Human Services Contract Alignment Project
PQR Submission Office
7th Floor, Centre West
10035 – 108 Street
Edmonton, Alberta
T5J 3E1

Submission Package

PRE-QUALIFICATION REQUEST ("PQR") NUMBER PQR-001-CFS

Human Services Child and Family Services PQR

Alberta Human Services

PQR Issue Date:	**January 4, 2016**
PQR Closing Date and Time:	**February 5, 2016**
	no later than 14:00:59 Alberta Time
Project Lead:	**Patrick Campbell**
Email and Contact:	**HS.CAP@gov.ab.ca**

APPENDIX A – Proposal Submission Form (Proposal)

Patrick Campbell
Human Services Contract Alignment Project
PQR Submission Office
7th Floor, Centre West
10035 – 108 Street
Edmonton, Alberta
T5J 3E1

RE: Pre-Qualification Request (PQR) Number PQR-001-CFS

Proponent's Legal Name:	
Mailing Address:	
Contact Name:	
Telephone:	
Facsimile:	
E-mail Address:	

The Proponent proposes to supply the Category of Services in the Service Delivery Regions identified below subject to the terms and conditions of this PQR and the terms and conditions of the subsequent Service Request and Service Agreement:

Service Categories are identified below. Proponent must mark all Service Delivery Region/Service Category boxes it wishes to be considered as qualified for.

Pursuant to Article 5.1 of the PQR, Proponents will indicate that it has met the PQR mandatory requirements by completing the Mandatory Requirement Checklist table outlined below.

Proponents are only required to complete one Submission Package for the Services outlined below.

Mandatory Requirements Checklist

General Qualifications **Mark an (X) in the respective boxes (Met/Unmet) that align with the Proponent's qualifications.**	**Met**	**Unmet**
Proponents must deliver proposed services in the Province of Alberta		
Proponents must comply with federal, provincial and municipal regulations and bylaws related to the service provision.		
When serving indigenous (First Nations, Métis, and Inuit) infants, children, youth and families, proponents must be willing to deliver services that are sensitive to their cultures and values.	X	
If applying to provide services in scope of the Health Professions Act, proponents must be a member in good standing of a professional body/organization that is recognized in Alberta (Alberta College of Psychology, Alberta College of Social Work).		
If proponents are applying to provide contracted Child Intervention services that require accreditation, the proponent must either: a) be currently accredited by a Child and Family Services (CFS) approved accrediting body and commit to maintaining accreditation in good standing, or b) if not currently accredited, must apply for and achieve Accreditation with a CFS approved accrediting body within 18 months of being issued work, as directed by CFS.		
Proponents must commit to aligning services with the values stated in the Prevention and Early Intervention Framework for Children, Youth and Families and or Child Intervention Practice Framework. (Attached)		
Proponents must commit to using the knowledge of the Foundations of Care Giver Support (Stress/Trauma, Child & Brain development, Loss and Grief) in their delivery of services.		

Proponents will be required to verify qualifications and experience before entering into any Service Agreement. Additional qualifications may be identified in Service Requests or in Request for Proposals.

The term "experience" in the requirements means working experience and not education or training, unless otherwise stated.

Services Descriptions

	Service Category	Description
1	**Assessment, Counseling & Treatment Services**	These services assist by providing therapeutic intervention and professional guidance related to case planning, enhancing parental capacity and improving child well-being. Examples: a) Assessments (parenting, psychological, developmental, Fetal Alcohol Spectrum Disorder, neuro-psych, risk). b) Pediatric assessments for children involved with Child Family Services Division c) Family and individual counselling and therapy. d) Transition planning.
2	**Community-Based Living and Supports**	These services provide stability and support for infants, children, youth and families in Alberta, and promote community involvement for infants, children, youth and families in Alberta who are in challenging family circumstances. Examples: a) Supports for people living with Fetal Alcohol Spectrum Disorder. b) Foster Care and Kinship care. c) Support services for Indigenous (First Nations, Métis, and Inuit) children and families. d) Outreach services.
3	**Contracted Business/Professional/ Support Services**	These services assist ministry and agency staff in supporting infants, children, youth and families in Alberta to address barriers and challenges in their lives. Examples: a) Service quality assurance and workforce development/training. b) Expert consultation, coaching and mentorship. c) Interpreter services. d) Drug and alcohol testing. e) Home assessment reports for kinship care, foster care, and permanency.
4	**Cultural Services & Supports**	These services help Indigenous infants, children, youth and families, as well as new Canadians access supports that recognize and integrate their cultural preferences.

		Examples: a) Aboriginal focused training for Human Services staff. b) Cross-cultural workshops. c) Ceremonial events and cultural supports. d) Interpreter services.
5	**Child Intervention Early Childhood Development and Early Intervention**	These services provide community-based supports to families to strengthen protective factors and reduce the risk factors related to child maltreatment and abuse. Examples: a) Parent education and support. b) Early childhood development. c) Information and referral. d) Service coordination and navigation. e) Community development. f) Collaborative service delivery (formerly OBSD)
6	**Family and Caregiver Support**	These services support infants, children, youth and families in Alberta to address risk, increase capacity, enhance well-being and support permanency. Examples: a) Parenting support and skill building. b) Family preservation and family reunification. c) Family mediation. d) Culturally appropriate support services. e) Supported visitation services. f) Pre- and post-permanency.
7	**Group and Campus-Based Care and Supports**	These services provide children, youth and their families in Alberta with day-to-day care and interventions that are targeted towards family reunification, preservation and permanency. Examples: a) Campus-based therapeutic group care. b) Community based therapeutic group care. c) Community Based group care. d) Secure services (under Child Youth and Family Enhancement Act and Protection of Sexually Exploited Children Act). e) Specialized out-of-home placements and supports.
8	**Supports & Services for Youth**	These services encourage and help young people to address their developmental, well-being and permanency needs. Examples:

		a) Youth resource centres. b) Life skills development. c) Mentoring. d) Transitional supports. e) Youth shelters.
9	**Quality Assurance and Continuous Improvement**	These services are a support to the Quality Assurance and Continuous Improvement of all services. Examples: a) Risk Based and Practice Based File Reviews. b) Support to Facility Investigations. c) Accreditation. d) Research and Evaluation specific to Prevention, Early Intervention and Child Intervention.

Proponents to mark an (X) in the respective boxes that align with the Proponent's desired Service Categories and associated Service Delivery Regions.

For services that are delivered on either a First Nations Community or Metis Settlement please select the Region in which the First Nations community or Metis Settlement is located.

Service Category-Service Delivery Region Checklist

	Service Delivery Region Click Here to view a map of the Service Delivery Regions						
Service Category	Northwest Region	Northeast Region	North Central Region	Edmonton Region	Central Region	Calgary Region	South Region
1	☐	☐	☐	☐	☐	☐	☐
2	☐	☐	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐	☐	☐
4	☐	☐	☐	☐	☐	☐	☐
5	☐	☐	☐	☐	☐	☐	☐
6	☐	☐	☐	☐	☐	☐	☐
7	☐	☐	☐	☐	☐	☐	☐
8	☐	☐	☐	☐	☐	☐	☐
9	☐	☐	☐	☐	☐	☐	☐

THERE ARE NO DESIRABLE PROVISIONS IN THIS PQR

Attachment 1.0

Prevention and Early Intervention Framework for Children, Youth and Families

Prevention and Early Intervention Framework for Children, Youth and Families

Alberta Government

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Introduction

Alberta Human Services, through the Child and Family Services Authorities (CFSAs) and community partners, provides a range of programs and services for children and families that:

- support families and communities, helping them to provide nurturing, safe environments for their children; and
- work to break the cycles of family violence, abuse and poverty that prevent some children from becoming strong, sound individuals.

The ministry's vision for services to children and youth is "an Alberta where children and youth are valued, nurtured and loved. They will develop to their potential supported by enduring relationships, healthy families and safe communities." The mission is "to work together to enhance the ability of families and communities to develop nurturing and safe environments for children, youth and individuals."

One of the priorities for the ministry is to implement a continuum of evidence-based prevention and early intervention services, including early childhood development and parenting programs that will effectively address the key drivers that cause children and youth to require crisis intervention services.

Effective prevention and early intervention services require a collaborative cross-ministry and cross-sectoral approach. Human Services will continue to work with government and community partners to ensure that there is a range of prevention and early intervention services in place, and that there is evidence supporting their effectiveness.

Purpose of the Prevention and Early Intervention Framework

The purpose of the Framework is to provide guidelines for establishing a continuum of evidence-based prevention and early intervention services. The Framework:

- articulates the ministry's approach to prevention and early intervention;
- defines the key elements of this continuum;
- identifies the desired outcomes for prevention and early intervention;
- outlines a process, and includes criteria, by which CFSAs, community and ministry partners, can review programs and services and determine how these align with the continuum; and
- supports decision-making on funding and service delivery at a CFSA level.

Background

The Impact of Child Maltreatment

Child maltreatment, encompassing both child abuse and neglect, is a serious but potentially preventable public health issue that can have serious, long-term consequences for children, families, communities and society. It is clear that child maltreatment contributes significantly to the overall burden of adversity experienced by children and increases the risk of a range of negative outcomes. Maltreatment can produce both physical and psychological consequences, some immediately evident in childhood and some with life-long effects.[1]

Child maltreatment not only has adverse consequences for the health of the maltreated individual but also produces immense financial costs to society. This includes proximal costs for direct services and supports to families, as well as "downstream" costs such as those related to lost productivity, poor physical and mental health, and antisocial behaviour.[2]

The Alberta Context

In Alberta in 2011-12, allegations of abuse or neglect were substantiated for more than 13,000 children after an assessment was completed. These children and their families received Child Intervention services, and may have been referred to community supports in order to alleviate the intervention concerns.

During 2011-12, a monthly average of 12,800 children received Child Intervention services, both in home and in care. Of the children who received Child Intervention Services, 58 per cent were identified as Aboriginal; in comparison, approximately nine per cent of the child population in Alberta ages zero to 19 were identified as Aboriginal in the 2006 census.

In that same period, 17 children were apprehended under the *Drug-Endangered Children Act (DECA)*, and 135 children and youth received services under the *Protection of Sexually Exploited Children Act (PSECA)*.

[1] American Psychological Association. (2009). *Effective strategies to support positive parenting in community health centers: Report of the Working Group on Child Maltreatment Prevention in Community Health Centers*: Washington, DC: Author. (APA Report)

[2] APA Report

Risk Factors for Child Maltreatment

A combination of individual, relational, community and societal factors contribute to the risk of child maltreatment.[3] Risk factors are those characteristics associated with child maltreatment; they may or may not be direct causes.

Risk factors for child maltreatment have been defined extensively in the literature; some of these are outlined below.[4]

Individual risk factors – children and youth:

- Children younger than four years of age
- Child's temperament, insecure attachment
- Special needs that may increase caregiver burden (i.e. disabilities; mental health issues, chronic illnesses).
- Sexual minority youth

Individual risk factors – parents:

- Parental depression and other mental health problems
- Parental substance abuse
- Parents' own history of abuse
- Parents' beliefs in corporal punishment
- Parents' poor understanding of child development
- Young parental age

Family risk factors:

- Social isolation
- Family violence
- Poverty or unemployment
- Low parental involvement
- Harsh discipline

Community:

- Violence in the community
- Drug trafficking
- Poor housing
- Lack of access to services

The 2008 *Canadian Incidence Study of Reported Child Abuse and Neglect (CIS)* examined the incidence of reported child maltreatment and the characteristics of the children and families investigated by Canadian child welfare sites from all 13 provinces and territories.[5] Based on a review of a sample of 6,163 substantiated investigations, the CIS identified the following as the six most common functioning issues among children who had been maltreated.

Child Functioning Issue	% of Sample
Academic difficulties	23%
Depression/anxiety/withdrawal	19%
Aggression	15%
Attachment issues	14%
ADD/ADHD	11%
Intellectual/developmental disability	11%

The CIS also identified primary caregiver risk factors, based on the sample of 6,163 substantiated investigations. The most common risk factors for primary caregivers were identified as follows. Note that individual families may have had more than one of these risk factors.

Primary Caregiver Risk Factor	% of Sample
Victim of domestic violence	46%
Few social supports	39%
Mental health issues	27%
Alcohol abuse	21%
Drug/solvent abuse	17%
Perpetrator of domestic violence	13%
Physical health issues	10%
History of foster care/group home	8%
Cognitive impairment	6%

[3] Centers for Disease Control and Prevention, on-line: **www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html**

[4] APA Report

[5] Public Health Agency of Canada. Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Major Findings. Ottawa, 2010.

Protective Factors

Protective factors are conditions in families and communities that, when present, increase the health and well-being of children and families, and protect against abuse and neglect. These attributes serve as buffers, helping parents to find resources, supports or coping strategies that allow them to parent effectively, even under stress.

A literature review compiled for the Strengthening Families Initiative, led by the Centre for the Study of Social Policy in Washington D.C., describes five key protective factors that can diminish the likelihood of child maltreatment.[6]

- **Parental Resilience:** ability to cope with and recover from all types of challenges. Parents who are emotionally resilient are able to maintain a positive attitude, creatively solve problems, and effectively rise to challenges in their lives – and they are less likely to abuse or neglect their children.
- **Social Connections:** friends, family members, neighbours and others who offer and provide emotional support and assistance to parents. Helping parents build social connections can reduce their isolation, which is a consistent risk factor in child abuse and neglect.
- **Knowledge of Parenting and Child Development:** accurate information about raising young children, developmentally appropriate expectations for their behaviour, and knowledge of positive discipline techniques. Parents who understand child development and positively guide their children's behaviour are less likely to be abusive and more likely to nurture their children's healthy development.
- **Healthy Social and Emotional Development of Children:** a child's ability to interact positively with others and communicate his or her emotions effectively. Children with challenging behaviours are at greater risk for abuse. Helping children develop socially and emotionally has a positive impact on the interaction between children and their parents.
- **Ability to Access Support in Times of Need:** parents' ability to identify and access resources in the community during times of need may help prevent the stress that sometimes precipitates child maltreatment. This may also help to prevent the unintended neglect that may occur when families lack necessary resources such as food, clothing and housing, or essential services such as health care and mental health services.

[6] Center for the Study of Social Policy, *Strengthening Families Literature Review on Protective Factors*. on-line: **www.strengtheningfamiliesillinois.org/downloads/Literature%20Review_Horton.pdf**

Establishing a Continuum of Prevention and Early Intervention

Defining Prevention

Child maltreatment prevention, at its most basic level, is about strengthening the capacity of parents and societies to care for children's health and well-being, and thereby reduce the incidence of child abuse and neglect.[7]

A number of programs have produced a statistically significant improvement in rates of child maltreatment. Successful prevention efforts work to reduce risk factors while boosting known protective factors.

Importance of the Early Years of Development

Reaching families early, even as early as pregnancy, is an important element of success in the design of proven prevention programs. The emerging body of research on the science of early brain development supports the importance of initiating prevention services early to support parent-child attachment and the social-emotional development of infants and young children.

The early years represent a very sensitive period in brain development, laying the foundation for a number of critical skills and abilities including vision, hearing, emotional control, language and learning. In order for young children to develop these skills and abilities, they require consistent, stimulating, and nurturing early environments and, in particular, positive interactions with parents and other caregivers.

If children do not experience optimal development during this critical period, there can be life-long impacts in terms of their skills, learning and well-being. Exposure to adverse experiences during the early years can have negative consequences for both physical and mental health and well-being, and has been linked to many emotional, behavioural, and physical health problems throughout childhood, adolescence and adulthood.

Funding programs and services which create a healthy environment and positive experiences in infancy and the early years of childhood is far less costly than trying to address problems later.

[7] American Psychological Association. (2009). *Effective strategies to support positive parenting in community health centers: Report of the Working Group on Child Maltreatment Prevention in Community Health Centers*: Washington, DC: Author. (APA Report)

Levels of Prevention

Prevention programs are commonly categorized as *primary, secondary* or *tertiary* prevention programs. All of these levels are important components of a continuum of supports for families, and contribute to the prevention of child maltreatment. In order to meet the full range of needs of families, including those at risk, communities have the greatest success when they approach prevention on all of these levels.

Primary Prevention is defined as programs and services that provide families with the support that they need to ***build protective factors and prevent the development of risk factors and vulnerabilities.*** By supporting parents and caregivers, these programs and services help to ensure that children have stable and healthy living environments in which to grow and develop.

These are typically non-targeted programs and services that may be accessed by all families with no screening requirements. Through engagement with families, programs can identify areas where additional support may be required.

Primary Prevention programs include early childhood development and parenting programs such as those available in Parent Link Centres, which offer programs such as the Triple P – Positive Parenting Program to provide information, resources, and support to parents.

Early Intervention (Secondary Prevention) is defined as involvement with families when vulnerabilities are first identified in order to ***strengthen protective factors and reduce the impact of risk factors, and reduce the need for more intrusive and intensive interventions***.

Families served in these programs usually have one or more identified risk factors, such as poverty, parental substance abuse, young parental age, parental mental health issues such as depression, parental or child disabilities, or exposure to family violence.

Early Intervention programs include Home Visitation programs that provide services to expecting and new mothers who are experiencing one or more risk factors, and Head Start Programs which serve children from low-income families.

Intervention or Treatment (Tertiary Prevention) is defined as ***targeted interventions for children and families after maltreatment has occurred, to reduce the negative consequences of maltreatment and to prevent its recurrence***.

Within Human Services, tertiary prevention is provided under Child Intervention Services and may include intensive in-home family support services.

This Framework focuses on the Primary Prevention and Early Intervention Levels.

A Model of a Prevention and Early Intervention Continuum

The following model of a continuum of prevention and early intervention services is intended as a starting point for regional planning and collaboration with community partners. The model reflects the three levels of prevention, and identifies examples of programs and services provided at each level.

While these services and supports are available to all families, those who are already involved in Child Intervention services may also be referred to, and/or continue to participate in, community-based programs such as Parent Link Centres or Home Visitation for additional and ongoing support. This is consistent with one of the key components of the Alberta Response Model (2001), referred to as 'Community Engagement,' which emphasized building community capacity, offering early interventions and ensuring more accessible supports are available for families.

Primary Prevention:	Early Intervention:	Intervention:
Programs and services that provide families with the support that they need to build protective factors and prevent the development of risk factors.	Involvement with families when vulnerabilities are first identified in order to strengthen protective factors and reduce the impact of risk factors	Targeted interventions after maltreatment has occurred to reduce the negative consequences and to prevent its re occurrence.

Examples of Programs and Services:

- Parent Link Centres
- Early Childhood Development Programs
- Child Care Programs
- Triple P: Levels 1, 2 and 3
- FASD Awareness and Prevention
- Youth Mentoring Programs
- Taking Action on Bullying
- Prevention of Family Violence and Bullying Education and Awareness
- FCSS

Examples of Programs and Services:

- Home Visitation Programs
- AVIRT – Calgary and Edmonton
- Head Start Programs
- Parent Link Centres
- Triple P: Levels 4 and 5
- FASD Network Supports
- Family Support for Children with Disabilities
- Youth Mentoring Programs
- Community Programs for Youth At-Risk
- Prevention of Family Violence Programs
- FCSS

Examples of Programs and Services:

- In-Home Family Support Programs
- Counselling Services
- Triple P: Level 5 – Pathways
- Families with Child Intervention involvement may also be referred to, and/or continue to participate in, community-based programs such as Parent Link Centres or Home Visitation for additional and on-going support.

Principles of Effective Prevention Programs

Effective prevention and early Intervention programs must be:

- **Family-centred:** Based on a respectful, strengths-based approach that views the family as central to the child's well-being.[8]
- **Proactive:** Strive to promote family wellness in families that have not experienced child maltreatment.[9] Proactive programs are based on new information about development, providing more social interaction and parent support, and an emphasis on reinforcement of positive behaviours.[10]
- **Theory-Driven:** Have a scientific justification or logical rationale; describe a strategy of how or why the strategy is likely to change behaviour.[11]
- **Evidence-based:** Have empirical research supporting their efficacy. A review of evidence-based strategies for the prevention of child maltreatment can be found in Appendix A.
- **Comprehensive:** Include multiple components and affect multiple settings to address a wide range of risk and protective factors of the target population.
- **Culturally Appropriate:** Tailored to fit within cultural beliefs and practices of specific groups.

[8] Child Welfare Information Gateway. On-line: **http://www.childwelfare.gov/famcentered/**

[9] Centre of Excellence for Child Welfare, Information Bulletin, 2004. On-line: **www.cecw-cepb.ca/sites/default/files/publications/en/MetaAnalysis17E.pdf**

[10] Zimmerman, M., & Mercy, J.A. (2010). A Better Start: Child Maltreatment Prevention as a Public Health Priority. Zero to Three. May 2010

[11] Nation, M., et al. Applying the Principles of Prevention (2005). Prepared for the Centers for Disease Control and Prevention

Services for Aboriginal Families

Statistics indicate that the number of Aboriginal children coming into care has continued to increase, and that they continue to be over-represented in Child Intervention Services. In order to improve outcomes for Aboriginal children, it is imperative that families have access to culturally appropriate prevention and early intervention programs and services.

Effective programs and services recognize and build on strengths in Aboriginal families and communities, while acknowledging and addressing social-historical factors which impact on present-day family life.

The following are unique features of Aboriginal prevention approaches, as identified in *"A Circle of Healing: Family Wellness in Aboriginal Communities."*[12]

- Building strong communities and families through cultural recovery.
- Culture-based healing and prevention which is reflected in service theory, practices, helping roles and relationships, material resources and staff training.
- Adopting the family unit as the main focus in understanding matters of children's maltreatment and wellness, and also placing emphasis on social network, community, and public policy influences.
- Focusing on creating strengths and building resourcefulness in addition to healing and protection.
- Mobilizing informal support systems, extended family, friends, and neighbours, to help support families to deal with crisis.

Cultural learning takes place through participation in unique Aboriginal programs or agencies; role modeling by cultural teachers and volunteers; traditional ceremonial or spiritual practices, exposure to Aboriginal materials, cultural items and images; culturally unique forms of relationships such as talking circles, healing practices and medicines; and natural exploration and reinforcement of learnings.

"*A Circle of Healing*" also notes that child and family well-being in urban Aboriginal communities present special challenges, related in large part to the migration experience itself. Families move from small, rural homogeneous communities to large urban environments where the Aboriginal community is dispersed.[12]

Aboriginal family services in urban areas seek to build community relationships and help break down social isolation. This is related to cultural recovery, and the adaptation of traditional values and norms to an urban environment.

[12] Connors, E., and & Maidman, F. (2001). "A Circle of Healing: Family Wellness in Aboriginal Communities. In I. Prilleltensky et al (Eds.), *Promoting Family Wellness and Preventing Child Maltreatment.*

Emergent Trends in Prevention Research and Literature

Recent research and literature in the field of child maltreatment and prevention indicate that prevention efforts increasingly aim to strengthen the capacity of parents and communities to care for their children in ways that promote well-being.

There are three key trends that have emerged from the research and literature, and have led to new perspectives on the prevention of child maltreatment. Further information and reference sources are included in Appendix B.

- A shift toward primary prevention programs that build protective factors and strengthen the capacity of parents and communities to care for their children, within a continuum of services including early intervention and intervention.
- Recognition of a population-based, public health model as an effective approach to child maltreatment prevention.
- An increasing focus on parent training as an effective strategy for prevention of child maltreatment.

Desired Outcomes for Prevention and Early Intervention

Outcome measurement is key to the delivery of effective prevention and early intervention services. It also is congruent with central elements of Outcome Based Service Delivery, contributing to a common focus on client-centred outcomes for vulnerable children and their families. Outcome measurement allows for the development of a common language around client-centred outcomes and a consistent method of assessing and improving services.

The following overarching outcomes have been identified for prevention and early intervention programs and services. Each program or service area has an outcome measurement framework in place which aligns with these broader outcomes. Agencies delivering services are required to report on achievement of outcomes.

Short-term	Medium-term	Long-term
• Increased protective factors in families	• Optimal child development	• Reduced child abuse and neglect
• Reduced impact of risk factors in families	• Healthy family functioning	• Strong children, youth, families and communities

Developing an Action Plan

The Framework and the Continuum provide a rationale and parameters for planning, direction-setting and decision-making by CFSAs, community and ministry partners, while offering flexibility to incorporate local needs.

Ministry staff are encouraged to engage with community partners and key stakeholder groups in a collaborative process to:

I. Review programs and services currently funded to determine their alignment with the Framework, and to assess the current funding allocations. Questions for consideration include:

- Are there programs and services in place to address both the Primary Prevention and Early Intervention components of the Continuum?
- How do these programs and services meet the criteria for evidence-based programs (as outlined in Appendix A)?
- How do they strengthen protective factors and reduce the impact of risk factors?
- How do they address the outcomes outlined above?
- Do they provide culturally appropriate services for Aboriginal families?
- Do they engage diverse cultural groups in their communities?

II. Identify areas in the continuum of services that need to be strengthened or where there are gaps or duplication of services.

III. Develop strategies to address these areas and ensure that a full continuum of evidence based programs and services, aligned with results-based budgeting, is in place.

Strategies may include:

- Explore opportunities to partner with other ministries or sectors in service delivery.
- Identify ways to more effectively and efficiently integrate existing services, for example, Parent Link Centres can serve as community-based hubs where a range of services can be provided.

IV. Develop an action plan for implementing the identified strategies.

V. Ensure that evaluation and outcome measurement plans are in place to measure the achievement of outcomes for the prevention and early intervention services.

Appendix A: Evidence-Based Programs

Definition of Evidence-Based

Evidence-based programs are those that have empirical research supporting their efficacy.

For the purposes of the Prevention/Early Intervention Framework, the focus in this document is on evidence-based programs to prevent children from entering the child intervention system.

What constitutes a strong evidence base?

Randomized control trials (RCTs) are widely considered to be the most robust way of determining whether an intervention is effective. As the name implies, RCTs are studies that randomly assign individuals to an intervention group or to a control group, in order to measure the effects of the intervention. This makes it possible to evaluate whether the intervention itself, as opposed to other factors, causes the observed outcomes.

However, other sources of evidence can be ranked as follows (highest to lowest), as outlined by the National Academy for Parenting Practitioners, in the document *Evaluating the Evidence*.[1]

- Multiple RCTs, showing long-term outcomes across multiple settings;
- RCTs demonstrating only short-term effects;
- A single RCT;
- Well-designed cross-sectional studies, where the treatment and control groups are measured at one point in time, rather than pre- and post-;
- Studies with pre- and post-intervention measures, using norm-referenced questionnaires;
- Qualitative studies, i.e. in-depth interviews and focus groups (not considered a measure of impact though they are useful for understanding why or how a program works).

Examples of Evidence-Based Programs

While there are a number of programs available for parents and families, not all of them have a well-established evidence base. This section profiles examples of evidence-based programs; program descriptions are provided later in the document.

I. "*Compilation of Evidence-Based Family Skills Training Programmes*," United Nations Office on Drugs and Crime, 2010[2]

In this publication, 23 evidence-based programs from across the world were reviewed and ranked. The listing was compiled in order of scientific rigour including the number of randomized controlled trials which have been conducted on each program. The Triple P - Positive Parenting Program was ranked in first place, and The Incredible Years in second place.

Evidence-based family skills training programs have been found to improve family functioning, organization, communication and interpersonal relationships. They have shown multiple positive outcomes for children and adolescents including decreased alcohol and drug use, increased child attachment to school and academic performance, decreased child depression and aggression, increased child social competence and pro-social behaviour and decreased family conflict. In addition, these programs have been found to be cost-effective.

[1] National Academy for Parenting Practitioners. (2010). *Evaluating the Evidence*. King's College, London.

[2] United Nations Office on Drugs and Crime. (2010). Compilation of Evidence-Based Family Skills Training Programmes.

II. The Washington State Institute for Public Policy

The Institute published a paper in July 2008 entitled "*Evidence-Based Programs to Prevent Children from Entering and Remaining in the Child Welfare System: Benefits and Costs for Washingto*n."[3]

The Institute conducted a systematic review of all research evidence they could locate to identify what works to improve child welfare outcomes, including 74 rigorous comparison group evaluations of programs and policies.

For their review of prevention programs, the primary outcome considered was a reduction in reported and/or substantiated child abuse or neglect.

Impact on Child Welfare Outcomes:

They found a number of prevention programs that produced statistically significant improvements in key child welfare outcomes. The results are shown in the following table; the down arrows indicate a reduction in that outcome.

Name of Program	Child Abuse and Neglect Outcome
Chicago Child-Parent Centers	↓
Healthy Families America	↓
Nurse Family Partnership	↓
Other Home visiting Programs for At-Risk Mothers and Children	↓
Triple P – Positive Parenting Program	↓

[3] Lee, S., Aos, S., & Miller, M. (2008). *Evidence-Based programs to Prevent Children from Entering and Remaining in the Child Welfare System: Benefits and Costs for Washington*. Olympia: Washington State Institute for Public Policy. Document No. 08-07-3901.

Chicago Child-Parent Centers and Triple P also were shown to reduce the number of out-of-home placements for children involved with child welfare.

In reviewing a number of prevention programs (for families not involved in the child welfare system), and intervention programs (for families already involved in the child welfare system), the Washington State paper indicates that there appear to be five broad characteristics shared among the majority of these effective programs:

- **Targeted populations** – successful programs tend to be targeted toward a specific group of people who might be expected to benefit the most from the services provided.
- **Intensive services** – programs with strong impacts on child welfare outcomes tend to provide intensive services, meaning a high number of service hours, often coupled with a requirement for a high level of engagement from participants.
- **A focus on behaviour** – the effective programs are likely to take a behavioural approach (as opposed to an instructional approach), such as coaching parents one-on-one during play sessions with their children.
- **Inclusion of both parents and children** – many of these successful programs take an approach that acknowledges the central role of the parent-child relationships in child outcomes.
- **Program fidelity** – several of the successful programs have demonstrated the importance of maintaining adherence to the program model.

III. California Evidence-Based Clearinghouse for Child Welfare

The Clearinghouse provides on-line access to information about evidence-based child welfare programs and practices.[4]

The Clearinghouse uses two rating scales:

a) Scientific Rating Scale, which evaluates each program or practice based on the available evidence. Criteria on this scale are as follows:

1. Well-Supported by Research Evidence
2. Supported by Research Evidence
3. Promising Research Evidence
4. Evidence Fails to Demonstrate Effect
5. Concerning Practice

b) Child Welfare Relevance Rating Scale, which examines the target population for which the program was developed and the child welfare outcomes that were examined in its evaluations. Criteria on this scale are as follows:

1. **High** – The program was designed, or is commonly used, to meet the needs of children, youth, young adults, and/or families ***receiving child welfare services***.
2. **Medium** – The program was designed, or is commonly used, to serve children, youth, young adults, and/or families who are ***similar to child welfare populations*** (i.e. in history, demographics or presenting problems) and likely to include current and former child welfare services recipients.
3. **Low** – The program was designed, or is commonly used, to serve children, youth, young adults, and/or families with ***little or no apparent similarity*** to the child welfare services population.

[4] California Evidence-based Clearinghouse for Child Welfare. On-Line: **http://www.cebc4cw.org**

The Clearinghouse has identified two exemplary evidence-based programs under the category of Prevention of Child Abuse and Neglect, The Incredible Years and Triple P. The ratings for these two programs are as follows.

Program	Scientific Rating	Child Welfare Relevance Rating
Incredible Years	1 - Well-supported by research evidence	2 - Medium
Triple P	1 - Well supported by research evidence	2 - Medium

The ratings for other Prevention Programs are as follows:

Program	Scientific Rating	Child Welfare Relevance Rating
Chicago Child-Parent Centers	3 - Promising research evidence	1 - High
Healthy Families America	Being reviewed based on updated information	Being reviewed based on updated information
Nurse Family Partnership	1 - Well-supported by research evidence	2 - Medium

IV. Centers for Disease Control and Prevention (CDC)[5]

The CDC has highlighted the following programs as Interventions with Impact on Child Maltreatment:

- Child Parent Centers
- Nurse-Family Partnership
- Triple P

V. FRIENDS National Resource Center for Community-Based Child Abuse Prevention

The Center has published a review of "Evidence-Based and Evidence-Informed Programs."[6] The review describes and categorizes the level of evidence for effectiveness of almost 30 child abuse prevention and family support programs based on the ratings that they received from four national registries for evidence-based programs.

The category of *Well-Supported Programs and Practices* includes:

- Early Head Start
- Incredible Years
- Nurse Family Partnership
- Triple P

[5] Centers for Disease Control and Prevention. On-line: **http://www.cdc.gov/violenceprevention/childmaltreatment/prevention.html**

[6] FRIENDS National Resource Center for Community-Based Child Abuse Prevention. **On-line: http://www.friendsnrc.org/joomdocs/eb_prog_direct.pdf**

Program Descriptions

Chicago Child-Parent Centers

These school-based centers provide preschool education and programming for three and four year old children and their families, living in high poverty neighbourhoods. The program has carried out a long-term evaluation of outcomes; the first children to participate in the program were 21 years of age at last follow-up. Experiences of child abuse and neglect and out-of-home placements were significantly reduced for CPC participants compared with non-participants. In addition, this program demonstrated reductions in crime, increased high school graduation, and decreased grade repetition and special education.

Early Head Start

Early Head Start (EHS) is a comprehensive, flexible child development and parenting education program delivered through home visitation, center-based services to children and families, or a combination of both delivery modes. Parent-child activity groups may also be part of the program. The focus of the parent component is to assist parents to build skills to assist their child's development, increase family literacy, and promote healthy parent-child relationships. Providers also offer parenting support and education, and assist families with transitioning their children into Head Start or other preschool programs when the child reaches age three. Family advocacy, resource and referral to other community services are also provided.

Healthy Families America

This is a network of programs that grew out of the Hawaii Healthy Start program. At-risk mothers are identified and enrolled either during pregnancy or shortly after the birth of a child. The intervention involves home visits by trained paraprofessionals who provide information on parenting and child development, parenting classes and case management.

Incredible Years

The Incredible Years is a series of three separate, multifaceted, and developmentally based curricula for parents, teachers, and children. This series is designed to promote emotional and social competence; and to prevent, reduce, and treat behaviour and emotional problems in young children.

Nurse-Family Partnership (NFP)

This program provides intensive visitation by nurses during a woman's pregnancy and the first two years after birth; the program was developed by Dr. David Olds. The goal is to promote the child's development and provide support and instructive parenting skills to the parents. The program is designed to serve low-income, at-risk pregnant women bearing their first child. Evaluation studies have shown that NFP significantly decreased child abuse and neglect among the children of participating mothers. In addition, NFP demonstrated significant reductions in future crime and substance abuse among program children.

Other Home Visiting Programs for At-Risk Mothers and Children

These programs focus on mothers considered to be at risk for parenting problems, based on factors such as maternal age, marital status, education, low household income, lack of social supports, or in some cases substance abuse. Depending on the program, the content of the home visits consists of instruction in child development and health, referrals for service, or social and emotional support.

Triple P – Positive Parenting Program

Triple P is a comprehensive, multi-level parenting training and support system that aims to increase the skills and confidence of parents in order to prevent the development of serious behavioural and emotional problems in their children. The five levels range from a media campaign at Level 1 which promotes positive parenting messages and awareness of community resources, to Levels 4 and 5 which are more intensive individual group-based programs for families of children with more challenging behaviour problems.

In the U.S. Population-Level Trial of Triple P, funded by the Centers for Disease Control and Prevention and carried out in South Carolina, Triple P was found to have a significant preventive impact on key indicators of child maltreatment: rates of substantiated cases, number of out-of-home placements, and hospitalizations and emergency-room visits for child maltreatment injuries.

Triple P provides specific practitioner and parent resources for Aboriginal families.

Other Sources of Information about Evidence-Based Programs

The above information is not intended to be an exhaustive listing of all evidence-based programs for the prevention of child maltreatment.

There are a number of other online resources which will provide additional information in identifying programs which have empirical support for their effectiveness.

Child Welfare Information Gateway:
http://www.childwelfare.gov/preventing/evidence

SAMSHA National Registry of Evidence-Based Programs and Practices:
http://nrepp.samhsa.gov/

The Promising Practices Network:
http://www.promisingpractices.net/

Coalition for Evidence-Based Policy:
http://www.evidencebasedprograms.org/

Appendix B:
Emergent Trends in Prevention Research and Literature

There are several key trends that have emerged from recent research and literature in the field of child maltreatment prevention.

Key Trend:

A shift away from focusing primarily on remediating risk factors in individuals and toward building protective factors through broader-based primary prevention programs.

The Fall 2009 issue of *The Future of Children*[1] presents research on policies and programs designed to prevent maltreatment.

In an article in that issue entitled *"Progress toward a Prevention Perspective,"*[2] Matthew Stagner and Jiffy Lansing propose a new framework for preventing child maltreatment.

> *"Child maltreatment prevention has recently moved away from individually focused responses to instances of abuse or neglect and toward a more community-focused system of shared responsibility for the well-being of children. Prevention efforts increasingly aim to strengthen the capacity of parents and communities to care for their children in ways that promote well-being."*
>
> *"Rather than identifying risk factors for maltreatment and addressing the problems and deficiencies of the primary caretaker, the new framework focuses on strengthening protective factors and building family and social networks to reinforce the ability of parents to care for their children."*[2]

In the same *Journal* issue, Christina Paxson and Ron Haskins, in an article entitled "Introducing the Issue," note that "the child welfare system has historically been geared toward preventing further abuse and neglect of children who have already come to the attention of child protection services."

> *"No one would argue that preventing the reoccurrence of maltreatment is unimportant. But primary prevention efforts offer the promise of reducing the number of children who need such protection and minimizing the costly services required to undo the damage done by maltreatment."*[3]

[1] *The Future of Children*, 19(2), Fall 2009
[2] Stagner, M.W., & Lansing, J. (2009). Progress toward a prevention perspective. *The Future of Children*, 19(2), Fall 2009
[3] Paxson, C. & Haskins, R. (2009). Introducing the issue. The Future of Children, 19(2), Fall 2009

The Centers for Disease Control and Prevention (CDC) have identified primary prevention of child maltreatment as a priority.[4]

"In line with the public health approach, CDC's main focus for child maltreatment is primary prevention, which is preventing new cases of child maltreatment where maltreatment has not occurred…Because child maltreatment is a complex behaviour influenced by many factors, it may be easier to intervene to prevent abuse or neglect from developing than to intervene to change behaviours that are already well-established."

"Primary prevention efforts could thus be marketed universally – that is, for every parent – to further reduce the stigma associated with "parent training." The message could be that every parent can benefit from parent skills training, not just "bad" parents."[5]

Key Trend:

Recognition of a population-based, public health model as an effective approach to child maltreatment prevention.

A public health model can be defined as "a framework to address public health problems in a coordinated manner."[5]

"Generally, the public health model includes four major activities that inform one another: (a) surveillance to determine the magnitude of the problem, (b) etiologic research to identify risk and protective factors, (c) development and empirical testing of prevention strategies and interventions, and (d) broad dissemination of empirically supported prevention strategies and interventions."

"Finally, the public health model puts an emphasis squarely on primary prevention or strategies that seek to prevent problems before they occur."[5]

[4] Whitaker, D.J. Lutzker, J. R. & Shelley, G.A. Child Maltreatment Prevention Priorities at the Centers for Disease Control and Prevention. *Child Maltreatment* (2005)

[5] American Psychological Association. (2009). *Effective strategies to support positive parenting in community health centers: Report of the Working Group on Child Maltreatment Prevention in Community Health Centers: Washington*, DC: Author. (APA Report)

The report entitled *Effective Strategies to Support Positive Parenting in Community Health Centers: Report of the Working Group on Child Maltreatment Prevention in Community Health Centers (APA Report)*[6] was created under a federal contract from the U.S. Centers for Disease Control and Prevention to the American Psychological Association.

The *APA Report* recommends that:

> *"A public health model offers an applicable framework for the primary prevention of child maltreatment. It is an action-oriented model that goes beyond the identification of risk and protective factors and moves the field forward to focus on the prevention of child abuse and neglect as well as the promotion of healthy family functioning and child outcomes."* [6]

One of the key findings from the APA Report is that "Addressing the problem of child maltreatment from a public health perspective with a focus on primary prevention (i.e. before any maltreatment) and on promotion of healthy family functioning universally (i.e. for the entire population) is a promising framework for child maltreatment prevention." [6]

In the paper "*A Better Start: Child Maltreatment Prevention as a Public Health Priority*," [7] published by Zero to Three in May 2010, Zimmerman and Mercy noted that "a public health approach to child maltreatment would address the range of conditions that place children at risk for abuse or neglect, not just at the individual and family levels, but also at the community and societal levels."

> *"Over the past decade, many prevention efforts have evolved from a narrow focus on individual victims involved in the child welfare system to a wider repertoire of prevention strategies that reach more families and are based in normal, non-stigmatizing places. There is strong momentum; new partnerships and programs show real promise for reducing risk and enhancing protective factors for children. Child abuse prevention is moving from a reactive to a proactive stance."* [7]

Key Trend:

An increasing focus on parent training as an effective strategy for prevention of child maltreatment.

The APA Report reviews the scientific research on the effectiveness of interventions that promote positive parenting practices for reducing rates of child maltreatment, and notes that "a substantial body of well-designed, controlled-trial scientific research shows that a number of parenting programs can produce significant and durable positive changes by increasing positive family relationships, reducing child behaviour problems, and reducing future rates of child maltreatment."

The report looks at community health centers as service delivery sites, but indicates that the recommendations would pertain to other community-based settings where children and families are served. "Primary care settings represent an existing system, widely accessed by parents and children, that is a promising venue in which to conduct child maltreatment prevention programs."

[6] American Psychological Association. (2009). *Effective strategies to support positive parenting in community health centers: Report of the Working Group on Child Maltreatment Prevention in Community Health Centers: Washington*, DC: Author. (APA Report)

[7] Zimmerman, M., & Mercy, J.A. (2010). A Better Start: Child Maltreatment Prevention as a Public Health Priority. *Zero to Three*. May 2010.

"With moderate or even small effect sizes, positive preventive parenting efforts in communities could result in significant reductions in the prevalence of child maltreatment, with resultant cost savings associated with child welfare, health, and mental health services, foster care and residential placements; and adult dependence on welfare, prison, and health and mental health care systems." [8]

The APA Report also provides an overview of the "best available science on parenting interventions." [8]

"In reviewing the accumulated research, we located promising evidence-based parenting programs and practices that (a) have the potential for broad impact across multiple types of maltreatment…by both reducing risk factors and promoting protective factors; (b) are associated with positive parent behaviours and positive child outcomes that can reasonably be expected to influence rates of child maltreatment; and (c) can be implemented through Community Health Centers." [9]

Triple P is one of the centre-based parenting skills training and parent education programs that is highlighted in the APA Report, noting that "it is a highly researched approach to parent training and education," that "allows families to choose from a menu of centre-based individual, group, and community level interventions." [9] They also note that "a recent study of the Triple P Positive Parenting Program is the first to show a preventive impact on child maltreatment at a population level using an evidence-based parenting intervention."

In the article "*Preventing Child Abuse and Neglect with Parent Training: Evidence and Opportunities,*" [10] from *The Future of Children*, Fall 2009, Richard Barth notes that "public health policy has emphasized the importance of multifaceted campaigns using approaches that range from media efforts to group work to individual counselling to address complex health behavioural problems."

The author notes that "some interventions in the field of parent training…address co-occurring problems and some new approaches also include multifaceted campaigns. The most widely disseminated and tested of these campaigns is the Triple P Program. The article goes on to say that "the promising Triple P work in south Carolina (the U.S. Triple P System Population Trial) argues the need to strongly consider a redirection of the limited parent training resources now available for preventing and responding to child behaviour problems and child abuse."

[8] APA Report

[9] American Psychological Association. (2009). *Effective strategies to support positive parenting in community health centers: Report of the Working Group on Child Maltreatment Prevention in Community Health Centers*: Washington, DC: Author. (APA Report).

[10] Barth, R. P. (2009). Preventing child abuse and neglect with parent training: evidence and opportunities. *The Future of Children*, 19(2), Fall 2009.

Barth states that "although it may be premature to endorse Triple P as the national choice, the general framework for Triple P should be used to guide the future evolution of parent training programs. The pyramid of programs would start at the base with an easy-to-access media program . . . complemented by parent groups for families with low-intensity problems, moving to a parent consultation model, and then getting to specific individual programs…conducted in the homes."

In another article from *The Future of Children*, Fall 2009, entitled "*Will Parent Training Reduce Abuse, Enhance Development, and Save Money? Let's Find Out,"* [11] Richard Barth and Ron Haskins note that "recent research suggests that parent training can also reduce child abuse and neglect, especially when the training is embedded in a broader community campaign."

"The evidence leads us to believe that parenting programs can not only reduce the incidence of child maltreatment, but also produce much broader benefits by improving the parenting of all who participate."

The relatively large-scale implementation of Triple P in South Carolina seems to indicate that community-wide implementation of a multi-stage parenting program addressed to the broad public can at minimum reduce child maltreatment and injuries to children." [11]

[11] Barth, R. P., & Haskins, R. (2009). Will parent training reduce abuse, enhance development, and save money? Let's find out. *The Future of Children*, 19(2), Fall 2009

For more information about the programs and services that support the Prevention and Early Intervention Framework visit Alberta Human Services website at:
www.humanservicesalberta.ca

Alberta Government

August 2012

Attachment 2.0

Child Intervention Practice Framework

Child Intervention Practice Framework

The Child Intervention Practice Framework is a set of principles and core elements of leading practice to guide efforts in the child intervention system. The framework supports an environment where family strengths are recognized, and children and youth are respected and supported.

Vision

An environment where family strengths are recognized and where all children and youth are respected, valued, and supported within the communities in which they live.

Mission

Ensure the safety and well-being of children and youth by working together with families and communities to develop nurturing and safe environments for children, youth, and individuals.

Principles

Aboriginal Experience

Aboriginal peoples have always had their own ways of ensuring that vulnerable members, including children, are safe, protected, and nurtured. We honour this by recognizing their expertise in matters concerning their children, youth, and families.

Preserve Family

We believe children and youth should be safe, healthy, and live with their families; therefore, we focus on preserving and reuniting families and building on the capacity of extended family and communities to support children, youth, and families.

Strengths-based

Our approach is reflective, culturally responsive and strengths-based. Because all families have strengths and resources, we recognize and support the right and responsibility of parents to share in the decision-making process for them and their children.

Connection

Children and youth are supported to maintain relationships that are important to them, be connected to their own culture, practice their religious or spiritual beliefs and, for those with involvement, have a plan for their care where they are included in the decision making process.

Collaboration

We are child-focused and family-centered. We collaborate with families, community agencies, and other stakeholders in building positive, respectful partnerships across integrated multidisciplinary teams and providing individualized, flexible, and timely services to support these efforts.

Continuous Improvement

Our casework is transparent and we share information appropriately. Our approach is outcome-oriented and evidence-based; therefore, we support innovative practice, evaluate our performance, and strive for continuous improvement.

For more information, visit **humanservices.alberta.ca/childinterventionframework**

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Attachment 3.0

Foundations of Care Giver Support