less present at the stage of analysis and interpretation of results. They left these tasks to the researchers and became more involved in data collecting. This pattern of involvement, based on complementary, interdependent contributions by both researchers and practitioners, calls into question the concept that partnership research always implies equal collaboration at all stages of the research project. The challenge to researchers involved in this type of collaborative research is not to try to make practitioners experts in methodology, analysis and interpretation of data. Conversely, it is not a question of making the researchers experts in the field of practice. The mission of this type of project is to conduct research with scientific rigour and to combine divergent ideas for the purpose of improving services for the protection and welfare of children. It gives weight to the view that what cannot be done alone, can be accomplished in a group (Mattessich 2003).

Various types of research in partnership for various needs and realities

The main role of the present study is to establish the links between the research process and the results and effects of community-research partnerships. This type of collaborative research calls for openness and flexibility on the part of the various partners in order to produce results (CHSRF 2007). A key aspect of the partnership network is its capacity to communicate with the outside world. A group's flexibility is tied to its ability to adapt to its environment. It is a system in true balance with

its environment, where knowledge exchange is an adaptive, ongoing process. The criteria for high quality collaborative partnerships that emerged from this study were:

1. the openness and trust established in the relationship between the researchers and the various kinds of practitioners and their communities,

2. the usefulness of the outcomes; by this we mean the potential transfer of research results into practice, which depends on the ability of the partnerships to adapt themselves to the needs of practitioners.

The four types of partnerships found in this study (deeply established, widespread, traditional, and specialized) all had distinct roles, since the reasons for conducting research were diverse in nature.

Deeply established partnerships are the most open and flexible. They have numerous targeted users, multiple strategies for the transfer of knowledge, and optimal ways to make use of the research findings. Research projects of this type benefit from the most resources, in terms of time, financial means, and a pre-established research infrastructure. They are descriptive in nature; management and decision-making are shared roles.

Deeply established partnerships show that time, money, research characteristics and shared leadership are essential factors for success. They are the most productive forms of collaborative research; practitioners are most involved; and the products and services generated are more apt to be adopted by institutions since they are highly adapted and entrenched within their organizations.

Widespread partnerships are also very open, although to a lesser degree than deeply established partnerships; their flexibility is moderate. They reach a wide range of users and make use of various design strategies moderately adapted to their targeted users. They have a short period of time to reach their goals, but benefit from significant project funding. In this study, they almost all took place within Aboriginal communities and service providers are involved at all stages of the research process. Although the research process seems characterized by more challenges than advantages, their effectiveness is highly satisfactory. With more time, they could become deeply established forms of partnerships. Whatever the case, widespread partnerships suggest that the somewhat high participation by the user community throughout the research process is a factor that possibly offsets the various obstacles encountered. The

user involvement indicates that social commitment and participation in community life, which are characteristics of most First Nations (Ministry of Education of Saskatchewan 2001), foster the development and implementation of effective research partnerships. Widespread partnerships generate clear and far-reaching outcomes; the potential impact on users is high.

Traditional partnerships focus on one targeted community only; methods used generally are not very adapted to the needs of potential users. Funding is low and the project must be completed within a short time span. The research community usually conducts the program evaluations at both the decision-making and research process levels. Traditional research partnerships stem mainly from initiatives by researchers, with practitioners restricted to the role of consumers. This type of partnership, moderately open and only slightly adaptive, emphasizes the importance of time and money in putting into place a participatory process and shared leadership. All traditional research partnerships in the study are linked to the evaluation of a research program. All program evaluations analyzed were funded in the amount of $25,000 each over a period of 18 months. The determining factor here is not so much the type of research as the relatively low level of resources in place. It appears that more successful partnerships require both adequate time and money.

Finally, the effectiveness of the specialized partnerships is established either at the surface level (a widespread target audience) or in-depth (high concentration of a target audience) accompanied by a low degree of user appropriation. Collaborative efforts of this type are open but not well adapted to user needs. At times they reach a variety of target audiences, while at other times they target one group only. In all cases, the service provider community launches the project. Participants in these types of partnerships display the highest rate of disagreement, either on the existence of a preliminary research infrastructure in place in the service provider community, or in terms of the level of participation by the protagonists throughout the research project. Specialized partnerships come under two categories. Some are established with the goal of meeting the specific needs of an organization, profession or sector; their goals as such are centralized and focused. Others are launched with the purpose of stimulating awareness among the various players or action through the spread of knowledge; they share common goals related to the dissemination of knowledge.

This typology is a reminder of the range of realities in which researcher and practitioner roles evolve, including the motives that form the basis of their collaborative efforts. Partnership contexts vary. Prior to launching a research project, the various players must consider:

- their resources, both in terms of time and finances,

- the type of research to be undertaken,

- their goals, both in terms of the research tasks (outcomes, target groups, etc.), collaborative effort (nature of the outcomes and deliverables, groups targeted by the results, application of the results),

- their methods (e.g. the exercise of leadership), and

- the role of each partner in the various stages of research.

For these reasons, establishing a working, or partnership, protocol between the scientific and practitioner communities is a major component for the success of a research project. A re-evaluation of the research process at various stages is also a requirement.

In conclusion, flexible and adaptive research partnerships are key instruments for the production of knowledge and services likely to enhance the well-being of children and their families. We submit that deeply established partnerships are the most promising, as their outcomes are simultaneously scientific, educational, social, and political in nature. For situations in which time and funding are limited, traditional partnerships are in all likelihood more appropriate, with the main challenge being to implement the most rigorous possible design. Finally, specialized partnerships with far-reaching goals best meet social and educational issues. The hypotheses presented here are clearly exploratory; future research is required for validation. It is our hope that this study will generate questions to stimulate future research on partnerships between researchers and service providers. The effectiveness of practices in child welfare remains the main challenge.

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CHAPTER TWELVE

Research Partnerships in Child Welfare: Synthesis and Future Directions

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INTRODUCTION

An increasingly important trend within the environment of applied research is the focus on building partnerships as part of the process of planning and carrying out research activities. This emerges from the current view that new ways of addressing child welfare need to be found so that we can respond better to the needs of children and families, and so that we can respond to the changing needs of society. Part of this view is a growing acceptance – including endorsement from funding agencies in Canada – that one preferred way to carry out research is through university-based and community-based partnerships. A number of models have been developed that set out types of partnerships and the objectives associated with each, although few of these are theory based (see chapter 1 for details).

Three main assumptions behind this increasing focus on partnerships emerge from the content for this book's chapters. First, partnerships that draw upon the pooled knowledge and skills of experts and various types of professionals and non-professionals should produce research that uses available expertise and experience efficiently. This assumption is attractive to both those carrying out research and those who fund it. Second, research partnerships engage a variety of stakeholders who have specific, and sometimes differing, interests in the outcomes of the research. The assumption here is that the research objectives are more grounded in real needs, data planning and collection are facilitated by the engagement of partners, and the results are more applicable to policy makers, service providers and service users. Third, research outcomes

that result from successful partnerships have a higher likelihood of being transformed, by a process that is becoming known as knowledge transfer and exchange, into processes and products that are readily accessible to stakeholders. This aspect of using research results is increasingly becoming a requirement of funders, a priority for researchers, and a necessary condition for community partners' involvement.

The preceding chapters of this book build upon the systematic review presented in chapter 1 by describing several research partnerships in child welfare in ways that illustrate aspects of these three assumptions. There was a considerable literature on partnerships available (see chapter 1), but there was no overall "blueprint" for forming or maintaining partnerships when these projects began. As a consequence, their structures represent the "best guess" of those planning and leading the research, based on their knowledge of existing literature, and their collective experiences and judgment. Although this is commonly done in research planning, the current authors consider that it would be helpful to those who wish to form successful research partnerships to have some additional conceptual and practical tools to assist them. The primary purpose of this chapter, then, is to construct such tools from the "lessons learned" as summarized in chapter 1, and from the collective experiences of the research partnerships described in chapters 2-11, and present them in the form of: 1) an overall framework for considering partnerships in child welfare research, 2) a description of the advantages and challenges of research partnerships, 3) identification and brief description of five key components of successful partnerships, along with strategies for enhancing their success, and 4) a checklist, to guide research partners in how to proceed in a step-by-step way. A final brief section directs the reader toward some aspects of research partnerships that may need to be considered in the future.

The ideas presented in this chapter emerged from an analysis of the descriptions of the research partnerships in the preceding chapters. Using an iterative process, ideas reported by the chapter authors were recorded separately for each chapter, then grouped together into topics and themes. All chapter authors described advantages and disadvantages of research partnerships, and thus this section represents the common wisdom that emerged from their comments. Successful partnerships were described in a variety of ways, and a content analysis of the ideas presented resulted in five main themes, which are described below as five key components of successful partnerships. The conceptual framework emerged from the themes that described the research partnership process, and the checklist

for research partnerships is a summary of practical steps presented in the other three sections.

A FRAMEWORK FOR EFFECTIVE PARTNERSHIPS IN CHILD WELFARE RESEARCH

The literature synthesis reported in chapter 1 found that 14 different "types" of research partnerships were described in the literature (see chapter 1, Table 1.4). Some of these were grounded in theory and some were not. The 14 types of partnerships were described by various names such as action, participatory, or collaborative research. Across these types, a number of different qualitative methods were used. These include reflection, case studies, content analysis, grounded theory, ethnography, comparative qualitative methods, and qualitative and quantitative methods (see chapter 1, Table 1.2). This suggests that research partnerships can work effectively for a wide variety of partnership structures and methodologies.

Leaders who are moving toward forming research partnerships should consider their theoretical basis, and the most appropriate methodology to address their research questions and capture credible data. Like the studies reported in the literature and throughout this book, these will differ rather widely according to the purpose of the research, and the population or environment being studied. The synthesis of the research described in this book suggests that all partnership research follows four general research stages – formation, development, data activity, and application – and that each of these is composed of specific research components. These are described graphically in Figure 12.1. The principal partnership characteristics that were most associated with each stage in the research described are listed beside each stage. It should be noted, however, that these characteristics are *most* important at their designated stages, but are important through the research process.

Key Research Stages

Components		Required Characteristics
	Formation	
Partner identification Partner commitment	↓	Expertise Commitment Credibility Mutual respect
	Development	
Research questions Funding Agreements Data activity plans	↓	Meeting of interests Flexibility Momentum strategies
	Data activity	
Data collection Data analysis	↓	Problem-solving Cooperation / compromise Technical expertise
	Application	
Research products Dissemination strategy Dissemination activities Reporting Assessment of impact		Creativity / innovation Communication skill Evaluation skill

Figure 12.1. A framework for effective partnerships in child welfare research.

ADVANTAGES AND CHALLENGES OF RESEARCH PARTNERSHIPS

Advantages

Advantages of carrying out research within a partnership have been specified to some degree in available literature (see chapter 1). Like previous studies, those described in this book vary in nature and scope from one research project to another. Partnerships of researchers in

two or more universities draw together expertise of various kinds (e.g., knowledge of service systems, research methodologies, data analysis, report writing). Research that features partnerships of academics, policy makers, community organizations and groups that represent the study population bring together an even broader range of expertise, and helps to maximize available resources, including funding, personnel, time, and infrastructure. Good use can also be made of other shared in-kind contributions, such as workspace, support personnel, and equipment. Research partnerships facilitate the development of research questions that are tailored to the stated needs of those who can use knowledge gained from the research. This validates the project by ensuring that it is applicable to the field of study and that it is likely to be used in practice, one of the expectations of most applied academic research. Other advantages of research partnerships that emerged from those reported in this book are summarized below.

From the point of view of university-based researchers

University-based researchers have traditionally secured funding for research projects, led investigations, and taken responsibility for dissemination. Working within research partnerships challenges this model by presenting a broader, more complex, model that has many advantages for the researcher.

Overall advantages

- Access to a practical knowledge base (things that work clinically), aspects of which are often not described well in academic literature.

- Builds knowledge about practice and develops skills for addressing practice issues.

- Provides a setting for testing and applying evidence-based practices.

Logistical advantages

- Access to a study population.

- Assistance in recruiting and maintaining study participants, including best ways to seek involvement.

- Providing additional staff resource, space, equipment, and other in-kind support from partners.

- Learning from practitioner partners how to approach and work with the study population, including how to ask questions to maximize data.

- Learning from practitioners the best methods of showing respect, being sensitive toward, and including members of the study population.

- Practitioners who are familiar with potential study participants can approach them to ask for voluntary involvement.

- Practitioner partners can facilitate data collection by organizing data collection opportunities around their usual activities.

- Use of usual practical procedures for maintaining confidentiality.

- Access to practice-related reports, policies, and laws that strongly impact the field and how practice is carried out.

- Opportunities to share results with practice and consumer groups.

Advantages for improved outcomes

- Outcomes that are firmly grounded in the realities of a living population, a social problem, and a service response to that problem.

- New presentation and publication opportunities, especially knowledge transfer and exchange methods.

From the point of view of community partners

There are also many advantages to research partnerships from the point of view of community groups, service organizations, policy making bodies, or groups / organizations representing the study population, often referred to collectively as "community partners" inasmuch as they are non-academic in orientation.

Overall advantages

- Establishes or furthers a research culture as part of the normal functioning of a practice organization. Those involved are likely to be involved in future research.

- For groups representing the study population, a research partnership provides them with a voice, a way to have their issues better understood, and some hope for improvement.

- University-based researchers provide additional expert information on the functioning of the study population.

- Partnership research offers a low-cost way for community partners to carry out some research that would otherwise not be feasible.

- Can get concrete answers to questions that are important to them, and can potentially lead to improved service.

- Establishes the study population as an important focus of attention for the practice organization and for the field.

Logistical advantages

- By assisting with a research project, the community partner can become involved in research that is directly relevant to its practice.

- Direct access to mentorship from academic researchers.

- Opportunity for staff to learn new sets of skills (e.g., ethical approval, recruitment, data collection, data input, data analysis, reporting of results).

- Research funds provide an opportunity to hire research assistants and coordinators.

- Access to university libraries and vast electronic resources.

- Opportunities to co-present knowledge with academic and scientific audiences, including oral presentations, posters, production of audio-visual materials, written papers, plain-language summaries, and brief reports.

Advantages for improved outcomes

- Research products include and reflect the deep experience of practitioners and the practice field.

- Application to practice is more relevant and more apparent.

- Set up the beginnings of a research agenda; begin to create a research culture that did not previously exist.

- Summaries of "what works" with the population reflects a blend of academic and practice perspectives.

From the point of view of partnerships as a whole

Overall advantages

- Rich context for knowledge and skills exchange.
- Environment for developing new areas for research and new perspectives on research.
- A "natural" way to meet broader professional development and continuing education needs.
- Broader understanding of the issue because it is examined by a team of people who have various perspectives (e.g., academic, family, service provider, policy maker).

Logistical advantages

- Partnership linkages are in place for other projects that may develop in the future. There is a probability that other joint projects will emerge.
- A wider variety of additional resource available for the research study (in-kind contributions from all partners).
- Mutual learning in knowledge transfer process and content.

Advantages for improved outcomes

- Real life case examples illustrate research findings.
- Can contribute directly to the development of a formal treatment or program evaluation.
- Knowledge transfer methods and products reflect a blend of academic and practitioner knowledge that is likely to be used.

Challenges

Although there are numerous advantages of carrying out research within a partnership model, there are also some challenges that arise. A number of barriers to collaboration are described from previous literature in chapter 1 and are summarized in that chapter's Table 1.7. Four challenges

to research partnerships are highlighted here because they emerged from the project descriptions as particularly important. First, leadership needs to be clearly identified and supported throughout by all partners so that the project can proceed in a timely and efficient way. Strong leadership by one person works somewhat against the spirit of partnership, which features flexibility of roles, respect for different kinds of expertise, and inclusive and active participation by all partner representatives. Certainly, ongoing consultation and frequent communication need to take place, but holding meetings, incorporating feedback, keeping the partnership team informed, and weighing various opinions and options all take time and effort. These sometimes impede the timely progression of a research project. Deft leadership is sometimes required to manage a research partnership, which is more complex than traditional ways of conducting research, and to keep its strengths working for the process rather than slowing down progress.

Strength of commitment, and ability to make and sustain a commitment, is a second challenge that needs to be addressed. Community partners, such as child welfare agencies, often experience high demand on their time and resources for activities directly related to child protection. All research that involves human services makes demands on the time and resources of community organizations and study participants, but research using a partnership model may make extra demands because of its consultative, information-sharing, and skills-sharing nature. Perhaps understandably, there are times when child protection concerns need to take priority over research activities, but this can lead to "lows" in research activities and non-adherence to the data collection schedule. Community agencies, and even policy making bodies, often experience a high turnover of staff, and it is difficult to maintain methodological consistency and ongoing commitment if new staff have to be introduced and trained while the project is in progress. For research partnerships to function successfully, it is essential that their benefits are seen as greater than the extra time and resources it takes to work in a partnership. To obtain this balance, it is often helpful to anticipate problems and to put in place special strategies in advance for dealing with them.

Third, identifying an adequate number of study participants is sometimes problematic. In child welfare and many related fields, individuals and families may leave service for a variety of reasons, and not be available for the full length of the study. From an ethical point of view, participation must be voluntary, and a number of child welfare researchers report that the percentage of those agreeing to participate is

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not high. For those who do agree to participate, priorities may change in their lives, they may move, they may change their minds, or they may simply forget. As the researchers in chapter 3 noted, "It takes an average of seven phone calls to secure an appointment." Researchers often find it challenging to identify an appropriate comparison group, and voluntary participation can be even more difficult to obtain than in the study group. Practitioner partners often have established methods for tracking and locating people that are useful for university-based researchers to adopt. On a personal level, practitioners, especially those who are already familiar with the study participants, can often be much more successful than university-based researchers or hired research assistants in obtaining and maintaining participation rates. Finally, some strategies for rewarding participation, such as honoraria, free food, or reimbursement for time or travel often prove helpful to encourage participation.

Fourth, maintaining momentum can be problematic. Within the course of carrying out a research project, interest and commitment are often strong at the beginning but become weaker as the project proceeds. Strategies need to be put in place to maintain momentum from all partnership parties. Interest in creating and expanding a research culture within a policy making body or a community organization are sometimes dependent upon the leadership of a single person or a small group of people, and personnel changes over time. This can reduce or negate a forward thrust toward engaging in a robust research agenda. Funding from outside sources is typically available for specified periods of time, and when that time draws to a close momentum is necessarily lost and is sometimes difficult or impossible to regain.

These and other challenges associated with research partnerships require attention and resources, but they are not considered to detract unduly from the advantages of such partnerships. Careful preparation and execution of research project plans can help to minimize the challenges and ensure success of the project for all the project partners. The conceptual and practical tools provided in the succeeding sections offer specific ideas and strategies for doing this.

FIVE KEY COMPONENTS OF SUCCESSFUL PARTNERSHIPS

There are many different ways of constructing and maintaining successful research partnerships. Seventeen facilitators of collaboration from previous literature are described in chapter 1 (see chapter 1,

Table 1.6 for a summary), and 12 overall suggestions are provided for effective collaborations. Building on these, analysis of the research in the subsequent chapters suggests that five key components are common to successful partnerships. Numerous strategies can be devised to support the key components, and some examples of such strategies that emerged from the collective experience of the research described in this book are shared below.

1. The central ***research questions*** must emerge from the joint interests and needs of all partners, with all voices being heard and respected:

   This includes:

   - A clear question or questions that are of academic significance and relevant to the lives of the study population.

   - All voices being represented: *clinical voice* identifies knowledge that would help improve practice; *policy voice* identifies knowledge that would help set improved policy; *family / children / community voice* identifies issues of concern to those affected by the research; *academic voice* identifies academic evidence and knowledge gaps, and research methodology; and *other relevant voices*.

   Strategies to enhance development of quality research questions:

   - Set up an advisory board or consultation group, representative of all partners' interests (including the study population), early in the process to help shape and refine the research questions. Some examples of venues for doing this include: a meeting, informal discussions, a focus group, or a survey.

   - Do not assume that all partners are able to articulate clearly their interests or concerns. These may need to be nurtured and developed through group discussions.

   - Partners need to respect the fact that other partners often have somewhat different interests in the same project.

   - There should be a strong sense that the research partnership is addressing a set of real-life issues that are of importance to people's lives and mean something to everyday practice and life activities. Practitioner partners and partners representing the population being addressed can help ensure that the population is clearly understood and that the research question fits.

- The research questions addressed should have passionate commitment: "A passionate cause grounded in spirit" (chapter 6).

- There should be ongoing opportunities to learn together more about the research questions as the project progresses.

2. There must be trust in the ***credibility*** of each of the partners.

    This includes:

- A reciprocal recognition of the expertise of each of the partners (e.g., experience of practitioners, life experiences of those affected, scientific expertise, policy expertise).

- A sense of ownership by each of the partners.

- A sense of trust among the partners that others know what to do.

- Partners' knowledge of each other's values, beliefs, and practices.

- Agreement from the outset that all project activities will be as inclusive as possible of all partners.

    Strategies to enhance credibility:

- There may be a need to develop mutual respect and trust in credibility, to create an environment in which research is valued (e.g., through group discussions).

- There may be a need for researchers to develop their understanding of, and trust in, the value of real-life and clinical experience. Trust sometimes builds slowly, so do not expect it to occur suddenly or to be fully manifested at the beginning of the project. Along the way, acknowledge steps in developing trust.

- Community partner members are not always rewarded to the full extent of their own expertise, and this may need to be drawn out.

- Previous partnerships and relationships can expedite the planning of a new project.

- University-based researchers need to be physically visible in community partner settings.

- Designate community partner representatives as "ambassadors of science" and "ambassadors for evidence-base practice" within their organizations, and university-based researchers as "ambassadors of quality practice" within their institutions.

- It is helpful to build upon practitioners' prior knowledge of research, and researchers' prior experience in community-based research.

- Put in place a partnership history of excellence (e.g., cross appointments, student placements, speakers for professional development).

- Community partners can arrange for information sessions and training sessions presented by university-based partners.

- University-based partners can arrange for a presentation by practitioners of the characteristics and issues associated with the study population.

- Although the ultimate responsibility for the research project is typically held by a university-based principal investigator, increase ownership by making all partners part of a funding application process.

- Increase credibility of community partners by having students do practice, volunteer work, or part-time employment. Graduate students may also use community partners as sites for data collection for dissertations.

3. Partnerships must be ***formalized*** and ***thoroughly planned***.

    This includes:

- Secure funding.

- Approved workplan that specifies activities to be done, people who will do them, and the timelines for doing them.

- Ethical approval.

- A written agreement that is comprehensive (roles, responsibilities, activities, products, etc.).

- Clearly thought-out procedures for carrying out the project, especially for recruiting participants and collecting, analyzing and interpreting data.

- A clear statement of data ownership.

    Strategies to ensure formalized and thoroughly planned partnerships:

- Assign one or more persons to act as the driving force for moving the project forward.

- Spend time at the beginning of a project to get broad partner support, such as support from an executive director, board of directors, management staff, front-line staff, and groups represented by the study population. Such support needs to be reinforced from time to time.

- Obtain ethical approval from the lead university (and others if required), and also from community partners that have ethical approval systems in place. There may need to be more than one ethical approval to reflect the perspectives of partners. Some vulnerable populations need strict ethics, and special procedures to obtain valid data. At times, special presentations or submissions to ethics boards are needed to explain particular circumstances, or data collection procedures that are considered most appropriate for the study population.

- Provide opportunities for formal and informal input into the planning of the project.

- Provide regular updates on the progress of the project (e.g., website postings, written communications, short messages, and celebrations of accomplishment).

- Put a plan in place to build research skills and capacity within community partners.

4. There must be a commitment to *flexibility* and *mutual problem-solving*.

   This includes:

- Agreement by all partners that there has to be an element of flexibility in all the activities of the research project.

- Recognition and allowance for the work needs of personnel from each of the partners.

- A mutual understanding of the priorities of each of the partners.

- A clearly laid-out process for making changes and solving issues that arise.

   Strategies to increase flexibility and mutual problem solving:

- Provide ample opportunities for making and responding to suggestions for changes as the project progresses.

- Work to increase the sense of involvement in the research project by members of community partners to enhance

their participation in anticipating problems and looking for solutions.

- Partners need to perceive each other as equals to problem-solve in a supportive way.

- Recruiting study participants, and maintaining their involvement over time, are areas where patience and flexibility are often especially required. Solicit multiple ideas for how best to do this from practitioner partners.

- Amend objectives, procedures, data collection methods, data analyses, and methods of presenting results in response to sound partner advice.

5. There must be ***strategies for maintaining momentum*** actively in place.

   This includes:

- Commitment to the process and outcomes of the project by all partners.

- Ongoing enthusiasm for the project.

- Integrity by those working on the project: "Doing the right thing when no one is looking" (Elder Bea Shawanda, chapter 6).

   Strategies for maintaining momentum:

- It is helpful if one person or more acts as the driving force for moving the project forward.

- Throughout the research process, stress joint ownership of the project.

- Arrange meetings of the advisory board or consultation group to hear ideas form all partners (including the study population), and to get their feedback.

- Present preliminary and ongoing results to the data collectors to keep up their interest, to help them understand the potential use of the study. This works to maintain interest and to help data collectors see that their extra work is worthwhile.

- There should be a process in place that occurs throughout the project for ongoing learning by all partners, and development of a research partnership culture (e.g., meetings, seminars, etc.). This builds enthusiasm for growing in a new area.

- If it is consistent with ethical approval for the study, reimburse or otherwise reward study participants for their time and expertise in providing data.

- The project should challenge partner members to take on leadership in new areas as they emerge throughout the project.

- Partner members need to understand, through their ongoing discussions, that work on this project is one link in a chain that establishes a long-term research culture.

- Encourage discussions about the project in a wide variety of informal venues (e.g., lunchroom, hallway, coffee shop, pub, etc.).

- As part of the research project workplan, include a series of professional development activities that will help focus interest and build skills and knowledge.

- Devise unique plans for maintaining enthusiasm and commitment. Some examples include: specified amounts of time to work on the project; regular study updates in different formats such as brief newsletters, email messages, meetings, or formal learning opportunities; specific training sessions in data entry and analysis; and skill development in plain language writing.

- If it is consistent with ethical approval, consider small ways to reward practitioner partners for their extra work. For example, a group reward such as a microwave oven for the kitchen or a camera for staff use could be given for researching specified data collection targets.

Conclusion from Five Key Components

Five key components of successful research partnerships are presented above, along with examples of specific strategies to enhance the likelihood of their success. Not all the strategies listed are appropriate to a particular research partnership, nor are they all necessary for its success. On the other hand, other strategies may need to be adopted. One of the responsibilities of the partnership leader(s) – and for the collaborative team – is to ensure that the most appropriate strategies are adopted and used.

CHECKLIST FOR RESEARCH PARTNERSHIPS

A brief checklist for research partnerships is provided in Table 12.1 as a summary of the overall recommendations from previous research reported in chapter 1 and the research partnerships described in chapters 2-11 of this book. The checklist is intended as one practical tool to assist those wanting to ensure the success of their partnership activities,

although research teams may wish to use others as well. Additional strategies to enhance success are listed in previous sections or elsewhere in the book. Thus, the checklist is a basic list of things to consider for research partnerships, but is by no means all the collaborative team should do to ensure success.

Table 12.1. Checklist for Research Partnerships

Type of research partnership

Select the research partnership that fits your situation best:

__ Partnership led jointly by all partners

__ Partnership led jointly by two or more partners (but not all)

__ Partnership led by researcher(s)

__ Partnership led by community organization

__ Partnership led by government or government department

__ Partnership led by family, community, or interest group

Before you start

__ Identify partners, and lead person from each partner.

__ Survey key partner personnel to ascertain interest, commitment, and focus of the proposed project.

__ Secure funding for the project, including contributions of each partner (in-kind or financial contribution).

__ When soliciting funds, include at least one person from each partner as investigators.

__ Decide on the kinds of involvement of each partner (direct partner, advisory committee, networked member, etc.).

__ Decide on the degree of involvement of each partner (number of tasks, time commitment, funding commitment, etc.).

__ Hold one or more pre-project workshops or discussion groups, where members of partners can learn more about the process and outcomes of research projects.

__ Obtain ethical approval, or at least ethical input, from all partners. Ethical issues may differ for each of the partners.

__ Determine if approval for the project, and/or ethical approval, is needed from the community (especially in First Nations).

Table 12.1 Continued

Getting ready for the project

__ Hold a meeting or meetings to develop rapport, to set out the objectives of the project, and to specify the roles of each of the partners (e.g., data analysis a researcher role, but interpretation of the results a dual responsibility).

__ Hold planning sessions where all partners identify potential problems, logistical issues (e.g., ways to collect data, confidentiality, recruiting).

__ Check that the planned data will be meaningful and useful to all partners.

__ Set up an Advisory Committee for the project (national, provincial, city-wide, or representatives from partner organizations and institutions who are not involved directly in the project.

__ Set up Reference Groups on various aspects of the project; include members from all partners.

__ Set up clear and efficient channels of communication.

__ Develop, agree upon, and sign a formal agreement among all partners.

Carrying out the project

__ Set up strategies for recruitment and data collection that set out duties and responsibilities of each partner – including specific roles of project personnel within each partner (e.g., 3 research assistants and 4 community partner personnel will collect data).

__ Get a commitment from the practitioner partner to make initial contacts with potential participants, and to assist in recruitment.

__ Meet regularly (all partners) to review progress and do further planning.

__ Share data with all partners at two or more points as it comes in to discuss relevance, to problem-solve regarding logistical challenges, and to plan for use of the data.

__ Meet with partners to discuss the analysis and interpretation of data.

Using the knowledge gained

__ Identify audiences for dissemination of research products.

__ Develop and share dissemination products geared to specific users.

__ Plan to support those applying the knowledge gained (e.g., workshops, training, consultation, etc.).

Table 12.1 Continued

__ Assess the usage and impact of knowledge applied.

__ Develop additional research project ideas based on knowledge gained.

__ Vet research project ideas to ensure that they are applicable to the lives and practices of those affected.

TOWARD FUTURE INVESTIGATION IN RESEARCH PARTNERSHIPS

Applied research, especially in the social sciences, historically has made use of both formal and informal partnerships. Conceptual models to describe such partnerships emerged several decades ago, and have since become one type of accepted research methodology (see chapter 1 for a review). In this sense, research partnerships are not new. On the other hand, there has recently emerged a new and broadly-based interest in partnerships as an effective, and often a preferred, way to carry out research to maximize both resources and opportunities for application. Such interest comes from those who fund research, university-based researchers, policy makers, and a wide variety of research users, including service providers and consumer groups. It is this recent interest that provides the thrust, both at the present time and in the future, to document success factors and challenges associated with various types of partnerships, to develop new theory and conceptual frameworks for research partnerships, and to collect and analyze data to evaluate the effectiveness of partnerships as a research methodology.

In addition to these three main focuses for future investigation in research partnerships, several more specific aspects emerged from the projects described in this book. Three of the most salient are highlighted here. First, an assumption that needs further investigation is that successfully completed research partnerships lead to setting new directions for research and to the partners actively pursuing new research funding and projects. There is a further assumption that the resulting research projects are most likely to be carried out in ways that build on the relationships established among partners. It is not clear to what degree this occurs or, if it does occur, to what degree it is beneficial to developing research or improving services.

Second, one of the principal advantages of using a research partnership model is often said to be that it provides a way for non-academic professionals and others to become exposed to, and trained in, accepted research methods. It also provides an opportunity for non-academic organizations to develop a research culture and to learn how to incorporate it into their structures and practices. The degree to which this occurs and the degree to which it is advantageous need to be critically examined.

Third, the costs and benefits of research partnership models need to be weighed. It is evident from the project descriptions in the previous chapters that establishing and maintaining partnerships is costly in terms of human resources required and additional time needed. This may be particularly true of conducting child welfare partnership research in Canada, where differing systems and geographical distance are important factors. At the same time, shared resources, in-kind support, and some expedited procedures may reduce actual costs. It has been pointed out several times throughout this book that many community organizations simply would not be able to bear the costs of carrying out research without university-based funding. The benefits related to increased skills and knowledge, resulting both from the research experience itself and from the application of results of the research, are more difficult to estimate. Still, development of some credible methods of balancing costs and benefits of research partnerships would help us to assess their feasibility from a point of view of allocating financial resources.

The need for continuing research on partnerships builds from the premise that, if partnership is a viable and preferred model for carrying out research in child welfare and related fields, there is a need to provide strong evidence to support the view that this is the case. Developing such an evidence base will require documentation and evaluation to be part of all research based on partnerships, and sharing evaluation results with broad audiences will be essential. This is precisely what the research partnerships described in this book set out to do. Sharing our experiences of partnership was the principal purpose in putting this book together, and doing so moves us a step along the path of providing evidence for what works in child welfare research.

ABSTRACTS / RÉSUMÉS

CHAPTER ONE

Research-Community Partnerships: A Systematic Synthesis of Qualitative Research

Michael Saini and Sophie Léveillé

The model of integrating producers and consumers of research within the research process is now considered the conventional method for conducting applied social science research. The shift towards collaborative models of research has been supported by both funding bodies and academic institutions as a means to improve the relevancy and applicability of research findings and to engage community partners to participate more fully in the research process.

Despite its growing popularity, there remains little evidence of whether collaborative efforts actually achieve its objectives. This chapter first highlights the history of research-practitioner collaborations through a child protection lens, then presents a qualitative synthesis of published studies that have considered the experiences of stakeholders involved in collaborative teams. Based on the results of a meta-study of qualitative studies, several factors should be considered when developing strong collaborative teams: the involvement of a diverse team, finding and supporting mutual benefits, strong leadership with active participation by all members, clear direction and organization, and an overall commitment to the process by all members of the team. In the child protection context, future collaborative research teams need to be clear about the roles, responsibilities and decision-making powers for each team member to enhance the collaborative experience and to produce research findings that are both rigours and relevant to the community context.

Le modèle intégrant autant les producteurs que les utilisateurs de la recherche à travers le processus de recherche est désormais monnaie courante dans les recherches en sciences sociales appliquées. La transition vers des modèles de recherche collaborative est soutenue par des organismes de financement et des établissements universitaires, comme moyen d'améliorer la pertinence et l'applicabilité des résultats de recherche et d'engager des partenaires communautaires à participer pleinement au processus de recherche.

   Malgré sa popularité croissante, nous avons en main peu de preuves que le travail en collaboration atteint vraiment ses objectifs. Ce chapitre résume l'histoire du travail collaboratif des chercheurs et praticiens du point de vue de la protection de l'enfance, puis présente une synthèse qualitative des études publiées qui portent sur l'expérience des acteurs participant à des équipes de recherche collaborative. Selon les résultats d'une méta-étude portant sur les études qualitatives, certains facteurs doivent être mis en application si l'on veut constituer une équipe de collaboration efficace: participation de divers acteurs, détermination des avantages pour toutes les parties et efforts mutuels en ce sens, direction dynamique permettant la participation de tous les membres, orientation et organisation claires et engagement de tous les membres de l'équipe dans le processus global. Dans le contexte de la protection de l'enfance, les futures équipes de collaboration devront établir clairement, pour chaque membre, les rôles et responsabilités ainsi que les pouvoirs décisionnels, afin d'optimiser l'expérience de collaboration et d'assurer des résultats de recherche à la fois rigoureux et pertinents dans le contexte de la collectivité visée.

CHAPTER TWO

Evidence-Based Management in Child Welfare: Researchers and Decision-Makers Working Hand in Hand

Nico Trocmé, Wendy Thomson and Claude Laurendeau

The McGill-Batshaw Evidence Based Management project is a Social Sciences and Humanities Research Council funded knowledge mobilization initiative. It focuses on placing university research resources and expertise at the disposition of managers in a child welfare agency to support an evidence-based approach to developing and monitoring its programs and policies. This initiative builds on the premise that effective knowledge mobilization requires moving from unidirectional research production models to iterative ones where researchers, service providers, and policy-makers work in partnerships at every stage of the process. The model is thus based on a close integration of the university-based knowledge brokers within the management structure of the agency, ensuring access to information that is timely, relevant, accurate, and local. The project focuses on three types of information: 1) client service data from the computerized information system, 2) published research, and 3) clinical expertise. A baseline consultation – survey and focus groups involving 76 managers – found that managers had limited access to relevant research and interpretable agency statistics. Lack of time,

complexity of information, difficulties accessing pertinent information in a timely fashion, limited communication, and sharing of expertise between departments and programs were repeatedly cited as barriers. The objectives of the Evidence Based Management (EBM) project resonated strongly with managers, although there was little sense that they were routinely expected to include agency statistics or research evidence in their activities. The baseline consultation confirmed the importance of implementing a knowledge mobilization model that facilitates access to research and agency statistics and supports research-informed clinical consultation groups. This initiative is among the first in the field of child welfare to focus specifically on providing such an intensive level of support to managers to promote evidence-based decision making.

Le projet de Gestion fondée sur les données probantes de l'Université McGill et des Centres jeunesse Batshaw est une initiative de mobilisation des connaissances financée par le Conseil de recherche en sciences humaines (CRSH). Ce projet vise à mettre à la disposition des gestionnaires d'organismes de protection de l'enfance les ressources et l'expertise universitaires en matière de recherche, afin de favoriser des méthodes fondées sur des données probantes dans l'élaboration et le suivi des programmes et politiques. Cette initiative se fonde sur l'idée que pour assurer une mobilisation efficace des connaissances, on doive passer d'un modèle de production de recherche unidirectionnel à un modèle itératif où les chercheurs, fournisseurs de services et décideurs travaillent en partenariat à toutes les étapes du processus. Le modèle se fonde donc sur une intégration étroite des courtiers de la connaissance universitaire à la structure de gestion de l'organisme, assurant ainsi l'accès rapide à de l'information pertinente et exacte, sur place. Le projet met l'accent sur trois types d'information: 1) les données de services tirées du système informatique; 2) les recherches publiées; et 3) l'expertise clinique. Une consultation de référence – sondage et focus groupe visant des groupes de 76 gestionnaires – révèle que ces derniers ont un accès limité à des recherches pertinentes et à des statistiques d'organismes interprétables. Les barrières le plus souvent mentionnées sont le manque de temps, la complexité de l'information, les difficultés d'accès à de l'information pertinente en temps opportun, le manque de communication et le partage de l'expertise entre les divisions et programmes. Les objectifs du projet de la Gestion fondée sur les données probantes (GFDP) ont été fort bien accueillis par les gestionnaires, bien qu'il leur apparaissait difficile de

devoir intégrer systématiquement les statistiques de l'organisme ou les données des recherches dans leurs activités quotidiennes. La consultation de référence a confirmé l'importance d'établir un modèle de mobilisation des connaissances facilitant l'accès aux recherches et aux statistiques des organismes, et favorisant les groupes de consultation clinique s'appuyant sur la recherche. Cette initiative est parmi les premières, dans le domaine de la protection de l'enfance, se consacrant précisément à fournir un soutien aussi intensif aux gestionnaires afin de favoriser une prise de décision fondée sur des données probantes.

CHAPTER THREE

The Maltreatment and Adolescent Pathways (MAP) Project Feasibility Study: Are Youth Involved with Child Protection Services a Feasible Sub-population for Study?

Christine Wekerle, Randall Waechter, Maria Chen, Eman Leung, Anne-Marie Wall, Tara Nassar, Bruce Leslie, Deborah Goodman, and Brenda Moody

This chapter describes the Maltreatment and Adolescent Pathways (MAP) Project and the partnership among university researchers and a child welfare service provider community. The MAP Project consists of a set of studies: 1) The MAP Feasibility Study, including tailoring the research partnership model (see Waechter et al. 2009); 2) The MAP Longitudinal Study (see Wekerle et al. 2009; Wekerle, Leung, Goldstein, Thornton and Tonmyr 2009), which follows a randomly selected cohort of child welfare-involved youth over two years on mental health, substance use, adolescent dating violence, and risky sexual practices; and 3) The MAP Knowledge Translation Study, which seeks to provide a user-friendly, ready access to peer-reviewed MAP-related research and related literature (e.g. Leung, Wekerle, Waechter, Egelstaff and Bennett in press).

The MAP Project was designed to fill knowledge gaps in understanding adolescent functioning and processes of development over time among child welfare-involved youth. The MAP partnership is founded on a recognition of mutual expertise, centred on knowledge exchange as a goal from project conception to data analyses to policy and practice implications based on MAP results. This is enabled by a long-term commitment to partnership, an on-going review of cost-benefit for all parties (researchers, child welfare staff, clients/participants), parallel ethics processes (university-based, child welfare agency-based), quantitative methodology, and a population approach to sampling. Given the need to sample or enroll over a number of years, a participatory action framework

was a primary process and goal, necessary to support a longitudinal study of a child welfare-involved, adolescent sub-population. This framework included several components: 1) child protection services (CPS) agency administrative approval, with an on-going updating mechanism and process (i.e. MAP Advisory Board); 2) CPS agency research review/ ethics approval, with university ethics approval as an annual renewal process; 3) consultation with CPS agency specialists (i.e. legal, intake, special populations); and 4) the involvement of CPS agency members within the research team to form the MAP advisory board that tackled research monitoring, clinical protocols/procedures, data safety/storage, and knowledge translation.

Here, we overview the MAP Feasibility Study. We describe some of the methodological issues we encountered to convey lessons learned. We also present some results from the feasibility stage of the MAP Project. Each CPS agency identified a key MAP representative who acted as the liaison between researchers and CPS staff and organized within-agency MAP updates and MAP researcher-provided learning opportunities to the agencies. We discuss the impact of advisory board involvement on CPS workers and the benefits of this partnership. We conclude that, given a strong research-child welfare service provider partnership, population-based research of child welfare youth is feasible.

Ce chapitre décrit le projet Maltraitance et cheminement des adolescents (MCA) ainsi que le partenariat entre les chercheurs universitaires et les fournisseurs de services en protection de l'enfance. Le projet MCA consiste en un ensemble d'études: 1) étude de faisabilité du projet MCA, y compris l'élaboration du modèle de partenariat de recherche (voir Waechter et coll., 2009); 2) étude longitudinale sur le projet MCA (voir Wekerle et coll., 2009; Wekerle, Leung, Goldstein, Thornton, & Tonmyr, 2009) qui suit une cohorte de jeunes choisis au hasard parmi un groupe de bénéficiaires de services de protection de l'enfance sur une période de deux ans, relativement à la santé mentale, la toxicomanie, la violence dans les fréquentations entre adolescents et les pratiques sexuelles à risque; et 3) étude du projet MCA sur l'application des connaissances, qui vise à faciliter la compréhension et l'accès aux études se rattachant au projet MCA évaluées par les pairs et à la documentation connexe (par ex., Leung, Wekerle, Waechter, Egelstaff, & Bennett, sous presse).

Le projet MCA a été conçu pour combler les lacunes dans les connaissances et la compréhension du fonctionnement des adolescents

ainsi que des processus de développement chez les jeunes recevant des services de protection de l'enfance. Le partenariat du MCA se fonde sur la reconnaissance mutuelle de l'expertise de chacun, et est centré sur un objectif d'échange de connaissances, depuis la conception du projet et l'analyse des données jusqu'à l'incidence sur les politiques et pratiques fondées sur les résultats du projet MCA. Ce travail est rendu possible grâce 1) à un partenariat de long terme, 2) à une révision continue des coûts et des bénéfices pour l'ensemble des parties (chercheurs, personnel en protection de l'enfance, clients/participants), 3) à des processus éthiques en parallèle (dans le milieu universitaire et dans les organismes de protection de l'enfance), 4) à une méthodologie quantitative, et 5) à un échantillonnage populationnel. Vu le besoin d'échantillonner ou de recruter pour quelques années, la structure participative constituait un processus et un objectif primordiaux, étant nécessaires à l'étude longitudinale d'une sous-population d'adolescents recevant des services de protection de l'enfance. Cette structure comprend diverses composantes: 1) l'approbation administrative de l'organisme de protection de l'enfance, impliquant un mécanisme et une procédure mis à jour de façon continue (comité consultatif du MCA); 2) l'approbation de l'éthique et l'évaluation de la recherche par l'organisme de protection de l'enfance, l'approbation de l'éthique universitaire devant se renouveler chaque année; 3) une consultation avec des experts de l'organisme de protection de l'enfance (aspect juridique, accueil, populations particulières); et 4) la participation de membres de l'organisme de protection de l'enfance au sein de l'équipe de recherche pour former un comité consultatif du projet MCA qui s'occupe du suivi des recherches, des protocoles/procédures cliniques, de la mise en mémoire sécuritaire et de la sécurité des données, ainsi que de l'application des connaissances.

Dans les lignes qui suivent, l'étude de faisabilité du MCA est vérifiée. Quelques problèmes méthodologiques rencontrés sont décrits, afin de transmettre les leçons qui en ont été tirées. Nous présentons aussi quelques résultats de l'étape d'étude de faisabilité du projet MCA. Chaque organisme de protection de l'enfance a choisi un représentant principal au MCA, lequel assurait la liaison entre les chercheurs et le personnel de l'organisme, communiquait à l'organisme de protection de l'enfance les renseignements à jour sur le MCA et organisait des occasions d'apprentissage offertes par les chercheurs du projet MCA. L'incidence de la participation du comité consultatif sur les travailleurs des organismes de protection de l'enfance et des bienfaits de ce partenariat sont ensuite discutés. Enfin, nous en concluons que moyennant un partenariat solide entre les chercheurs et les fournisseurs de services à

l'enfance, la recherche sur les populations de jeunes recevant des services de protection de l'enfance est réalisable.

CHAPTER FOUR

University-Government Partnerships for Examining Issues Relating to Children with Disabilities Coming in the Care of Mandated Child Welfare Agencies

Don M. Fuchs and Linda Burnside

Children with disabilities are overrepresented in the child and family service system, and there is increasing concern about their growing numbers in care. This chapter presents the results of an exploratory descriptive study of children in care of the child welfare system in Manitoba. Approximately one-third of Manitoba's children in care have a disability, and most of these children have multiple disabilities. Intellectual disability was the most frequently found disability, followed by mental health disabilities. Slightly more than one-third of children with disabilities were described as having Fetal Alcohol Spectrum Disorder (FASD). In most cases, children had co-occurring disabilities with intellectual and mental health disabilities being the most frequently noted combination (e.g., FASD and Attention Deficit Hyperactivity Disorder [ADHD]).

The research was made possible by a multi-level research-practice partnership among policy makers, service providers, and university researchers. This chapter discusses the nature and functions of the partnership at the different stages of the research process. It illustrates how the partnership assisted in addressing the challenges of the research, and it describes the mutual benefits of the partnership and potential for further research collaboration.

Les enfants handicapés sont surreprésentés dans le système des services à l'enfance et à la famille, et l'on s'inquiète de plus en plus du nombre croissant de ces enfants à leur charge. Ce chapitre présente les résultats d'une étude descriptive exploratoire sur des enfants à la charge du système de protection de l'enfance au Manitoba: environ le tiers des enfants desservis sont handicapés et la plupart sont polyhandicapés. La déficience intellectuelle est la forme d'handicap la plus fréquente, suivie des troubles de santé mentale. Un peu plus du tiers des enfants handicapés sont décrits comme atteints de l'ensemble des troubles

causés par l'alcoolisation fœtale (ETCAF). Dans la plupart des cas, les enfants souffrent d'handicaps qui sont cooccurrents, la déficience intellectuelle et les troubles de santé mentale étant la combinaison la plus fréquemment identifiée (par ex., ETCAF et trouble déficitaire de l'attention avec hyperactivité (TDAH)).

La recherche a été réalisée grâce à un partenariat multi-niveau – recherche et pratique – parmi les décideurs, fournisseurs de services et chercheurs universitaires. Ce chapitre traite de la nature et des fonctions du partenariat aux différentes étapes du processus de recherche. Il illustre la manière dont le partenariat a aidé à surmonter les difficultés de la recherche et fait état des bienfaits mutuels des partenaires ainsi que des possibilités d'autres recherches en collaboration.

CHAPTER FIVE

Supporting Secondary Analyses of the Canadian Incidence Studies of Reported Child Abuse and Neglect (CIS): Partnerships with the Child Welfare Community

Barbara Fallon, Nico Trocmé, Bruce Maclaurin, Della Knoke, Tara Black, Caroline Felstiner and Cindy Blackstock

This chapter describes the process for supporting secondary analyses of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) data by the CIS research study team. The collaboration between CIS study team members and the larger child welfare community was supported by grants from several funders including the Public Health Agency of Canada (Injury and Child Maltreatment Division), and the Centre of Excellence for Child Welfare with funds from the Public Health Agency of Canada and the Canadian Institutes for Health Research. The type of secondary analyses generally fell into three categories: supporting university-based researchers with paper submissions to academic journals, providing data from the CIS datasets for informing child welfare policy initiatives, and responding to specific requests from child welfare agencies and other related sectors.

The richness and breadth of the CIS dataset makes it applicable to academics and professionals from a wide range of disciplines, allowing for unique partnerships between the CIS study team and practitioners, policy makers, and researchers from diverse backgrounds such as health, law, social work, and psychology. This chapter highlights the analytical approaches used to respond to these analyses, as well as the processes to facilitate productive working relationships. The research findings from

some of these collaborations are briefly described. Both the benefits and challenges of the partnerships are highlighted through the use of specific examples from secondary analyses. The collaborations described are characterized as reciprocal, relevant to child welfare practice, and efficient for building interdisciplinary collaborations and burgeoning research networks with the CIS research team.

Ce chapitre décrit le processus permettant l'analyse secondaire des données de l'Étude canadienne sur l'incidence des signalements de cas de violence et de négligence envers les enfants (ECI), par l'équipe de recherche de l'ECI. La collaboration entre l'équipe de recherche de l'ECI et le reste de la collectivité de la protection de l'enfance a été financée par les subventions de différents organismes dont l'Agence de la santé publique du Canada (Division des blessures et des mauvais traitements envers les enfants) et le Centre d'excellence pour la protection et le bien-être des enfants avec des fonds de l'Agence de la santé publique du Canada et des Instituts de recherche en santé du Canada. Les types d'analyses secondaires se répartissaient en général en trois catégories: les recherches menées par les chercheurs universitaires qui soumettent des articles aux revues scientifiques; la documentation des initiatives stratégiques en matière de protection de l'enfance; et les demandes précises des organismes de protection de l'enfance et d'autres secteurs connexes.

La richesse et l'étendue des données de l'ECI les rendent applicables par les universitaires et les professionnels d'un large éventail de disciplines, de même qu'elles permettent des partenariats exceptionnels entre l'équipe de recherche de l'ECI et les praticiens, les décideurs et les chercheurs de divers domaines tels que la santé, le droit, le travail social et la psychologie. Ce chapitre décrit les méthodes analytiques utilisées pour traiter ces analyses de manière appropriée, ainsi que les processus favorisant les relations de travail fructueuses. Les résultats de la recherche concernant certaines de ces collaborations sont brièvement présentés. Les bienfaits tout comme les difficultés des partenariats sont soulignés à l'aide d'exemples précis tirés des analyses secondaires. Les collaborations sont décrites comme étant réciproques, pertinentes pour les services de protection de l'enfance sur le plan pratique et efficaces en ce qu'elles permettent le développement de collaborations interdisciplinaires et l'épanouissement de réseaux de recherche partenaires de l'équipe de recherche de l'ECI.

CHAPTER SIX

Evaluating Family Group Conferencing in a First Nation Setting: An Example of University – First Nation Child Welfare Agency Collaboration

Fred Wien and Joan Glode

Mi'kmaw Family and Children's Services is a First Nation child welfare agency that serves all 13 Mi'kmaq communities in Nova Scotia, as well as Aboriginal families living in other parts of the province. This chapter describes a research project to evaluate the implementation of family group conferencing by the agency, comparing it to the way in which child welfare cases are handled in the mainstream society. In particular, the chapter focuses on the collaboration that has developed between the agency and university-based personnel.

In this instance, it has been the agency that initiated the research project and provided leadership throughout. Research personnel were invited to participate on the research team to provide certain technical resources – for example, assistance with ethics approval, participant selection, and questionnaire construction. The author has also been invited to participate in data analysis, report writing and public presentations. Despite some challenges, the collaboration has been a positive exercise, producing useful results for the agency and providing the occasion for learning and capacity building on the part of both the agency and the researcher.

Mi'kmaw Family and Children's Services (services à l'enfance et à la famille) est un organisme de protection de l'enfance des Premières nations qui dessert 13 communautés micmaques en Nouvelle-Écosse, ainsi que des familles autochtones vivant ailleurs dans la province. Ce chapitre décrit un projet de recherche visant à évaluer l'implantation de conférences familiales par l'organisme, en comparant cette méthode à celles utilisées dans la société en général pour les cas traités par les services de protection de l'enfance. Ce chapitre se penche en particulier sur la collaboration qui s'est développée entre l'organisme et le personnel universitaire.

Dans le cas de ce projet de recherche, c'est l'organisme qui a pris l'initiative et en a assuré la direction du début à la fin. Du personnel de recherche a été invité à participer à l'équipe de recherche afin de

fournir des ressources techniques – par exemple, aide à l'approbation de la recherche sur le plan éthique, sélection des participants et élaboration de questionnaires. L'auteur a aussi été invité à participer à l'analyse des données, à la rédaction des rapports et aux présentations publiques. Malgré certaines difficultés, la collaboration s'est révélée un exercice positif, engendrant des résultats utiles pour l'organisme et représentant une occasion d'apprentissage et de développement de compétences, tant pour l'organisme que pour les chercheurs.

CHAPTER SEVEN

Respite Care Partnerships Addressing Young Children Living at Home and Followed by Child Welfare

Marie-Andrée Poirier, Danielle Lessard and Isabelle Perreault

This chapter looks into the partnership experience in the context of an evaluative research project involving academic stakeholders, a youth centre, and a community organization. The research objectives were to assess the effects of the provision of respite care services on maintaining children in their family surroundings. Working in collaboration, the three stakeholder groups explored the strengths and weaknesses of the service as well as looked at potential improvements that could be made to service delivery. In this chapter, researchers begin with an introduction to the research project and its key results (Poirier and Lessard 2005). They then describe the nature of the partnership during the research process as well as the lessons learned from their experience. This allows for identification of the benefits and, especially, the challenges related to partnership in the context of a research project involving an institutional resource, a community organization, and academics.

Ce chapitre se penche sur l'expérience de partenariat dans le contexte d'un projet de recherche évaluative avec la participation de représentants universitaires, d'un centre jeunesse et d'un organisme communautaire. La recherche avait pour objectif d'évaluer les effets des services de répit sur le maintien des enfants dans leur milieu familial. Dans leur travail en collaboration, les trois groupes d'intérêt ont analysé les points forts et les points faibles du service et recherché des améliorations possibles à la prestation du service. Dans ce chapitre, les chercheurs présentent d'abord une introduction au projet de recherche et ses principaux résultats (Poirier & Lessard, 2005). Ils décrivent ensuite la nature du

partenariat durant le processus de recherche ainsi que les leçons tirées de leur expérience. Cette formule permet de relever les bienfaits de même que les difficultés liées au partenariat dans le contexte d'un projet de recherche comprenant la participation d'une ressource institutionnelle, d'un organisme communautaire et des membres de la communauté universitaire.

CHAPTER EIGHT

Wood's Homes - University Of Calgary, Faculty of Social Work Innovative Partnership

Susan Gardiner, Bjorn Johansson, Ann Lawson, Bruce MacLaurin, and Janet McFarlane

Wood's Homes and the Faculty of Social Work, University of Calgary, Alberta, Canada, joined in a partnership to complete an intervention evaluation of the Wood's Homes Habitat Program entitled "Addressing the Effects of Child Maltreatment through the Lens of Domestic Violence." Habitat is an intensive residential treatment program for adolescent boys who have witnessed domestic violence and are experiencing serious behavioural disturbance. The intervention evaluation was funded by the Centre of Excellence for Child Welfare. The three primary goals of the initiative were to evaluate the effectiveness of the Habitat Program, to develop Wood's Homes' research capacity, and to build on Wood's Homes' existing partnership with the Faculty of Social Work, University of Calgary.

The intervention evaluation used a comparison group pretest-posttest design. Factors investigated included locus of control, resolution of trauma, adolescent developmental progress, family awareness of the residual effects of domestic violence, and family and community safety. The evaluation found a limited amount of evidence that the treatment intervention contributed to an increase in adolescent developmental progress and an increase in family and community safety. It also found that families had a greater awareness of the residual effects of domestic violence. Wood's Homes' research capacity was enhanced by the development of a working relationship with the Centre of Excellence for Child Welfare, and by the exposure of Wood's staff to the requirements of a formal research study. The faculty-agency partnership benefitted by being able to develop other funded research projects in the child welfare arena. Additional benefits accrued in this partnership-driven intervention evaluation included strengthened ties for future projects, contributions to the further development of the Habitat Program's

treatment model, and a greater understanding of issues for families struggling with domestic violence.

Critical challenges – realities associated with service programs, but difficulties for research integrity – included difficulties with recruitment of participants, difficulties arising from staff turnover, some confusion about reporting processes, and the competing priorities and demands experienced by the research team.

Wood's Homes et la faculté de travail social de l'Université de Calgary (Alberta, Canada) se sont faits partenaires dans l'évaluation du programme Habitat de Wood's Homes intitulé «Addressing the Effects of Child Maltreatment through the Lens of Domestic Violence» (aborder les effets de la maltraitance envers les enfants sous l'angle de la violence familiale). Habitat est un programme de traitement résidentiel intensif pour les adolescents qui ont été témoins de violence familiale et qui présentent d'importants troubles de comportement. L'évaluation de l'intervention a été financée par le Centre d'excellence pour la protection et le bien-être des enfants. Les trois objectifs principaux de l'initiative ont visé à évaluer l'efficacité du programme Habitat, de développer les compétences de Wood's Homes en matière de recherche et de faire fructifier le partenariat établi entre Wood's Homes et la faculté de travail social de l'Université de Calgary.

L'évaluation de l'intervention utilisait un devis pré-test/post-test avec groupe de comparaison. Les facteurs étudiés étaient les locus de contrôle, la résolution du traumatisme, les progrès dans le développement de l'adolescent, la sensibilisation de la famille quant aux effets résiduels de la violence familiale et la sécurité de la famille et de la collectivité. L'évaluation révèle un nombre limité de preuves que le traitement a contribué à accroître les progrès de développement chez les adolescents ainsi que la sécurité des familles et des collectivités. Elle révèle aussi que les familles étaient plus sensibilisées aux effets résiduels de la violence familiale. Les compétences en recherche de Wood's Homes ont été rehaussées par le développement de relations de travail avec le Centre d'excellence pour la protection et le bien-être des enfants et le contexte d'une recherche formelle auquel le milieu a été initié. Le partenariat université-organisme a été bénéfique en permettant d'élaborer d'autres projets de recherche financés dans le domaine de la protection de l'enfance. Parmi les autres bienfaits apportés par cette évaluation d'intervention réalisée en partenariat, mentionnons les liens renforcés

dans la perspective de la réalisation de projets futurs, les contributions pour le développement du modèle de traitement du programme Habitat et une meilleure compréhension des problèmes rencontrés par les familles connaissant de la violence familiale.

Les défis fondamentaux (des réalités associées aux programmes de services, mais aussi des difficultés pour assurer l'intégrité de la recherche) sont les difficultés de recrutement des participants, les difficultés survenant en raison du roulement du personnel, une certaine confusion concernant le processus de rapport et les priorités et exigences concurrentes vécus par l'équipe de recherche.

CHAPTER NINE

Research-Practice Partnership in Developing Services for Neglect

Carl Lacharité and Guylaine Fafard

What institutional framework is able to address the various challenges faced in developing social innovations to prevent and reduce child neglect? This question became the focus of the work of a team of practitioners and researchers within the youth protection network in Quebec. Answers put forward by the team highlight the decisive role of a research-practice partnership. The primary goal of this chapter is to present the main team findings by outlining the characteristics of the partnership in place, its advantages and its challenges. The emphasis is on three issues: the importance for researchers of adopting a more decentred approach in research-practice partnerships, the need to support practitioners in enriching their experiences with the families that they meet everyday, and the participation of children and parents as partners.

Quel cadre institutionnel serait capable de surmonter les différentes difficultés rencontrées dans le développement d'interventions sociales innovatrices visant à prévenir et réduire la négligence envers les enfants? Cette question est devenue la préoccupation centrale d'une équipe de praticiens et de chercheurs du réseau de protection de la jeunesse au Québec. Les réponses proposées par l'équipe mettent en évidence le rôle décisif du partenariat recherche-pratique. L'objectif premier de ce chapitre est de présenter les principaux résultats de l'équipe en décrivant les caractéristiques du partenariat établi et ses problèmes sous-jacents. L'accent est mis sur trois points : l'importance pour les chercheurs

d'adopter un mode de fonctionnement plus décentré dans les partenariats recherche-pratique, le besoin de soutien des praticiens pour enrichir leurs expériences avec les familles qu'ils rencontrent quotidiennement et la participation des parents et des enfants à titre de partenaires.

CHAPTER TEN

Treatment Foster Care: Children's Voices and Perspectives

Nitza Perlman, Barry Isaacs, Anne Pleydon, and Kevin Sullivan

We report findings from one of a series of studies devoted to the evaluation of The Treatment Foster Care (TFC) Program. The TFC program provides services to hard-to-serve children with attachment disorder and other social and developmental deficits. Qualitative analyses of interviews with treatment foster children were performed to explore relationships between treatment outcome/success and the children's perceptions of their experiences in the TFC program. Factors contributing to the outcome were identified. The findings from the interviews with the children were compared to studies of children's experiences in foster care reported in the literature. The findings from the foster-parent interviews are not reported in this chapter, but reference is made to preliminary results in the discussion section of this chapter, and compared with the findings from the children's interviews. The children perceived their foster parents as competent to care for them, and the TFC program staff as marginal to their experience in foster care. The children assumed that their place as a member of the foster family was secure and permanent.

Voici un rapport sur les résultats d'une étude faisant partie d'une série d'autres études consacrées à l'évaluation du «Treatment Foster Care (TFC) Program» (Programme de traitement en foyer d'accueil). Le programme fournit des services aux enfants dont les besoins sont difficiles à combler et qui ont des troubles de l'attachement et des déficits sociaux et développementaux. Les analyses qualitatives des entrevues avec les enfants recevant des traitements en foyer d'accueil ont été réalisées, afin d'étudier les relations entre les résultats et réussites du traitement ainsi que les perceptions des enfants au sujet de leurs expériences dans le programme de traitement en foyer d'accueil. Les facteurs contribuant aux résultats ont été précisés. Les résultats des entrevues avec les enfants ont été comparés à ceux des études publiées portant sur les expériences

des enfants dans les foyers d'accueil. Les résultats des entrevues avec les parents des familles d'accueil ne sont pas exposés dans ce chapitre; il y a toutefois référence aux résultats préliminaires dans la section discussion de ce chapitre et ceux-ci sont comparés aux résultats des entrevues avec les enfants. Les enfants estimaient que leurs parents d'accueil avaient les compétences pour s'occuper d'eux, et que le personnel du programme de traitement en foyer d'accueil était différent de leur expérience en foyer d'accueil. Les enfants avaient le sentiment que leur place en tant que membre de la famille du foyer d'accueil était sûre et permanente.

CHAPTER ELEVEN

An Evaluation of Canadian Research-Community Partnerships in Child Welfare

Sophie Léveillé, Claire Chamberland, Nico Trocmé and Ivan Brown

Researchers and community service providers generate, share, and use knowledge in order to better meet the needs of children and their families. A broad understanding of the nature of community-research partnerships can be developed by exploring the characteristics of these collaborations. To that end, this chapter presents an evaluation of 20 Canadian research partnerships in the field of child welfare. As part of the evaluation, 91 key participants were interviewed. For each research partnership, at least one researcher, one service provider, and one manager participated in at least one phone interview to discuss the partnership. They commented on their particular project's beginnings as well as some components of the partnership dynamics that developed between the research and the practice communities and the effects that these generated. By-products of each research project are also listed. The results of this evaluation show that there are numerous types of research partnerships that vary by performance, quality, and operational characteristics.

Les chercheurs et les fournisseurs de services communautaires apportent, partagent et utilisent des connaissances afin de mieux répondre aux besoins des enfants et de leur famille. L'analyse des caractéristiques de ces collaborations peut amener une compréhension de la nature des partenariats communautés-chercheurs. À cette fin, ce chapitre présente une évaluation de 20 partenariats canadiens de recherche dans le domaine de la protection de l'enfance. Dans le cadre de l'évaluation, 91 participants principaux ont été questionnés. Pour chaque partenariat

de recherche, au moins un chercheur, un fournisseur de service et un gestionnaire ont participé à au moins une entrevue téléphonique pour discuter du partenariat. Ils ont parlé des débuts de leur projet respectif, ainsi que de certaines composantes de la dynamique du partenariat qui se sont développées entre les collectivités de recherche et de pratique et des effets qu'elles ont produits. Les produits secondaires de chaque projet de recherche sont énumérés. Les résultats de cette évaluation montrent qu'il existe de nombreux types de partenariats de recherche dont le rendement, la qualité et les caractéristiques opérationnelles varient.

CHAPTER TWELVE

Research Partnerships in Child Welfare: Synthesis and Future Directions

Ivan Brown, Nico Trocmé, Claire Chamberland **and** *Sophie Léveillé*

Partnership among university-based researchers and community organizations is increasingly becoming a model for planning and carrying out research projects. A synthesis of the reports from both types of partners in child welfare research projects reveals that there are many perceived advantages to research partnerships, although there are also some challenges, particularly the need for leadership, commitment, a clear process for recruitment, and ways to maintain momentum. Five key components of successful research partnerships are identified: 1) the central research questions must emerge from the joint interests and needs of all partners, with all voices being heard and respected; 2) there must be trust in the credibility of each of the partners; 3) partnerships must be formalized and thoroughly planned; 4) there must be a commitment to flexibility and mutual problem-solving; and 5) there must be strategies for maintaining momentum actively in place. A conceptual framework for effective partnerships in child welfare research was developed, and a practical Checklist for Research Partnerships is provided. Finally, the need for ongoing documentation and systematic evaluation of research partnerships is briefly described.

Le partenariat entre les chercheurs universitaires et les organismes communautaires est un modèle de plus en plus utilisé pour la planification et la réalisation des projets de recherche. Une synthèse sur les rapports des deux types de partenaires dans les projets de recherche en matière de protection de l'enfance révèle que l'on perçoit de nombreux avantages

à ces partenariats, bien qu'ils comportent aussi certaines difficultés, en particulier en ce qui a trait au besoin de direction, d'engagement, d'un processus de recrutement bien défini et de moyens pour maintenir l'élan. Cinq composantes principales du succès des partenariats de recherche ont été déterminés: 1) les questions centrales de la recherche doivent émerger des intérêts et des besoins communs à tous les partenaires, chacun devant être écouté et respecté; 2) la confiance en la crédibilité de chaque partenaire doit prévaloir; 3) les partenariats doivent être officialisés et soigneusement planifiés; 4) de la flexibilité et une capacité à résoudre collectivement les problèmes doivent être manifestés; et 5) des stratégies doivent être établies afin de maintenir l'élan. Un cadre conceptuel pour des partenariats efficaces dans le domaine de la protection de l'enfance a été conçu et une liste de vérification pratique est fournie pour les partenariats de recherche. Finalement, le besoin de documentation à jour et d'évaluation systématique des partenariats de recherche est brièvement décrit.

CONTRIBUTORS

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on: 1) health status measurement, 2) screening for childhood psychiatric disorder, 3) the design of prospective studies to examine the influence of different social contexts on life course development, and 4) the analysis of multilevel data.

Ivan Brown, Ph.D., was a social worker with Community Living Toronto, and received his doctorate in Special Education from the University of Toronto in 1991. Since that time, he has managed and acted as investigator in numerous large research projects with the Centre for Health Promotion, Department of Public Health Sciences, University of Toronto. From 2001 to 2007 and from 2008-2010, he managed the Centre of Excellence for Child Welfare in the Faculty of Social Work, University of Toronto, a national body for research, knowledge dissemination, and policy development in child abuse and neglect. He also taught for a number of years at Ryerson Polytechnic University in Toronto and in graduate programs at the University of Toronto and Brock University, where he held academic appointments. During this time, he was highly involved in the training of social work and other students, founding and editing the *Journal on Developmental Disabilities*, and taking leadership roles in Canadian and international disability organizations. He is widely recognized as an international expert in disability and quality of life and has contributed very substantially to the disability academic literature over the past 20 years, including 10 books. His 2007 textbook *A Comprehensive Guide to Intellectual & Developmental Disabilities* is used throughout the world. Currently, Dr. Brown is semi-retired and is a Senior Research Associate with the Faculty of Social Work, University of Toronto.

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Susan Gardiner, M.Sc., R.Psych., is a Director at Woods Homes, Calgary and Psychologist registered in Alberta. She has extensive program development and management experience within non-profit services in Alberta. One of her interests has been in the areas of clinical service for maltreated children and families including those impacted by domestic violence. Over the past 20 years, Susan has been responsible for the creation of new treatment approaches for men, male adolescents and families. She has also been interested in developing clinical practice based in evidence models and evaluation.

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Kevin Sullivan, MSW, RSW, is a professional social worker and program manager of the Treatment Foster Care Program in Cobourg, Ontario. The Program is sponsored by four Children's Aid Societies: Durham, Hastings, Kawartha-Haliburton, and Northumberland. The Program serves 125 children who are in the care of one of the sponsoring Societies and who have experienced a background of attachment disturbance, trauma, neglect and multiple placements. He has worked for the Ontario Ministry of Community and Social services and in the child welfare system for a number of years. He is strongly committed to family-based placement options for all children and milieu-based treatment. He demonstrates an inclusive management style and believes that best outcomes for children are derived through a non-hierarchical organizational structure that focuses on team achievement of goals.

Wendy Thomson, CBE, is Professor and Director of the School of Social Work at McGill University, and was appointed as a Commissioner to the Ontario Commission to Promote Sustainable Child Welfare in November 2009. She joined McGill in 2005, following a distinguished career in public services in the UK where she served as the Prime Minister's Chief Adviser on Public Service Reform, and held Executive positions at the Audit Commission and in London local government. Her interests are in social policy and public service reform, on which she advises governments in Canada and internationally. Currently, she is affiliated with the Centre for Research on Children and Families, and the McGill Platform for Health and Economic Convergence. She conducts research funded by the SSHRC and CIHR and serves on the Boards of the L'Agence de Santé et Services Sociaux de Montreal, the McGill University Health Centre, and the Editorial board of the Public Services Imprint, published by the Guardian and the Society of Local Authority Chief executives.

Nico Trocmé, Ph. D., is a professor of social work at McGill University where he holds the Philip Fisher Chair in Social Work and directs the Centre for Research on Children and Families. Dr. Trocmé is the principle investigator for the Canadian Incidence Study of Reported Child Abuse and Neglect (1998, 2003 & 2008), and the lead researcher for a Federal-Provincial-Territorial initiative to develop a common set of National Outcomes Measures in child welfare. He is currently leading the evaluation of a family support program for African Canadian families, the evaluation of a family-group conferencing model, analyses

of the over-representation of First Nations children in foster care, and the evaluation of a social paediatric community program. Dr. Trocmé is actively involved in supporting research based child welfare policy and practice. He is the Senior Advisor for Knowledge Integration at Bathshaw Youth and Family Services, the co-Chair of the Alberta Child Intervention Review, provides research and policy advice to the governments of Québec and Ontario, has presented expert evidence at several inquests and is a member of the Mental Health Commission of Canada's Child and Youth Advisory Committee and Statistics Canada's National Statistics Council. Prior to completing his Ph.D., Dr. Trocmé worked for five years as a child welfare and children's mental health social worker.

Randall Waechter, Ph.D., is a recent graduate of York University with a specialization in Brain, Behaviour, and Cognitive Science. His area of expertise includes neuropsychology and the implications of child maltreatment on cognitive functioning. He is a New Emerging Scientist with the Canadian Institutes of Health Research - Institute of Gender and Health New Emerging Team Grant titled "The Impact of Child Maltreatment on Adolescent and Adult Health Outcomes." He is also the Project Manager for the Maltreatment and Adolescent Pathways (MAP) Project.

Anne-Marie Wall, Ph.D. (Clinical Psychology), was an Associate Professor, Department of Psychology, York University. Dr. Wall's publications are in the area of alcohol use and the impact of social contexts.

Christine Wekerle, Ph.D. (Clinical Psychology), is an associate professor in pediatrics at McMaster University and a recipient of an Interchange Canada Assignment with the Public Health Agency of Canada. She is affiliated with the Centre of Addiction and Mental Health, Child and Family Program, and Associate Professor, psychiatry, University of Toronto. Specializing in child maltreatment and child welfare, she is the author of over 50 publications, including books, book chapters, and journal articles. She has initiated a knowledge-translation website, in which social workers can access best-practice resources and online research-based consultations.

Fred Wien, Ph.D., is professor emeritus at the School of Social Work, Dalhousie University, and is the Nominated Pricipal Applicant for the CIHR-funded Atlantic Aboriginal Health Research Program. He is also the NPA for an intervention research project on «A Poverty Reduction Approach to Improving the Health and Well-being of First Nation

Communities.» Both are funded by CIHR. He graduated from Queen's University with an Honours B.A. in Political Studies and Spanish, and from Cornell University with an M.S. and Ph.D. degrees in Development Sociology, Government and Latin American Studies. He has had a lifelong interest in the socio-economic development of disadvantaged communities, and has worked closely with the Aboriginal communities of the Atlantic region. From 1992 to 1996, he was seconded to the Royal Commission on Aboriginal Peoples as deputy director of research.

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